### Appendix A: ARRA Projects Classified as HSR¹ (Listed Alphabetically by Principal Investigator, Within Institute)

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<tr>
<th>Project Number²</th>
<th>Project Title</th>
<th>Principal Investigator</th>
<th>Performing Organization</th>
<th>Abstract</th>
<th>Total Cost</th>
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<tbody>
<tr>
<td>3D43TW007764-0451</td>
<td>TRAINING FOR EVIDENCE-BASED HEALTH CARE RESEARCH, ARGENTINA</td>
<td>BUEKENS, PIERRE</td>
<td>TULANE UNIVERSITY OF LOUISIANA</td>
<td>This award is issued in response to Notice OD-09-056, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): The Center for Evidence-Based Global Health (CEBHG) of the Tulane School of Public Health and Tropical Medicine proposes to train a training program in maternal and child health research, in collaboration with the Institute for Clinical Effectiveness and Health Policy (ICESP) in Buenos Aires, Argentina, as the Primary Foreign Collaborating Institution. The training program, entitled 'Training for Evidence-Based Health Care Research, Argentina,' is closely linked to the ongoing NICHD Global Network (GN) for Women's and Children's Health Research 'parent' grant (U01 HD40477) and will build upon the previous experiences achieved through the Fogarty International Maternal and Child Health Research Program (D43 TW005452). The program's main objective is to provide training in evidence-based health care research for Argentinean health professionals, linked to IECs and the network of hospitals and communities participating in the GN research projects. The use of randomized controlled trials to evaluate maternal and child health interventions is emphasized. The program will be administered through the CEBHG, located at Tulane University in New Orleans, LA. Mentored research trainings will be offered at the Tulane CEBHG. Master's programs and short-term trainings will be taught at IECs in Argentina. Upon completion of the program, trainees will be actively involved in GN research activities. They will therefore enhance the research quality and sustainability of the GN's projects and future protocols in Argentina. To attain the United Nations' maternal and child Millennium Development Goals by 2015, Argentina has 10 years to decrease the maternal mortality ratio from 44 to less than 15 per 100,000 live births and to decrease the under five mortality rate from 19 to less than seven per 1,000 live births. The proposed program will train researchers who will contribute to this effort by identifying evidence-based maternal and child health interventions.</td>
<td>$172,241</td>
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<tr>
<td>3D43TW000007-2251</td>
<td>AIDS INTERNATIONAL TRAINING AND RESEARCH PROGRAM</td>
<td>FARQUHAR, CAREY</td>
<td>UNIVERSITY OF WASHINGTON</td>
<td>This award is issued in response to Notice OD-09-056, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): For the last 20 years, the University of Washington (UW) AIDS International Training and Research Program (AITRP) has addressed the growing AIDS epidemic in Africa, Southeast Asia and Latin America through providing training to promising research scientists working in these regions. The UW AITRP has been highly successful at developing local capacity to perform multidisciplinary research on HIV prevention, care and treatment. Among more than 180 foreign trainees, many have made important scientific contributions, assumed leadership positions in research and health care, and influenced HIV/AIDS policies in their respective countries, as well as globally. During the last 15 years, training efforts have focused on 4 target countries, Kenya, Peru, Mozambique, and Thailand, and 96% of trainees from those countries have returned to their home countries where they now conduct HIV-related work. India was added as a target country in 2003, and this year Uganda will be added to provide new opportunities in HIV-associated malignancy research. This is possible because UW investigators in Thailand succeeded in obtaining separate Fogarty funding for Thai trainees. The proposed training plan is designed to respond to research priorities of each target country through implementation of a successful existing program that has been tailored over the last 5 years to include several new approaches. Director Dr. Carey Farquhar and Co-Director Dr. King Holmes will oversee all activities related to the program, while 3 Track Directors will manage programs in Epidemiology, Biostatistics, and Basic Sciences. Within each of the tracks, special emphasis will be placed on training in 3anesa identified as being high priority: Sociobehavioral Research, International Clinical Trials, and Operations Research. An outstanding pool of 32 Core and 56 Resource Faculty ensures excellent mentorship for trainees and expertise across a range of disciplines. Each year, we anticipate funding 3-4 new trainees in undergraduate degrees, for a total of 15-20 new appointments. In addition, the UW AITRP will fund 1 new trainee every other year in a distance learning master's program in Biostatistics and 2-4 trainees annually in medium-term trainees. To provide a bridge for exceptional trainees completing UW degree programs, support will be awarded to 1 advanced in-country scholar per year. Several regional conferences and short courses on HIV/AIDS research methods will also be funded; including new courses targeting the emphasis areas described above. The UW AITRP will make a sustained effort this grant cycle to lay the groundwork for transferring training responsibility to the two most established UW AITRP sites: Kenya and Peru. This will be accomplished by supporting medium-training for curriculum development and long-term training at the PhD level for faculty at collaborating institutions, thus promoting independent research and training programs in Kenya and Peru, as well as in other UW target countries in the future.</td>
<td>$177,560</td>
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<tr>
<td>3D43TW000018-2251</td>
<td>AIDS INTERNATIONAL TRAINING AND RESEARCH PROGRAM</td>
<td>JOHNSON, WARREN D</td>
<td>WELL MEDICAL COLLEGE OF CORNELL UNIV</td>
<td>This award is issued in response to Notice OD-09-056, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This proposal requests support for Well Comell Medical College (WMC or Cornell) to continue training Haitian scientists in the performance of biomedical, epidemiological, laboratory, clinical, operational, health services and behavioral research on HIV and related opportunistic infections. The program is based in the Division of International Medicine and Infectious Diseases at Cornell, with an interdisciplinary group of investigators who have extensive collaborations with Haiti. Strengthened collaborations with Haiti has contributed greatly to the AITRP's past success. The AITRP's main objective is to provide training in evidence-based health care research for Haitian scientists, linked to IECs and the network of hospitals and communities participating in the GN research projects. The use of randomized controlled trials to evaluate maternal and child health interventions is emphasized. The training plan is designed to respond to research priorities of each target country through implementation of a successful existing program that has been tailored over the last 5 years to include several new approaches. Director Dr. King Holmes will oversee all activities related to the program, while 3 Track Directors will manage programs in Epidemiology, Biostatistics, and Basic Sciences. Within each of the tracks, special emphasis will be placed on training in 3anesa identified as being high priority: Sociobehavioral Research, International Clinical Trials, and Operations Research. An outstanding pool of 32 Core and 56 Resource Faculty ensures excellent mentorship for trainees and expertise across a range of disciplines. Each year, we anticipate funding 3-4 new trainees in undergraduates degrees, for a total of 15-20 new appointments. In addition, the UW AITRP will fund 1 new trainee every other year in a distance learning master's program in Biostatics and 2-4 trainees annually in medium-term trainees. To provide a bridge for exceptional trainees completing UW degree programs, support will be awarded to 1 advanced in-country scholar per year. Several regional conferences and short courses on HIV/AIDS research methods will also be funded; including new courses targeting the emphasis areas described above. The UW AITRP will make a sustained effort this grant cycle to lay the groundwork for transferring training responsibility to the two most established UW AITRP sites: Kenya and Peru. This will be accomplished by supporting medium-training for curriculum development and long-term training at the PhD level for faculty at collaborating institutions, thus promoting independent research and training programs in Kenya and Peru, as well as in other UW target countries in the future.</td>
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<td>3D4TW00018.2252</td>
<td>AIDS INTERNATIONAL TRAINING AND RESEARCH PROGRAM</td>
<td>JOHNSON, WARREN D.</td>
<td>WEILL MEDICAL COLLEGE OF CORNELL UNIV</td>
<td>Relief (PEPFAR): Comprehensive International Program Research on AIDS (CIPRA); International Clinical Operational Health Services Research Training on AIDS (ICOHRTA); Caribbean, Central, and South America Network (CCASAnet); and the Trans-Caribbean HIV/AIDS Research Initiative (TCHARI). A high priority will be given to training that will facilitate the conduct of HIV vaccine and clinical trials, and operational and health research programs in Haiti and the Caribbean. In addition to research training in Haiti, trainees will have the opportunity for advanced training with outstanding US mentors. The program’s US core and collaborating training faculty are funded scientists committed to AIDS research. The program faculty constitutes a cohesive unit, with diverse but focused interests.</td>
<td>$43,200</td>
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<td>3U2TW00690-0551</td>
<td>HAITI AIDS RESEARCH AND TRAINING TO IMPLEMENTATION</td>
<td>JOHNSON, WARREN D.</td>
<td>WEILL MEDICAL COLLEGE OF CORNELL UNIV</td>
<td>This award is issued in response to Notice OD-08-046, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This proposal requests support for Weill Cornell Medical College (WMC or Cornell) to continue training Haitian scientists in the performance of biomedical, epidemiological, laboratory, clinical, operational, health services and behavioral research on HIV and related opportunistic infections. The program is based in the Division of International Medicine and Infectious Diseases at Cornell, with an interdisciplinary group of investigators who have extensive collaborations with Haiti. Strengthened collaborations with Vanderbilt, Harvard, University of California (Berkeley), the Hastings Center, and the Aaron Diamond AIDS Research Center offer diverse training opportunities. The program will continue to emphasize medium- and long-term advanced research training in Haiti. Since its inception, the AITRFR program has provided medium- and long-term training to 121 Haitian biomedical personnel, with 98% currently conducting HIV/AIDS work in Haiti. The training offered will be related to six general HIV/AIDS research categories: 1) HIV vaccine trials; 2) antiretroviral clinical trials; 3) pediatrics and infant transmission research; 4) HIV-associated opportunistic infections - tuberculosis and human papilloma virus infection (HPV); 5) ethics and behavioral research, with an emphasis on adolescents; and 7) pathogenesis, immunology, and virology. The proposed training will be conducted largely in Haiti, with much of the training done by the former Fogarty trainees. The training program is imbedded in the ongoing collaborative Cornell-GHESKIO HIV research and clinical activities, including the following: HIV Clinical Trials Unit (CTU) for HIV vaccine and antiretroviral clinical trials; WHO/Focal Point Tuberculosis and syphilis research; United Nations Global Fund for AIDS, Tuberculosis and Malaria; President’s Emergency Plan for AIDS Relief (PEPFAR); Comprehensive International Program Research on AIDS (CIPRA); International Clinical Operational Health Services Research Training on AIDS (ICOHRTA); Caribbean, Central, and South America Network (CCASAnet); and the Trans-Caribbean HIV/AIDS Research Initiative (TCHARI). A high priority will be given to training that will facilitate the conduct of HIV vaccine and clinical trials, and operational and health research programs in Haiti and the Caribbean. In addition to research training in Haiti, trainees will have the opportunity for advanced training with outstanding US mentors. The program’s US core and collaborating training faculty are funded scientists committed to AIDS research. The program faculty constitutes a cohesive unit, with diverse but focused interests.</td>
<td>$20,000</td>
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<td>1RC1TW008567-01</td>
<td>USE OF ELECTRONIC PROTOCOLS TO IMPROVE CLIENT ADHERENCE</td>
<td>MITCHELL, MARC D.</td>
<td>HARVARD UNIVERSITY (SCH OF PUBLIC HLTH)</td>
<td>DESCRIPTION (provided by applicant): This application addresses broad Challenge Area (01) Behavior, Behavioral Change and Prevention and Specific Challenge Topic 01-TW-102 Improving health through ICT/mobile technologies: enhancing patient compliance. The priority topic is implementation research on the use of ICT to adopt and integrate evidence based health interventions and change practice patterns within specific settings to enhance patient compliance/adherence. The integrated methodology of Childhood Illness (IMCI) protocols have been adopted and deployed in over 100 countries. A vast body of evidence indicates that millions of preventable deaths from diseases such as diarrhea, pneumonia, and malaria could be averted if these protocols were more widely applied and correctly followed. We currently study the use of electronic protocols at the point of care to improve provider diagnosis and treatment adherence. Our software runs on PDAs or phones and guides providers step by step through the IMCI protocols to help avoid skipping steps or arriving at the wrong diagnosis or treatments. Our preliminary evidence suggests the use of these electronic protocols can substantially improve the diagnosis/treatment adherence by the provider to IMCI. We propose to now investigate how ICT can be used at the point of care to improve patient adherence to IMCI recommendations through provider and patient actions. This broadly includes the quality and frequency of the treatment and follow up guidelines given by the provider, the patient’s ability to understand these instructions, whether the patient adheres to instructions, and the patients’ follow-up actions and future care seeking behavior: ICT $490,516</td>
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has the potential to address many of the challenges connected to these elements of patient adherence including the provider's resistance to consult paper guidelines in front of patients, the difficulty of supervising health workers in remote clinics, and the lack of information needed for refining protocols and program management. However, while there is anecdotal evidence for these benefits of mobile technology, there has been little careful investigation of these claims, and even less that focuses on the patients' experience of ICT-supported encounters. The study will be carried out in clinics run by the Evangelical Lutheran Church of Tanzania (ELCT), who runs more than 180 health care institutions corresponding to about 15% of health facilities in Tanzania. These health facilities are currently using paper based IMCI protocols for the treatment of children, as mandated by the National Policy of Tanzania. This research will extend and assess our current system, e-IMCI, for guiding clinicians step by step through the IMCI protocols with an additional module for patient adherence. The research will include three phases. During the first phase, we will assess and improve e-IMCI through a rapid iterative prototyping methodology in which ideas are quickly implemented, tested, and either accepted, rejected or improved. During this time, we will observe how e-IMCI impacts provider-patient interaction and solicit feedback from the caregivers of the patients after the interactions. During Phase II, we will field test the improved version of e-IMCI in one clinic using paper IMCI serving as a control to prepare for the study in the next phase, ensuring that the systems and data collection instruments work efficiently. Finally, in our third phase we will conduct a cluster-randomized control trial in 20 clinics (10 using ICT, 10 using paper IMCI) with follow up of patients 1 week following their clinic visit. We will investigate the link between improved adherence by the patient/caregiver to health outcomes. We will also do a cost study and qualitative survey of perceptions of providers and patients to ICT supported clinical care. PUBLIC HEALTH RELEVANCE: This research has high relevance to population health outcomes in low income countries where the care of children is a public health priority. The high prevalence of childhood illnesses and the link between improved adherence by the caretaker to treatment instructions and advice given by the provider and improved adherence to the IMCI algorithms by the provider and that impact on adherence by the provider and caretaker to lead to improved health outcomes. This is based on previous research by the PI and his team that concluded that ICT can improve assessment and correct classification and treatment of the child. Further, since these illnesses are the leading cause of mortality in children in low income countries, this research has the potential to significantly improve child mortality in these countries.

**National Cancer Institute (NCI)**

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<td>1R21TW008436-01A2</td>
<td>A HOME-BASED INTERVENTION FOR YOUNG CHILDREN WITH INTELLECTUAL DISABILITIES</td>
<td>SHIN, JIN</td>
<td>HOFSTRA UNIVERSITY</td>
<td>DESCRIPTION (provided by applicant): The objectives of this project are: 1) to conduct a home-based early intervention project for children with intellectual disabilities in Vietnam to evaluate the children and family outcomes; and 2) to develop the research capacity of the collaborating team in early intervention research at the Hue Medical College. Home-based intervention is a potentially ideal method of delivering services to children with intellectual disabilities and their families where there are no center-based services available. Parents can be involved and trained to effectively work with their children in their home environment. Additionally, the project will be conducted using naturally occurring activities in the home and community. The specific aims of the project are to conduct a home-based intervention for one year that involves parent training and to evaluate both child and parent outcomes. The project also adopts the ecological systems model as a conceptual framework used to examine the effects of the intervention in a broad ecological context. These effects include how the characteristics of the child's experience affect the parent's experience and vice versa. The social experiences of stigma that accompany having a child with a disability and the social support available are considered social experiences that influence parent and child outcomes. It is expected that the intervention will positively affect child development, improve parental competence and reduce parental stress. The child outcome will also be evaluated as it relates to the familial and social experiences as a result of intervention and time. The parent outcome will also be evaluated as influenced by child, family and societal experiences that change relatively as an effect of time and intervention. The Vietnamese collaborators will develop their research capacity by participating in various research activities that involve data analysis, interpretation and writing. PUBLIC HEALTH RELEVANCE: The objectives of this project are: 1) to conduct a home-based early intervention project for children with intellectual disabilities in Vietnam and to evaluate the children and family outcomes; and 2) to develop the research capacity of the collaborating team in early intervention research at the Hue Medical College. Home-based intervention is a potentially ideal method of delivering services to children with intellectual disabilities and their families where there are no center-based services available. Parents will be trained to effectively work with their children in their home environment.</td>
<td>$141,046</td>
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<td>3K07CA124851</td>
<td>TRACKING SYMPTOMS DURING CHEMOTHERAPY VIA ONLINE PATIENT SELF-REPORTING</td>
<td>BASCH, ETHAN</td>
<td>Sloan-Kettering Institute for Cancer Research</td>
<td>This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Scientists. DESCRIPTION (provided by applicant): This proposal envisions a comprehensive plan for the career development of Dr. Ethan Basch in cancer outcomes research. Through mentored research, coursework, and independent study, Dr. Basch will develop collaborative research relationships and methodologic skills to support his agenda in clinical informatics and patient symptom management. This work focuses on the use of novel technologies to improve symptom monitoring during cancer care and trials, specifically through the evaluation of patient-centered symptom assessment instruments (PROs). Currently, it is not standard to use PROs to inform the delivery of patient self-reporting of symptom information to monitor cancer care. Rather, clinicians are relied upon to elicit, filter and report this information - an approach which is mandated in NCI and industry sponsored trials. This work will develop and test PROs that enable the collection of high quality of life or symptom research in cancer trials. The specific aims of the proposed research program is to explore the application of patient self-reporting to symptom monitoring in oncology treatment, as a possible new paradigm. The specific aims are: 1) assess the feasibility of routinely collecting symptom PROs via the web during cancer care and trials; 2) to measure the reliability between patient and clinician symptom reporting using the standard U.S. instrument for this purpose, the NCI's Common Terminology Criteria for Adverse Events (CTCAE); and 3) to evaluate the impact of patient self-reporting on clinical and administrative outcomes. This agenda will be accomplished through a series of IRB-approved studies Dr. Basch has designed and is systematically conducting at Memorial Sloan-Kettering Cancer Center, as well as through collaborative projects. RELEVANCE: Patient self-reporting may increase the efficiency of clinical operations, foster early detection of serious adverse events, and improve patient satisfaction. Engaging patients as active participants in research and in their own care conveys the message that treatment tolerance is an important endpoint. This work will help determine how new technologies may be deployed to improve traditional models of care.</td>
<td>$99,992</td>
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<td>3K05CA115571-03S1</td>
<td>UNDERSTANDING RACIAL DISPARITIES IN CANCER SURGERY</td>
<td>BIRKMeyer, JOHN D</td>
<td>UNIVERSITY OF MICHIGAN AT ANN ARBOR</td>
<td>This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Scientists. DESCRIPTION (provided by applicant): Racial disparities in outcomes after cancer surgery are becoming increasingly apparent. Black patients have both increased risks of operative mortality and lower 5-year survival rates. This project will pursue the...</td>
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Hypothesis that these disparities primarily reflect the suboptimal health care systems in which black patients tend to receive their care. In exploring hospital-level differences in quality of care, we have 3 specific aims:  
Aim I. To explore racial disparities in the structure and process of care with cancer surgery - Using both national Medicare database (2000-4) and linked SEER-Medicare files (1995-2004), we plan to study structure and process of care variables potentially related to both race and surgical mortality.  
Aim II. To identify which factors help explain racial disparities in surgical outcomes - Using hierarchical models, we will assess the extent to which racial disparities in surgical outcomes are explained by differences in specific structural factors and processes of care (from Aim I).  
Aim III. To delve deeper into structure and process with clinical data - To add clinical ‘granularity’ to our research, we will repeat Aims 1 and 2 using prospective clinical data from the Michigan Surgical Quality Collaborative, which involves 17 of the largest hospitals in Michigan (including several with predominantly minority populations).  
This project will serve as a platform for mentoring several surgeon scientists interested in quality of care issues and racial disparities in bladder, breast, colorectal, and other cancers. With mentored research opportunities and further instruction in health services research, these junior investigators will acquire the skills necessary to develop clinically-oriented research agendas exploring quality of care problems in their fields. They will also acquire insights necessary to develop and evaluate interventions aimed at reducing racial disparities.

**Funding Information**:  
This award is made in response to Notice OA-07-005, Recovery Act Administrative Requirements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This is a revised application to enable renewal of the Southern Community Cohort Study (SCCS). It has been known that long that rates of cancer incidence and mortality are elevated among African Americans. The SCCS is a landmark prospective investigation into the determinants of these disparities. Over the past 6 years, by partnering with Community Health Centers (CHCs), facilities providing basic health care mainly to the uninsured, across 12 southern states, we have overcome barriers that have traditionally restricted the participation of African Americans in health studies. The first renewal of the SCCS, proposed herein, will enable completion of enrollment so that the cohort will include approximately 90,000 men and women, nearly 70% African American, age 40-79. The new enrollees will be recruited from CHCs and complete an in-person interview about medical, lifestyle and other characteristics, with > 90% expected to provide biologic specimens (blood, buccal cells, and/or urine). Follow up of the entire cohort to identify deaths and incident cancers and update exposure profiles will be carried out. We describe in the revised application enhanced approaches to active follow up, as requested by the initial reviewers, and indicate how they have already improved response rates in our pilot follow up study. Longitudinal analyses and nested case-cohort studies utilizing the interview data and biologic specimens will be initiated during the renewal period to evaluate specific hypotheses about cancer among African Americans which can uniquely or with special advantage be assessed within the SCCS. The hypotheses are related to energy balance (weight gain, obesity and physical inactivity), vitamin D, inflammation, selenium and other nutrient intakes, tobacco metabolism, and cancer screening practices and their impact on incidence and mortality of the major cancers (lung, prostate, breast, and colon/rectum). Initial SCCS data show sometimes marked racial differences in these variables. The cohort possesses attributes, such as a 44% prevalence of obesity (reaching 57% among Black women) and a 44% prevalence of current smoking which place it exceptionally high risk of cancer. The SCCS is thus unique among all cohorts and comprises a population of urban and rural blacks and whites, often of low income, seldom ever included in previous studies. The renewal will enable the SCCS to become a national resource, with comprehensive biologic and questionnaire data available for assessing, both within the SCCS and in combination with other population-based cohorts, the etiology of cancer and reasons for the largely unexplained higher rates among blacks. The ultimate public health benefit will be Progress towards the development of measures aimed at cancer prevention, the elimination of cancer inequalities and the reduction of the cancer burden among all groups.

**Total Cost**: $4,721,145

**Comprehensive Biologic and Questionnaire Data Available for Assessing**: Both within the SCCS and in combination with other population-based cohorts, the etiology of cancer and reasons for the largely unexplained higher rates among blacks. The ultimate public health benefit will be Progress towards the development of measures aimed at cancer prevention, the elimination of cancer inequalities and the reduction of the cancer burden among all groups.

**Description**: Improvements in cancer screening effectiveness, higher participation rates and faster introduction of new screening tests could have profound effects on the health of the community by reducing cancer burden. Cancer screening effectiveness in real-world settings depends not only on the efficacy of individual tests but also on patients, health care providers, and the systems and context in which cancer care is delivered. Large and well defined populations of enrollees with diverse data sources are fundamental for comparative effectiveness research that addresses health policy questions about cancer screening delivery. In response to the Grand Opportunity (GO), we propose to create an innovative and sustainable multi-disciplinary and multi-institutional virtual center for cancer SEARCH: Screening Effectiveness And Research in Community-based Healthcare within the NCI-funded Cancer Research Network (CRN). Because SEARCH is set in CRN-affiliated health care delivery systems across the United States, it will benefit directly from the strong foundation of an existing and well-established network of NCI-funded research infrastructure. An innovative portion of SEARCH will be our ability to translate and disseminate our findings directly into practice. We have identified and established collaborations with cancer screening experts and have proposed a new collaboration with the Cancer Surveillance Modeling Network (CISNET). Together, we will pursue high priority comparative effectiveness research (CER) that has relevance to clinicians, patients, policy makers, payers, public health practitioners and medical associations. Our specific aims over the two-year grant period are to:  
1. Create a multi-disciplinary, multi-site team for CER focused on the delivery of cancer screening and surveillance (SEARCH)  
2. Develop methodology capacity for future large-scale, population-based CER studies;  
3. Demonstrate our ability to conduct CER in the area of cancer screening to address important evidence gaps. Eight CRN sites will be involved in this application with four sites (Group Health, Kaiser Northwest and Hawai, and Fallon) contributing data for the proof of principle studies. We expect SEARCH will serve as a productive platform for launching larger CER studies.  

**Total Cost**: $1,997,154

**Description**: We propose to create an innovative and sustainable multi-disciplinary and multi-institutional virtual center for cancer SEARCH: Screening Effectiveness And Research in Community-based Healthcare within the NCI-funded Cancer Research Network (CRN), which is a consortium of 14 health plans across the US, and will enable translation of our findings directly into clinical practice in community settings.
| Project Number | Project Title                                                                 | Principal Investigator                                      | Performing Organization     | Abstract                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Total Cost   |
|----------------|--------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | $100,064     |
| 3607CA126955-0201 | OF BREAST IMAGING STRATEGIES IN COMMUNITY PRACTICE | SM GELLER, BERTA M KERLIKOWSKI, KARLA M MANDELL BLATT, JEANNIE A RIGLIORETTI, DIANAL Y YANKASKAS, BONNIE ; | Cooperate                    | Imaging modalities and strategies to inform evidence gaps on how to optimize breast cancer screening in community practice. The Breast Cancer Surveillance Consortium (BCSC) is uniquely positioned to conduct rigorous comparative effectiveness studies on conventional and new breast imaging technologies to inform how screening strategies could be personalized based on patient demographic and risk factor information and optimize the balance of screening benefits and harms. The BCSC includes detailed longitudinal information throughout the cancer care continuum from breast screening and diagnosis through treatment, surveillance, and death on over 2 million women and 95,000 breast cancers. It is the only resource of this size with risk factor information (including mammographic breast density) that is also linked to: mammography examinations accurately identified as either screening or diagnostic and as either film-screen or digital; cancer registry and pathology databases to determine both benign and malignant outcomes; Medicare and Group Health managed care claims data to obtain comorbidities and healthcare utilization; and death data to ascertain vital status and cause of death. Over the next two years we will: 1) Use existing BCSC screening data with long-term follow-up (overall and breast cancer mortality) and newly linked BCSC-Medicare data to compare the clinical effectiveness of 1- vs 2-year mammography screening intervals for subgroups of women; 2) Use BCSC-Medicare data to compare the downstream healthcare utilization and costs of digital versus film-screen mammography; 3) Use BCSC data in four Cancer Intervention and Surveillance Modeling Network (CISNET) breast cancer simulation models to compare the clinical and cost-effectiveness of various breast cancer screening strategies; 4) Implement a prospective data collection system specifically designed to capture clinically and scientifically relevant data on breast magnetic resonance imaging (MRI) across our network of BCSC community practice facilities; 5) Expand the BCSC Statistical Coordinating Center's capacity to design and conduct comparative effectiveness research and statistical settings by developing epidemiologic and statistical methods focused on sampling and design strategies for prospective observational and community-based randomized trials. This Grand Opportunity will increase the capacity of the BCSC and CISNET to provide evidence on how to deliver the most effective breast cancer screening in defined subgroups of women. PUBLIC HEALTH RELEVANCE: The overall goal of this project is to conduct comparative effectiveness research on breast cancer imaging modalities and strategies to inform evidence gaps on how best to optimize breast cancer screening in community practice. The Breast Cancer Surveillance Consortium (BCSC) is the only resource with breast cancer risk factor information on over 2 million women linked to: mammography examinations accurately identified as either screening or diagnostic and as either film-screen or digital; cancer registry and pathology databases to determine both benign and malignant outcomes; Medicare and Group Health managed care claims data to obtain comorbidities and healthcare utilization; and death data to ascertain vital status and cause of death. We will use the BCSC infrastructure and network of mammography facilities to examine screening intervals, screening modalities, and risk factors to determine their influence on breast cancer detection and mortality and associated costs. This research will set standards and methodology for comparative effectiveness studies in community practice and enable evidence-based recommendations that maximize screening effectiveness, minimize harms of screening, and optimize healthcare utilization. |                                                                 |
be achieved through both Network-wide and regional activities by the AANCART Steering Committee and involving Asian American-oriented community-based organizations, Cancer Information Service staff, and other supportive entities tied together through past histories of collaboration and memoranda of understanding and letters of support. Universities associated with AANCART, the California Department of Health and the California Department of Education, the University of California, San Francisco, the Centers for Disease Control and Prevention, and the American Society for Clinical Oncology are committed to additional support for AANCART.

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (Provided by applicant): The Radiation Therapy Oncology Group (RTOG) is the leading multicenter and multidisciplinary research organization systematically testing novel radiotherapy (RT) approaches against cancer and pursuing fully integrated translational research to enhance this effort. The group will build on its outstanding scientific accomplishments in the current funding period to conduct research based on three fundamental initiatives: 1. Physical Targeting: RTOG will implement and test advances in imaging and high-precision RT planning and delivery technologies in clinical trials. 2. Molecular Targeting: Combined with RT, RTOG will design and conduct hypothesis-driven trials testing the integration of novel molecular targeted anti-cancer agents with optimized RT or chemo-RT. 3. Translational Research: RTOG will implement powerful biostatistical and medical informatics approaches to its unique and interlinked clinical, biophysical, biologic, and outcomes databases that will facilitate hypothesis-driven analyses of these resources. The RTOG’s research is primarily directed toward patients with brain tumors, head and neck cancer, lung cancer, gastrointestinal cancer, and gynecological cancer. More limited research strategies have been developed for patients with gynecologic and breast cancer and sarcoma. RTOG research is supported by outstanding contributions from the Advanced Technology Integration, the Translational Research Program, and the Health Services Research and Outcomes Committees as well as significant contributions are well coordinated by a strong administrative and scientific infrastructure and have resulted in increased productivity in the current as compared with the prior funding cycle in terms of: 1. publication record; 2. clinical trials activated and completed; 3. overall patient accrual; 4. public outreach and education; and 5. increased participation in the project have both local and regional programs and activities. This proposal envisions a multi-center, multi-disciplinary, multi-institutional, multi-laboratory, and multi-disciplinary research program with the following aims: 1) Further develop a core organizational infrastructure to support community-based participatory activities and effective partnerships between communities, cancer prevention/care delivery systems, and research discovery/development systems at many levels to increase and sustain delivery of beneficial interventions; 2) Strengthen existing partnerships and create new partnerships with communities that suffer cancer health disparities and create opportunities to work with other organizations with an interest in reducing health disparities; 3) Strengthen existing collaborations with Cancer Information Services Establish and establish formal collaborations with three additional NCI programs; 4) Increase the utilization of beneficial interventions to reduce cancer health disparities and perform community-based participatory educational activities that reduce cancer health disparities by increasing cancer education and community use of beneficial cancer interventions; 5) Leverage SAICCN activities by obtaining funding from various sources for community-based participatory activities. To accomplish these aims and provide direction, synergy, and coordination, four core services will be formed: administration, outreach, research, and training and education, each of which will include a community-based evaluation program.

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (Provided by applicant): The American Indian Cancer Research Network (AICRN) is a multi-level, multi-institutional, multi-disciplinary, multi-institutional, multi-laboratory, and multi-disciplinary research program with the following aims: 1) Develop an organizational infrastructure to support community-based participatory activities and effective partnerships between communities, cancer prevention/care delivery systems, and research discovery/development systems at many levels to increase and sustain delivery of beneficial interventions; 2) Strengthen existing partnerships and create new partnerships with communities that suffer cancer health disparities and create opportunities to work with other organizations with an interest in reducing health disparities; 3) Strengthen existing collaborations with Cancer Information Services Establish and establish formal collaborations with three additional NCI programs; 4) Increase the utilization of beneficial interventions to reduce cancer health disparities and perform community-based participatory educational activities that reduce cancer health disparities by increasing cancer education and community use of beneficial cancer interventions; 5) Leverage SAICCN activities by obtaining funding from various sources for community-based participatory activities. To accomplish these aims and provide direction, synergy, and coordination, four core services will be formed: administration, outreach, research, and training and education, each of which will include a community-based evaluation program.

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (Provided by applicant): The Radiation Therapy Oncology Group (RTOG) is the leading multicenter and multidisciplinary research organization systematically testing novel radiotherapy (RT) approaches against cancer and pursuing fully integrated translational research to enhance this effort. The group will build on its outstanding scientific accomplishments in the current funding period to conduct research based on three fundamental initiatives: 1. Physical Targeting: RTOG will implement and test advances in imaging and high-precision RT planning and delivery technologies in clinical trials. 2. Molecular Targeting: Combined with RT, RTOG will design and conduct hypothesis-driven trials testing the integration of novel molecular targeted anti-cancer agents with optimized RT or chemo-RT. 3. Translational Research: RTOG will implement powerful biostatistical and medical informatics approaches to its unique and interlinked clinical, biophysical, biologic, and outcomes databases that will facilitate hypothesis-driven analyses of these resources. The RTOG’s research is primarily directed toward patients with brain tumors, head and neck cancer, lung cancer, gastrointestinal cancer, and gynecological cancer. More limited research strategies have been developed for patients with gynecologic and breast cancer and sarcoma. RTOG research is supported by outstanding contributions from the Advanced Technology Integration, the Translational Research Program, and the Health Services Research and Outcomes Committees as well as significant contributions are well coordinated by a strong administrative and scientific infrastructure and have resulted in increased productivity in the current as compared with the prior funding cycle in terms of: 1. publication record; 2. clinical trials activated and completed; 3. overall patient accrual; 4. public outreach and education; and 5. increased participation in the project have both local and regional programs and activities. This proposal envisions a multi-center, multi-disciplinary, multi-institutional, multi-laboratory, and multi-disciplinary research program with the following aims: 1) Further develop a core organizational infrastructure to support community-based participatory activities and effective partnerships between communities, cancer prevention/care delivery systems, and research discovery/development systems at many levels to increase and sustain delivery of beneficial interventions; 2) Strengthen existing partnerships and create new partnerships with communities that suffer cancer health disparities and create opportunities to work with other organizations with an interest in reducing health disparities; 3) Strengthen existing collaborations with Cancer Information Services Establish and establish formal collaborations with three additional NCI programs; 4) Increase the utilization of beneficial interventions to reduce cancer health disparities and perform community-based participatory educational activities that reduce cancer health disparities by increasing cancer education and community use of beneficial cancer interventions; 5) Leverage SAICCN activities by obtaining funding from various sources for community-based participatory activities. To accomplish these aims and provide direction, synergy, and coordination, four core services will be formed: administration, outreach, research, and training and education, each of which will include a community-based evaluation program.
Project Number9  Project Title  Principal Investigator  Performing Organization  Abstract  Total Cost

RURAL PATIENTS IN REHABILITATION
Individuals don't live in a vacuum; it is important to understand the complex interaction of health literacy at multiple levels of interaction from the individual to the family, health care system and community. Describing how these multiple points of view connect and influence each other for individuals with cancer and other chronic illnesses, from rural Appalachian communities who are in a rehabilitation setting is the under explored focus of this study. The current study is the first step in developing a program of research designed to address these complex interactions and gaps in the literature. Through in-depth interviews and focus groups, the goal of the present study is to explore the influence of health literacy from the individual, family, and health care facility and the patient's rural home community point of view. We propose to achieve three specific aims: 1.) Describe the health literacy level of this population. 2.) Determine the supports and barriers found in an inpatient rehabilitation facility in terms of facilitating health communication and addressing potential health literacy issues. 3.) Address the impact of health literacy on the transition from rehabilitation facility back to a person's rural home community. This descriptive pilot study is a critical first step toward our ultimate goal of developing and empirically assessing health literacy interventions for this population. Later inquiries will include an examination of current processes in a rehabilitation setting and how they positively or negatively support health communication particularly in terms of health literacy in rural populations. The long-term goal is to develop interventions that will decrease the barriers and enhance the supports in health communication to decrease poor health outcomes, decrease health disparities in rehabilitation and positively influence transitions between settings for individuals with cancer and other chronic disease. PUBLIC HEALTH RELEVANCE: Low health literacy has the potential to negatively impact individuals with cancer and other chronic illness who are in rehabilitation settings in terms of health and well-being. Low health literacy can negatively impact issues such as self-management of cancer and other chronic illness and medication adherence. This problem is possibly compounded if the individual is from a rural community, transplanted to a metropolitan inpatient rehabilitation setting and then sent back to their rural community. It is important to understand how low health literacy interacts with individuals in their complex social setting, including family, health care setting and home community with the goal of reducing potential health literacy disparities among this population.

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<td>3U01CA116892-0554</td>
<td>PATIENT NAVIGATION IN THE SAFETynet; CONNECTED**</td>
<td>FREUND, KAREN</td>
<td>BOSTON MEDICAL CENTER</td>
<td>late stage breast cancer. The adjacent counties surrounding the school contain 27.3% of New Jersey's total population, but 52.4% of its African-American population and 49.7% of the state's Hispanic population. This population is ideal for studying the causes of late stage cancer diagnosis and racial disparities in cancer stage and survival. In collaboration with the Cancer Institute of New Jersey, the institution is developing, as a top priority, research and clinical programs to address deficits in cancer care in northern New Jersey and major health disparities evident in New Jersey and surrounding states. The PI's career objectives of this proposal are to: 1) increase quantitative skills in data analysis, to learn qualitative research methods, and to learn how to integrate culture, language, and literacy into cancer control interventions. The research career development plan includes: completion of a Master's in Public Health degree program, the NCI's Principles and Practice of Cancer Prevention and Control, a review course on SAS statistical software, a training course on SUDAAN Statistical Software, completion of the Cancer, Culture, and Literacy Institute, various other cancer and research forums, and the conduct of mentored multi-method research. This multi-method research project will focus on breast and cervical cancer screening in an at-risk subgroup: obese women. Obese women are more likely than non-obese women to be delayed in breast and cervical cancer screening. Since African-American and Hispanic women are disproportionately obese compared to white races, this study may impact racial disparities in cancer. First, new analyses will be conducted using data from the National Health Interview Survey to quantify the extent of the association of obesity to delayed cancer screening, and the impact of race/ethnicity and comorbidity on this association. Next, focus groups will be conducted with obese women to identify their barriers to cancer screening. In addition, in-depth interviews and a mailed survey will be administered to physicians to identify barriers to cancer screening in obese women and to elicit suggestions to overcome those barriers. Finally, an intervention plan and materials will be developed that are appropriate for a multicultural target group and evaluated for appropriateness, readability, and feasibility through focus groups of patients and physicians. This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Despite advances in early detection and treatment options, racial/ethnic minority and low socioeconomic status women continue to suffer advanced stage at diagnosis and higher mortality for both breast and cervical cancer. Delays in diagnosis and treatment, which contribute to poorer outcomes, have been associated with well known barriers to care. These disparities persist despite this knowledge represents a gap between discovery and delivery of cancer care resulting in a pressing need for effective interventions. The objective of this study is to design, implement and evaluate a patient navigator intervention at six community health centers in Boston, Massachusetts. These sites represent a wide range of racial/ethnic minority and low socioeconomic status women served by an urban safety net institution that mirrors the infrastructure of this country's urban health systems. The intervention is a model based on Anderson's Model of Health Services Use. Aided by an Electronic Medical Record tracking system and theory based cultural competency training, patient navigators will identify cancer cases, provide service coordination and direct patient support. Our specific aims are to determine if the intervention will: 1. Reduce time to diagnosis (or resolution of abnormality) after an abnormal mammogram or Pap smear; 2. Reduce time to complete treatment and provide higher quality treatment after a cancer diagnosis; 3. Improve patient satisfaction with health care services; 4. Have critical components (time with patient vs. time with coordinating care) which drive its success; 5. Result in more cost-effective care. We will use a quasi-experimental design with block randomization of six community health centers whose primary affiliation is with Boston Medical Center. Each site will be randomly assigned to either Breast or Cervical Patient Navigation. Thus, each of the Breast intervention sites will serve as a continuous comparison site for the Cervical intervention sites and vice versa. We expect that the results of this study will inform the design of a generalizable standard, effective and efficient patient navigation model that will eliminate barriers to timely, quality cancer care among racial/ethnic minority and lower income populations.</td>
<td>$336,981</td>
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<td>3K07CA09964-05S1</td>
<td>ADHERENCE AMONG OLDER WOMEN WITH BREAST CANCER</td>
<td>GIORDANO, SHARON HERMES</td>
<td>UNIVERSITY OF TEXAS MD ANDERSON CANCER INSTITUTE</td>
<td>Washington, DC, and its environs. The PI's career objectives of this proposal are to: 1) increase quantitative skills in data analysis, to refine skills in survey research methods and experimental design with block randomization of experimental and control arms; 2) increase qualitative research skills through the use of in-depth interviews and program evaluation research; 3) develop into an independent investigator. DESCRIPTION (provided by applicant): This application addresses broad challenge area (05) Comparative Effectiveness Research and specific top priority, research and clinical programs to address deficits in cancer care in northern New Jersey and major health disparities evident in New Jersey and surrounding states. The PI's career objectives of this proposal are to: 1) increase quantitative skills in data analysis, to learn qualitative research methods, and to learn how to integrate culture, language, and literacy into cancer control interventions. The research career development plan includes: completion of a Master's in Public Health degree program, the NCI's Principles and Practice of Cancer Prevention and Control, a review course on SAS statistical software, a training course on SUDAAN Statistical Software, completion of the Cancer, Culture, and Literacy Institute, various other cancer and research forums, and the conduct of mentored multi-method research. This multi-method research project will focus on breast and cervical cancer screening in an at-risk subgroup: obese women. Obese women are more likely than non-obese women to be delayed in breast and cervical cancer screening. Since African-American and Hispanic women are disproportionately obese compared to white races, this study may impact racial disparities in cancer. First, new analyses will be conducted using data from the National Health Interview Survey to quantify the extent of the association of obesity to delayed cancer screening, and the impact of race/ethnicity and comorbidity on this association. Next, focus groups will be conducted with obese women to identify their barriers to cancer screening. In addition, in-depth interviews and a mailed survey will be administered to physicians to identify barriers to cancer screening in obese women and to elicit suggestions to overcome those barriers. Finally, an intervention plan and materials will be developed that are appropriate for a multicultural target group and evaluated for appropriateness, readability, and feasibility through focus groups of patients and physicians. This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Despite advances in early detection and treatment options, racial/ethnic minority and low socioeconomic status women continue to suffer advanced stage at diagnosis and higher mortality for both breast and cervical cancer. Delays in diagnosis and treatment, which contribute to poorer outcomes, have been associated with well known barriers to care. These disparities persist despite this knowledge represents a gap between discovery and delivery of cancer care resulting in a pressing need for effective interventions. The objective of this study is to design, implement and evaluate a patient navigator intervention at six community health centers in Boston, Massachusetts. These sites represent a wide range of racial/ethnic minority and low socioeconomic status women served by an urban safety net institution that mirrors the infrastructure of this country's urban health systems. The intervention is a model based on Anderson's Model of Health Services Use. 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Thus, each of the Breast intervention sites will serve as a continuous comparison site for the Cervical intervention sites and vice versa. We expect that the results of this study will inform the design of a generalizable standard, effective and efficient patient navigation model that will eliminate barriers to timely, quality cancer care among racial/ethnic minority and lower income populations.</td>
<td>$45,963</td>
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<td>1RC1CA144705-01</td>
<td>INSTITUTIONAL VARIATION IN SURGICAL CARE FOR BREAST CANCER IN US COMMUNITY HOSPITAL</td>
<td>GREENBERG, CAPRICE CHRISTIAN</td>
<td>BRIGHAM AND WOMEN'S HOSPITAL</td>
<td>first specific aim: 1. To determine the degree of institutional variation in the type of surgical procedure for early stage breast cancer in a cohort of U.S. community hospitals Aim 2: To evaluate the impact of</td>
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institutional supply of sub-specialty care on the type of surgical procedure for early stage breast cancer Aim 3: To develop empirically evaluated, reusable, and freely available natural language processing software that can be used to access the ever increasing amount of electronic medical record data available Research Design and Methods: This project is a collaborative effort of government, non-profit and academic hospital information and research systems. Our cohort will include an estimated 6,500 breast cancer patients who underwent a definitive operation during 2007 or 2008 at one of 80 community hospital partners of IHM. Available data includes administrative and billing data, as well as free text reports from the electronic medical record. The first step is to design the software necessary to automatically and reliably extract data from the free text fields. This will provide accurate pathologic and other cancer-specific data required for this and any other analysis of cancer care in IHM hospitals. The second step is to use this data to compare the surgical treatment of breast cancer across institutions. Multivariable modeling will be used to investigate the relationship between institution and the type of surgery performed after controlling for patient and cancer-specific variables. In particular, the supply of plastic surgeons and radiation oncologists will be considered as possible explanations for institutional variations in the use of reconstruction and breast conserving surgery. Potential Impact: This study has the potential to have a major impact as follows: 1. Improve the quality of surgical care for breast cancer, affecting approximately 160,000 American women per year. 2. Provide a new data source for comparative effectiveness and other health services research. In a cohort of 80 community hospitals, representing an understudied sector of the U.S. healthcare system. 3. Develop a modular approach to natural language processing software that can be re-used to access electronic medical record data and advance the field of comparative effectiveness and other health services research. This proposal investigates institutional variation in the surgical treatment of breast cancer at community hospitals; in particular, we seek to determine whether the supply of plastic surgeons and radiation oncologists at a given institution correlates with the type of surgery preferentially performed. This project is a collaborative effort of government, non-profit and academic hospital information and research systems and will provide a new data source for comparative effectiveness and other health services research in community hospitals, an understudied sector of the U.S. healthcare system. This award is issued in response to Notice OD-09-050, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This is our first resubmission of a randomized trial of QUIT-PRIMO Quality Improvement in Tobacco - Provider Referrals & Internet-delivered Microsystem Optimization in response to PA-06-226 Information Technologies and the Internet in Health Services and Intervention Delivery. Our Overall Goal is to advance science related to the use and impact of the Internet in health services delivery, specifically smoking cessation, by targeting primary care clinical microsystems. A clinical microsystem is defined as the smallest functional healthcare unit. A clinical microsystem is not simply equivalent to a clinical team of doctors and nurses, but also includes the panel of patients cared for by the providers and the processes of care that are used. The Institute for Healthcare Improvement (IHI) states interventions targeted to clinical microsystems are a crucial component in improving health care quality. We have the following Specific Aims: Aim 1: Randomize 160 community-based primary care microsystems into a trial comparing the QUIT-PRIMO with a paper-based information prescription; Aim 2. Evaluate the impact of QUIT-PRIMO on referral rates using patient-reported measures; Aim 3. Evaluate the impact of QUIT-PRIMO on six-month smoking cessation of primary care patients. The QUIT-PRIMO Intervention is a multi-component Internet-delivered clinical microsystem intervention with: 1. Refer2Quit - A point-of-care patient referral portal providers can use to enroll patients into a self-management system, with summary reports of provider and patient activity, and secure messaging templates providers can use to efficiently encourage patients to quit during follow-up; AND 2. Decide2Quit - A patient self-management portal organizing interactive, tailored, patient education, cessation planning, links to other high-quality web (smokefree.gov) and offline resources (1-800-QUIT-NOW), and secure messaging patients can use. The Control is a paper-based information prescription providers print to refer patients to a previously developed patient self-management website not linked into the clinical microsystem. The significance of the proposed study is that it will be the first Internet-delivered Intervention targeted to the clinical microsystem with the specific purpose of increasing smoking cessation. Our intervention is also unique among web resources for smoking cessation because a major goal is to ensure follow-up and increase treatment-seeking. QUIT-PRIMO builds upon our previous NCI-funded R01 (Ford, PI), where we control self-management system for this study. PUBLIC HEALTH RELEVANCE: This is our first resubmission of a randomized trial of QUIT-PRIMO Quality Improvement in Tobacco - Provider Referrals & Internet-delivered Microsystem Optimization in response to PA-06-226 Information Technologies and the Internet in Health Services and Intervention Delivery. Our Overall Goal is to advance science related to the use and impact of the Internet in health services delivery, specifically smoking cessation, by targeting primary care clinical microsystems. The QUIT-PRIMO Intervention is a multi-component Internet-delivered clinical microsystem intervention with: 1. Refer2Quit - A point-of-care patient referral portal providers can use to enroll patients into a self-management system, with summary reports of provider and patient activity, and secure messaging templates providers can use to efficiently encourage patients to quit during follow-up; AND 2. Decide2Quit - A patient self-management portal organizing interactive, tailored, patient education, cessation planning, links to other high-quality web (smokefree.gov) and offline resources (1-800-QUIT-NOW), and secure messaging patients can use. DESCRIPTION (provided by applicant): Patient navigation (PN) is a community-centered approach that can potentially reduce health disparities by enhancing access to care at an earlier stage of the disease continuum for underserved populations, such as racial/ethnic minorities or individuals with low socioeconomic status. To date there are two large-scale federally funded programs that involve PN interventions; one is the patient navigation research program sponsored by the National Cancer Institute (NCI); the other is a series of demonstration projects supported by Centers for Medicare and Medicaid Services (CMS). The NCI-sponsored sites mostly initiate PN interventions at the time of an abnormal screening result; whereas the CMS-sponsoring sites attempt to engage PN services at an earlier stage so as to increase the uptake of cancer screening. Little is known about the cost-effectiveness of PN compared to usual care (UC) for either type of PN services. The objective of the proposed study is to develop a comprehensive evaluation framework to assess the cost-effectiveness of PN interventions for patients in the continuum of cancer care screening, diagnosis, and treatment. The study has three specific aims: (1) to evaluate the cost-effectiveness between usual care and patient navigation started at the time that an abnormal screening result was detected; (2) to compare the cost-effectiveness between usual care and patient navigation targeted at improving the uptake of cancer screening; and (3) to assess the cost-effectiveness between patient navigation programs initiated at various time points of the cancer care continuum. The study will utilize databases developed from the CMS demonstration site at University of Texas M.D. Anderson Cancer Center, supplemented with Medicare claims and information obtained from the literature, to evaluate the short-term

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<th>Abstract</th>
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<td>QUIT-PRIMO:WEB-DELIVERED CLINICAL MICROSYSTEM INTERVENTION FOR TOBACCO CONTROL</td>
<td>HOUSTON, THOMAS K</td>
<td>UNIV OF MASSACHUSETTS MED SCH WORCESTER</td>
<td>This project is a collaborative effort of government, non-profit and academic hospital information and research systems. Our cohort will include an estimated 6,500 breast cancer patients who underwent a definitive operation during 2007 or 2008 at one of 80 community hospital partners of IHM. Available data includes administrative and billing data, as well as free text reports from the electronic medical record. The first step is to design the software necessary to automatically and reliably extract data from the free text fields. This will provide accurate pathologic and other cancer-specific data required for this and any other analysis of cancer care in IHM hospitals. The second step is to use this data to compare the surgical treatment of breast cancer across institutions. Multivariable modeling will be used to investigate the relationship between institution and the type of surgery performed after controlling for patient and cancer-specific variables. In particular, the supply of plastic surgeons and radiation oncologists will be considered as possible explanations for institutional variations in the use of reconstruction and breast conserving surgery. Potential Impact: This study has the potential to have a major impact as follows: 1. Improve the quality of surgical care for breast cancer, affecting approximately 160,000 American women per year. 2. Provide a new data source for comparative effectiveness and other health services research. In a cohort of 80 community hospitals, representing an understudied sector of the U.S. healthcare system. 3. Develop a modular approach to natural language processing software that can be re-used to access electronic medical record data and advance the field of comparative effectiveness and other health services research. This proposal investigates institutional variation in the surgical treatment of breast cancer at community hospitals; in particular, we seek to determine whether the supply of plastic surgeons and radiation oncologists at a given institution correlates with the type of surgery preferentially performed. This project is a collaborative effort of government, non-profit and academic hospital information and research systems and will provide a new data source for comparative effectiveness and other health services research in community hospitals, an understudied sector of the U.S. healthcare system.</td>
<td>$317,255</td>
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<td>1RC1CA145799-01</td>
<td>A COMPREHENSIVE MODEL TO ASSESS THE COST-EFFECTIVENESS OF PATIENT NAVIGATION</td>
<td>JONES, LOVELL ALLAN SHIHY, YA CHEN TINA</td>
<td>UNIVERSITY OF TEXAS MD ANDERSON CAN CTR</td>
<td>This award is issued in response to Notice OD-09-050, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This is our first resubmission of a randomized trial of QUIT-PRIMO Quality Improvement in Tobacco - Provider Referrals &amp; Internet-delivered Microsystem Optimization in response to PA-06-226 Information Technologies and the Internet in Health Services and Intervention Delivery. Our Overall Goal is to advance science related to the use and impact of the Internet in health services delivery, specifically smoking cessation, by targeting primary care clinical microsystems. A clinical microsystem is defined as the smallest functional healthcare unit. A clinical microsystem is not simply equivalent to a clinical team of doctors and nurses, but also includes the panel of patients cared for by the providers and the processes of care that are used. The Institute for Healthcare Improvement (IHI) states interventions targeted to clinical microsystems are a crucial component in improving health care quality. We have the following Specific Aims: Aim 1: Randomize 160 community-based primary care microsystems into a trial comparing the QUIT-PRIMO with a paper-based information prescription; Aim 2. Evaluate the impact of QUIT-PRIMO on referral rates using patient-reported measures; Aim 3. Evaluate the impact of QUIT-PRIMO on six-month smoking cessation of primary care patients. The QUIT-PRIMO Intervention is a multi-component Internet-delivered clinical microsystem intervention with: 1. Refer2Quit - A point-of-care patient referral portal providers can use to enroll patients into a self-management system, with summary reports of provider and patient activity, and secure messaging templates providers can use to efficiently encourage patients to quit during follow-up; AND 2. Decide2Quit - A patient self-management portal organizing interactive, tailored, patient education, cessation planning, links to other high-quality web (smokefree.gov) and offline resources (1-800-QUIT-NOW), and secure messaging patients can use. The Control is a paper-based information prescription providers print to refer patients to a previously developed patient self-management website not linked into the clinical microsystem. The significance of the proposed study is that it will be the first Internet-delivered Intervention targeted to the clinical microsystem with the specific purpose of increasing smoking cessation. Our intervention is also unique among web resources for smoking cessation because a major goal is to ensure follow-up and increase treatment-seeking. QUIT-PRIMO builds upon our previous NCI-funded R01 (Ford, PI), where we control self-management system for this study. PUBLIC HEALTH RELEVANCE: This is our first resubmission of a randomized trial of QUIT-PRIMO Quality Improvement in Tobacco - Provider Referrals &amp; Internet-delivered Microsystem Optimization in response to PA-06-226 Information Technologies and the Internet in Health Services and Intervention Delivery. Our Overall Goal is to advance science related to the use and impact of the Internet in health services delivery, specifically smoking cessation, by targeting primary care clinical microsystems. The QUIT-PRIMO Intervention is a multi-component Internet-delivered clinical microsystem intervention with: 1. Refer2Quit - A point-of-care patient referral portal providers can use to enroll patients into a self-management system, with summary reports of provider and patient activity, and secure messaging templates providers can use to efficiently encourage patients to quit during follow-up; AND 2. Decide2Quit - A patient self-management portal organizing interactive, tailored, patient education, cessation planning, links to other high-quality web (smokefree.gov) and offline resources (1-800-QUIT-NOW), and secure messaging patients can use.</td>
<td>$357,468</td>
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Lung cancer is the leading cause of cancer mortality in the United States. It is estimated that 186,320 men will be diagnosed with prostate cancer in 2008 and 28,660 men will die of it. Prostate cancer disproportionately affects African American men, who have a 1.7 fold greater incidence and a 2.4 fold greater mortality than white men. As a result, prostate cancer is an important source of health disparities. We will use the Ottawa Decision Support Framework (ODSF) from the field of health literacy to examine prostate cancer health literacy among African American men from two clinics caring for large underserved populations. Values clarification and risk communication are central to the process of prostate cancer screening decisions because screening has not been shown to decrease cancer mortality but the side effects of treatment are prevalent and long term. It is critical for physicians and patients to be able to accurately discuss the impotence, incontinence, and bowel symptoms that often result from treatment, so patients can decide whether to be screened for prostate cancer. In preliminary studies, we reviewed patient education materials to identify specific domains of prostate cancer health literacy and shared decision making to examine screening incorporating patient understanding and preferences. We developed cancer literacy assessment tools and incorporated patient preferences into the decision process. In the current project, we will characterize understanding of CDC and NCI prostate cancer decision guides with a focus on numerical and graphical risk communication among men with low literacy skills. We will interview African American men about prostate cancer from standard materials provided by the Centers for Disease Control (CDC) and the National Cancer Institute to understand which domains are important to discuss with patients. These domains include the skills that patients need to learn new information and the knowledge that patients are assumed to have at baseline. In preliminary structured interviews among African American men in two low-income clinics, we showed that many patients did not have the health literacy skills or knowledge to make informed decisions. Consequently, we hypothesize that patients are unlikely to learn enough about prostate cancer from standard materials provided by the Centers for Disease Control (CDC) and the National Cancer Institute. We will use the Ottawa Decision Support Framework (ODSF) from the field of health literacy to characterize understanding of CDC and NCI prostate cancer decision guides with a focus on numerical and graphical risk communication among men with low literacy skills. We will link our study to other work in the field using recently developed numeracy scales to relate mathematical skills and reading skills to how patients understand the uncertainties of the screening decision. We will use qualitative methods and conceptual metaphor to explore ways to improve communication and shared decisions for African American men with low literacy skills. Results will be used to revise prostate cancer education materials to be more accessible to men with low literacy skills. PUBLIC HEALTH RELEVANCE: Prostate cancer mortality is an important source of health disparities among African American men. In preliminary studies, we have identified barriers to prostate cancer literacy among African American men recruited from two rural, low-income clinics. We will use qualitative methods to identify techniques to overcome these barriers and compare any differences between rural and urban African American men.

**HSPProj Update: National Institutes of Health (NIH) ARRA Awards for Health Services Research**

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<th>Project Number</th>
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<th>Principal Investigator</th>
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<tr>
<td>3K05CA11340-OS31</td>
<td>QUALITY OF CANCER CARE EVALUATION AND INTERVENTIONS</td>
<td>KATZ, STEVEN J.</td>
<td>UNIVERSITY OF MICHIGAN AT ANN ARBOR</td>
<td>This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): My current research agenda falls into two main areas. The first area is my focus on a population-based approach to examining the quality of care for women with breast cancer. The second area is the evaluation of online communication and service tools to improve the quality of cancer early detection initiatives in primary care settings. My research agenda over the next five years will extend my current work in several ways. First, I plan to expand my current SEER-based population research program to address the quality of care for women with breast cancer. This will include: 1) additional population-based studies of determinants and outcomes of other cancer diagnoses, and 2) development of new interventions and tools to improve breast cancer outcomes. Second, I will build and evaluate novel online communication and service tools for patients and providers to improve breast cancer outcomes. The goals of my mentoring plan are 1) to increase the quantity and quality of NIH investigator-initiated proposals in oncology health services research from the University of Michigan; 2) to foster interest in oncology-related health services research by fellows and junior investigators through my leadership on clinical training programs at the University of Michigan; and 3) recruit new investigators to the medical school focused on health services research in oncology. In order to address the goals above I will lead the following initiatives: 1) to obtain intramural and extramural funding to recruit and support clinician investigators and non-clinician research scientists in cancer health services research; 2) to personally mentor these investigators towards a successful career; 3) to develop and direct educational programs to support this area of research; and 4) to coordinate efforts in this area across professional schools at Michigan. The structure, process and outcomes of my personal mentoring program are described in detail in the application.</td>
<td>$108,000</td>
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<td>1R21CA132671-01A1</td>
<td>PROSTATE CANCER HEALTH LITERACY AND DECISION MAKING IN URBAN AFRICAN-AMERICAN MEN.</td>
<td>KILBRIDGE, KERRY LAING</td>
<td>MASSACHUSETTS GENERAL HOSPITAL</td>
<td>DESCRIPTION (provided by applicant): Prostate cancer is the most common diagnosed noncancerous cancer in United States men and the second leading cause of cancer death. It is estimated that 186,320 men will be diagnosed with prostate cancer in 2008 and 28,660 men will die of it. Prostate cancer disproportionately affects African American men, who have a 1.7 fold greater incidence and a 2.4 fold greater mortality than white men. As a result, prostate cancer is an important source of health disparities. We will use the Ottawa Decision Support Framework (ODSF) from the field of health literacy to examine prostate cancer health literacy among African American men from two clinics caring for large underserved populations. Values clarification and risk communication are central to the process of prostate cancer screening decisions because screening has not been shown to decrease cancer mortality but the side effects of treatment are prevalent and long term. It is critical for physicians and patients to be able to accurately discuss the impotence, incontinence, and bowel symptoms that often result from treatment, so patients can decide whether to be screened for prostate cancer. In preliminary studies, we reviewed patient education materials to identify specific domains of prostate cancer health literacy and shared decision making to examine screening incorporating patient understanding and preferences. We developed cancer literacy assessment tools and incorporated patient preferences into the decision process. In the current project, we will characterize understanding of CDC and NCI prostate cancer decision guides with a focus on numerical and graphical risk communication among men with low literacy skills. We will interview African American men about prostate cancer from standard materials provided by the Centers for Disease Control (CDC) and the National Cancer Institute (NCI) to understand which domains are important to discuss with patients. These domains include the skills that patients need to learn new information and the knowledge that patients are assumed to have at baseline. In preliminary structured interviews among African American men in two low-income clinics, we showed that many patients did not have the health literacy skills or knowledge to make informed decisions. Consequently, we hypothesize that patients are unlikely to learn enough about prostate cancer from standard materials provided by the Centers for Disease Control (CDC) and the National Cancer Institute. We will use the Ottawa Decision Support Framework (ODSF) from the field of health literacy to characterize understanding of CDC and NCI prostate cancer decision guides with a focus on numerical and graphical risk communication among men with low literacy skills. We will link our study to other work in the field using recently developed numeracy scales to relate mathematical skills and reading skills to how patients understand the uncertainties of the screening decision. We will use qualitative methods and conceptual metaphor to explore ways to improve communication and shared decisions for African American men with low literacy skills. Results will be used to revise prostate cancer education materials to be more accessible to men with low literacy skills. PUBLIC HEALTH RELEVANCE: Prostate cancer mortality is an important source of health disparities among African American men. In preliminary studies, we have identified barriers to prostate cancer literacy among African American men recruited from two rural, low-income clinics. We will use qualitative methods to identify techniques to overcome these barriers and compare any differences between rural and urban African American men.</td>
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<td>3K01CA124581-03S1</td>
<td>RACIAL DISPARITIES IN THE TREATMENT OF LUNG CANCER IN AFRICAN AMERICANS</td>
<td>LATHAN, CHRISTOPHER S</td>
<td>DANFARBER CANCER INSTITUTE</td>
<td>This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Lung cancer is the leading cause of cancer mortality in the United States. African American men have the highest incidence and mortality for lung cancer in the US, and yet continue to obtain treatment at lower rates than White patients. The causes of racial disparities in cancer care and treatment are likely multifactorial, requiring both quantitative and qualitative research approaches. This proposal will comprise three projects that aim to shed further light on the causes of racial disparities in lung cancer. (Project 1) will examine further potential causes of racial disparities in lung cancer treatment, using large administrative databases, (Project 2) to examine the role of race in tumor registry under-representation, and (Project 3) to obtain qualitative data investigating themes and perceptions of African-Americans regarding lung cancer. The first and second projects involve secondary data analysis, while the third project will involve collection of qualitative data regarding patient factors that might influence treatment choices. Project 1 proposes to use the SEER-Medicare database to further elucidate the role</td>
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<td>3K2CA117864-04S1</td>
<td>IMPROVING PARENT/ADOLESCENT COMMUNICATION ABOUT TOBACCO</td>
<td>MAHABEE-GITTENS, E, MELINDA MELINDA</td>
<td>CHILDREN'S HOSPITAL MED CTR (CINCINNATI)</td>
<td>This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summertime Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Inner-city children of low socioeconomic status are at high risk for initiating tobacco use during adolescence and continuing its use throughout adulthood. The high utilization of acute-care services for non-emergent health problems by adolescents suggests that the emergency department (ED) offers a promising and innovative setting for the prevention of tobacco use. Furthermore, because adolescent patients seeking urgent care are typically accompanied by parents, an intervention delivered in the ED can reach child and parent simultaneously. The rationale for coincident child/parent intervention derives from the strong association of adolescent smoking with perceived parental leniency toward smoking. The K23 award will provide the time, resources, and mentorship for the Candidate to integrate her research interest in tobacco prevention with her clinical experience in emergency medicine. Her long-term goal is to develop tailored interventions that will help parents prevent tobacco initiation and use by their adolescent children. The research plan proposed for the Award period centers on the pilot testing, revision, implementation, and evaluation of a tobacco prevention strategy entitled Improving Parent/Adolescent Communication about Tobacco (IMPACT). The strategy was developed by the research team and is based on the Theory of Planned Behavior. The intervention consists of culturally appropriate verbal and written messages about tobacco/adjustment materials to parents of adolescent children aged 14 years, a videotape that models effective parent-adolescent discussion of these messages, and a survey instrument to test the effectiveness of the intervention. Focused interviews, quantitative evaluation, and expert review of IMPACT will result in revision of the materials, followed by evaluation of the effects of IMPACT using a six-month longitudinal, randomized design. The proposed research seeks to explore the effect of IMPACT on validated measures of adolescent intention and willingness to smoke, as well as potential mediators and moderators of the effect. Hypothesized mediators include: adolescent knowledge of tobacco risk, adolescent perceptions of parental attitudes, social acceptance, and prevalence of tobacco use; and the self-efficacy of adolescents to avoid, and parents to prevent, use. Hypothesized moderators include adolescent race/ethnicity, adolescent gender, and parent smoking behavior. The career development plan proposed for the Award period incorporates coursework in advanced qualitative and quantitative methods, health behavior theory, adolescent addiction, as well as field observation of existing tobacco prevention programs. By the end of the Award period, the Candidate expects to submit an R01 grant application for a longitudinal study designed to assess the effect of IMPACT on adolescent experimentation, initiation, and ongoing use of tobacco.</td>
<td>$49,926</td>
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<td>3P2CA119192-04S1</td>
<td>PLANNING GRANT FOR BOWIE STATE UNIVERSITY OF MARYLAND CANCER RESEARCH TRAINING AN</td>
<td>MISHRA, SHRAJ I</td>
<td>UNIVERSITY OF MARYLAND BALTIMORE</td>
<td>This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summertime Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Cancer in Maryland, and its impact on the health of minority and underserved populations, is a particularly serious health care dilemma. In fact, Maryland now ranks 7th nationally in cancer incidence, and significant disparities are seen between African American and Caucasian populations in stage of diagnosis, access to early detection, cancer screening follow-up, treatment, and health services utilization. The unequal burden of cancer in minority and underserved communities nationally and in Maryland's minority and underserved communities is a compelling crisis that requires intensive scientific, community outreach and translation and application of research. Bowie State University (BSU), a Minority Serving Institution (MSI) and the University of Maryland School of Medicine (UMSOM) and its Program In Oncology and the Marlene and Stewart Greenebaum Cancer Center propose to establish a partnership with the overall goal of improving the health disparities of cancer patients in Prince George's county and Baltimore City, Maryland by increasing the number of minority scientists pursuing successful cancer research careers and developing effective cancer education programs specifically targeting minority students and faculty, and the community. The specific aims of the BSU-UMSOM partnership are: (1) To collaboratively develop and implement a minority cancer research career development training program (&quot;Cancer Research Training Program&quot;) in cancer health disparities research for BSU junior faculty; (2) To collaboratively enhance the science curriculum at BSU through the development, implementation, and evaluation of a cancer health disparities education curriculum (&quot;Undergraduate Cancer Education Program&quot;) to prepare BSU students for attended undergraduate cancer research training at UMSOM; and (3) To collaboratively develop, implement, and pilot test an enhanced community-based cancer outreach education program (&quot;Community Cancer Outreach Education Program&quot;) in price George's County specifically targeting minority, underserved communities (i.e., African Americans). The partnership's objectives blend the existing expertise at the collaborating institutions in the form of high-quality educational programs and a rich source of talent at BSU and the state-of-the-art cancer research, investigator training, and community outreach programs at UMSOM. This partnership is based on prior informal collaborations between members at BSU and UMSOM. The proposed partnership between BSU and UMSOM will address both community and institutional needs to effectively address cancer health disparities.</td>
<td>$112,350</td>
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<td>1R1CA145117-01</td>
<td>DETERMINANTS OF PARTICIPATION IN AN ANAL CANCER PREVENTION TRIAL</td>
<td>PALEFSKY, JOEL</td>
<td>UNIVERSITY OF CALIFORNIA SAN FRANCISCO</td>
<td>DESCRIPTION (provided by applicant): This application addresses broad Challenge Area (05) Comparative effectiveness research (CER) and specific Challenge Topic: 05-CA-102” Comparative Effectiveness Research on Cancer Screening. The project, &quot;Determinants of participation in an anal cancer prevention trial&quot; is designed to provide information that will be critical to the performance of a randomized controlled trial of a screening and treatment of anal intraepithelial neoplasia (AIN) to prevent anal cancer. Anal cancer is a growing problem in the United States. Increasing by approximately 2 percent per year among both men and women in the general population, it is particularly common among certain high-risk groups such as HIV-positive men and women. Among HIV-positive individuals, the incidence of anal cancer has continued to increase despite the availability of effective anti-retroviral therapy (ART). The current incidence of anal cancer among HIV-positive men who have sex with men (MSM) may be as high as 137/100,000, or more than 10 times the current incidence of cervical cancer in the screened population of women in the U.S. and is higher than the...</td>
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<td>1RC1CA144744-01</td>
<td>A WEB-BASED INTERVENTION WITH ADOLESCENT SMOKERS OF APPALACHIAN OHIO</td>
<td>REYNOLDS, BRADY A</td>
<td>RESEARCH INST NATIONALWIDE CHILDREN'S HOSP</td>
<td>The proposed focus group/survey study will be essential to planning a large definitive randomized controlled trial (RCT) in HIV-positive men and women to test whether treatment of anal cancer precursors identified through anal cytology screening can prevent anal cancer. The RCT planned with the assistance of this proposed study will set the standard of care for HIV-positive men and women, and will also have wide implications for screening and treatment for HIV-negative populations, as well as understanding the underlying progression to cervical and anal cancer.</td>
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<td>1RO1CA134967-01A1</td>
<td>CONJOINT ANALYSIS: OVERCOMING OBSTACLES TO ROUTINE FORMAL PREFERENCE ASSESSMENT</td>
<td>SAGAL, CHRISTOPHER</td>
<td>UNIVERSITY OF CALIFORNIA LOS ANGELES</td>
<td>The result of this RCT will set standard of care for HIV-positive men and women who are trying to quit or reduce smoking. This latter aim is expected to guide smoking treatment modifications to make these treatments more effective for Appalachian adolescents who are trying to quit or reduce smoking.</td>
<td>$373,978</td>
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Cigarette smoking is the top preventable cause of death in the United States, and rates of smoking for adults and adolescents are consistently higher in Appalachian regions than national averages. This study will evaluate a novel behavioral treatment for cigarette smoking cessation with Appalachian adolescent smokers. Further, this study will advance our understanding of the different behavioral styles associated with these adolescents' ability to quit or reduce smoking during a treatment program for smoking cessation. This latter aim is expected to guide smoking treatment modifications to make these treatments more effective for adolescents who are trying to quit or reduce smoking.

DESCRIPTION (provided by applicant): A man with localized prostate cancer faces a bewildering constellation of treatment options. Most of these options provide some similar chances of survival, so the optimal choice for any particular individual depends on the patient's life goals, preferences for various clinical and non-clinical treatment characteristics, and the varying issues around participation that each of these racial/ethnic groups might have. A rigorous study to measure these determinants in geographically diverse, ethnically diverse groups that comprise the HIV epidemic in the U.S. is critical. The specific aims of this application are therefore to: 1. To identify and assess the determinants of provider willingness to refer eligible participants; 2. To identify and assess the determinants of patient willingness and motivation to participate in the RCT; and 3. To determine the optimum study design and sample size, and recruitment strategies based on the analysis of data from Aims 1 and 2. This application is responsive to this challenge topic in which data from earlier observational studies would be augmented with physician and patient acceptability data to permit the pivotal RCT to proceed. Although the results of the RCT will set standard of care for HIV-positive men and women, they will also have wide implications beyond that of the HIV-positive population.

The results will guide screening and treatment for HIV-negative populations as well, and the study will provide a biobank of clinical specimens that will be invaluable to understanding molecular determinants of progression from anal intraepithelial neoplasia to anal cancer. These results will also be applicable to understanding the factors underlying progression to cervical cancer, and will be particularly important as assembly of such a biobank of smoking risk for cervical cancer would be currently impossible given that the standard of care to treat high-grade CIN to prevent cervical cancer. Finally, this study will have broad influence by informing strategies to enhance participation in clinical studies by underrepresented minority groups.

Finally, this study will have broad influence by informing strategies to enhance participation in clinical studies by underrepresented minority groups.

DESCRIPTION (provided by applicant): The purpose of this grant application is to demonstrate that combination of an unacceptably high incidence of anal cancer and the likelihood that anal cancer is preventable calls for urgent intervention. At this time however, there are no formal guidelines recommending anal screening and treatment of HGAIN. This is because no studies have yet been done to demonstrate that screening for and treatment of HGAIN reduced the incidence of anal cancer. The USPHS guidelines for the care of HIV-positive individuals currently state that 'anal cytology screening of HIV-seropositive MSM and of women may be useful preventive measures. However, studies of screening and treatment programs for AIN 2 or 3 need to be implemented before definitive recommendations for anal cytology screening can be made.' This application will provide critical information that will support the conduct of such a study, namely determinants of participation in a randomized clinical trial in which 50 percent of participants with HGAIN will be screened and treated, and 50 percent will be observed without treatment. At the end of a 5-year period, the number of anal cancer cases will be compared in both arms. Given the complexities of the underlying clinical issues that might govern willingness to participate, the increasing proportion of underrepresented minorities that comprise the HIV epidemic and the varying issues around participation that each of these racial/ethnic groups might have, a rigorous study to measure these determinants in geographically diverse, ethnically diverse groups that comprise the HIV epidemic in the U.S. is critical. The specific aims of this application are therefore to: 1. To identify and assess the determinants of provider willingness to refer eligible participants; 2. To identify and assess the determinants of patient willingness and motivation to participate in the RCT; and 3. To determine the optimum study design and sample size, and recruitment strategies based on the analysis of data from Aims 1 and 2. This application is responsive to this challenge topic in which data from earlier observational studies would be augmented with physician and patient acceptability data to permit the pivotal RCT to proceed. Although the results of the RCT will set standard of care for HIV-positive men and women, they will also have wide implications beyond that of the HIV-positive population.
products. In Marketing, ‘conjoint analysis’ has emerged as a powerful methodology with which to characterize consumer preferences and to predict consumer purchasing behavior. Given its simplicity and predictive validity, this method may be a solution to limitations of existing preference assessment methods. We believe that conjoint analysis has potential to improve decisions in clinical settings. Our primary hypotheses are twofold. First, we hypothesize that conjoint analysis-based preference assessment and educational support will improve decision quality in men with prostate cancer as compared to educational support alone. Second, we hypothesize that conjoint analysis has superior construct validity in measuring the preferences of men with prostate cancer compared to traditional methods of preference assessment, specifically time trade-off and rating scale methods. To test these hypotheses, we will undertake two randomized controlled studies. This will be done by first recruiting men who have been treated for prostate cancer and identifying treatment attributes of importance to them. Based on these data, we will use established software platforms to develop preference assessment applications for conjoint analysis-based and traditional assessment methods, to be used in the randomized trials. One randomized trial using the conjoint analysis application will examine metrics of decision quality in men who undergo conjoint analysis, along with an educational intervention, compared with decision quality in men who undergo the educational intervention only. The second will compare criterion validity of these applications using metrics published in the literature This work is guided by the promise of eventually deploying point-of-care decision aids to improve the quality of decision making for men with prostate cancer. Public Health Relevance: This research aims to improve our ability to individualize prostate cancer care and improve decision quality for men with this disease. We will test whether a method taken from consumer marketing research can more accurately identify individual patients’ values better than existing methods used in healthcare research. We will test whether use of this method improves the quality of the treatment decisions that are made by patients.

This award is issued in response to Notice OD-09-040, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Scientists Educators. DESCRIPTION (provided by applicant): The CALGB is comprised of 26 academic medical centers and over 200 affiliated community hospitals joined in the pursuit of improved cancer treatment and better understanding of tumor biology and cancer treatment outcomes via the conduct of controlled clinical trials. Over 4,000 members of the Group including oncology physicians, radiologists, pathologists, statisticians, clinical research associates, oncology nurses, pharmacists, health outcomes researchers, and basic scientists participate in these studies. From 25-30 phase III protocols are active at any one time, along with phase II and phase I studies that provide preliminary data required for the appropriate design of large scale randomized trials. Multidisciplinary disease committees of the Group design and implement protocols for the treatment of patients with leukemia, lymphoma, breast, respiratory, GI and GU cancer. Morality committees, including Leukemia Correlative Sciences, Pharmacology and Experimental Therapeutics, Surgery, Transplant, Cancer in the Elderly, Cancer Control and Health Outcomes, and Oncology Nursing provide expertise that enhances the contribution of these disciplines to CALGB studies. Scientific resources committees, including Clinical Research Associates, Pathology and Radiology Oncology, provide essential quality assurance and training activities for the Group. Major areas of emphasis in CALGB include development of innovative treatments for patients with cancer; studies of molecular predictors of prognosis and response to therapy; studies of the pharmacokinetics, pharmacodynamics and pharmacogenetics of new and established anticancer drugs; evaluation of minimally invasive surgical techniques and novel imaging technologies; determining the cost and cost-effectiveness of new cancer therapies; evaluating the impact of cancer and its treatment on the quality of life of cancer patients and their caregivers; developing new strategies for cancer prevention; and addressing the needs of special populations, particularly minorities and the elderly. A new core facility in cancer imaging was established to provide central review and archiving of PET and CT images and to set standards for image acquisition and transmission at CALGB institutions. Three new molecular reference laboratories are proposed in this application to provide biomarker assessments that are necessary to determine the patient eligibility or treatment assignment in CALGB studies of targeted therapies. Three established biorepositories collect, archive and distribute frozen and paraffin-embedded solid tumor tissues, leukemia cells, plasma, serum, urine and DNA for correlative science studies. This award is issued in response to Notice OD-09-040, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Scientists Educators. DESCRIPTION (provided by applicant): The California State University, Fullerton proposes to spearhead a university-community-participatory consortium to undertake community-based participatory research processes for development of a sustainable network to reduce preventable cancer incidence and mortality among five Pacific Islander (PI) communities (Chamorros, Marshallese, Native Hawaiians, Samoans and Tongans) in Southern California. The specific aims of this project, Weaving an Islander Network for Cancer Awareness, Research and Training (WINCART), are to: 1) identify individual, community, and health service barriers to cancer control among PIs; 2) improve access to and utilization of existing cancer prevention and control services; 3) facilitate the development, implementation, and evaluation of community-based participatory research studies; 4) create opportunities to increase the number of well-trained PI researchers through training, mentorship and participatory research projects; 5) sustain community-based education, training and research activities by increasing partnerships with governmental and community agencies, funders, and policymakers; and 6) disseminate research findings to aid in the reduction of cancer health disparities for PIs. WINCART will convene two steering committees (one each for community and research) to coordinate the activities. Project methods include implementation and evaluation of community awareness activities in each PI population (working with CIS to develop culturally and linguistically appropriate materials), conducting cancer prevention and control research (with a focus on obesity, tobacco, cancer screening, survivorship, and enhanced recruitment of PIs into clinical trials), and recruitment/training/mentorship of PI researchers for the development of pilot other NIH research awards. This award is issued in response to Notice OD-09-040, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Scientists Educators. DESCRIPTION (provided by applicant): The California State University, Fullerton proposes to spearhead a university-community-participatory consortium to undertake community-based participatory research processes for development of a sustainable network to reduce preventable cancer incidence and mortality among five Pacific Islander (PI) communities (Chamorros, Marshallese, Native Hawaiians, Samoans and Tongans) in Southern California. The specific aims of this project, Weaving an Islander Network for Cancer Awareness, Research and Training (WINCART), are to: 1) identify individual, community, and health service barriers to cancer control among PIs; 2) improve access to and utilization of existing cancer prevention and control services; 3) facilitate the development, implementation, and evaluation of community-based participatory research studies; 4) create opportunities to increase the number of well-trained PI researchers through training, mentorship and participatory research projects; 5) sustain community-based education, training and research activities by increasing partnerships with governmental and community agencies, funders, and policymakers; and 6) disseminate research findings to aid in the reduction of cancer health disparities for PIs. WINCART will convene two steering committees (one each for community and research) to coordinate the activities. Project methods include implementation and evaluation of community awareness activities in each PI population (working with CIS to develop culturally and linguistically appropriate materials), conducting cancer prevention and control research (with a focus on obesity, tobacco, cancer screening, survivorship, and enhanced recruitment of PIs into clinical trials), and recruitment/training/mentorship of PI researchers for the development of pilot other NIH research awards.
agencies, funders, and policymakers; and 6) disseminate research findings to aid in the reduction of cancer health disparities for PIs. WINCART will convene two steering committees (one each for community and research) to coordinate the network activities. Project methods include implementation and evaluation of community awareness activities in each PI population (working with CIS to develop culturally and linguistically appropriate materials), conducting cancer prevention and control research (with a focus on obesity, tobacco, cancer screening, survivorship, and enhanced recruitment of PIs into clinical trials), and recruitment/training/mentorship of PI researchers for the development of pilot other NIH research awards.

DESCRIPTION: The project is provided by applicant: Patient navigators (PN) is a widely used intervention approach in initiatives to reduce cancer health disparities and facilitate access to care, particularly in African American (AA) populations. However, the results of PN vary and little is known about the elements that make PN effective. Furthermore, resources for navigator training are limited and unstandardized. Such knowledge is critically important as PN in a widely accepted and used clinical tool and the patient navigator workforce is expected to undergo tremendous growth as a result of the Patient Navigator Outreach and Chronic Disease Prevention Act, recently passed legislation. One compelling area for investigation is the quality of communication within navigation encounters. Effective communication is essential to a navigator's efforts to identify the full range of barriers to healthcare a patient faces and to develop feasible strategies to overcome these barriers. Guided by Communication Accommodation Theory, the proposed research will focus on patient-centered and empathic communication with the goal of identifying concrete verbal behaviors associated with effective PN. The goal of the proposed research will be achieved through collaboration with a funded R01 parent study that is investigating the impact of PN on adherence to colorectal cancer referral among AA primary care patients (R01- CA124658). The parent study includes a randomized clinical trial comparing telephone-based navigation, conducted by a peer navigator who is matched to the patient's age and gender, with a navigation intervention conducted by a peer navigator. The proposed R01 study will randomly select 220 audiotapes from the parent study; patients and peers will then be analyzed by two independent raters using the Communication Patterns in Cancer Screening Navigation (PN-CP) tool, which focuses on communication processes. The specific aims of this proposed research are 1) to examine the effect of patient-centered and empathic communication within patient navigation encounters on adherence to colorectal cancer referral among AA primary care patients, and 2) to investigate differences between peer and professional navigators in terms of their patient-centered and empathic communication exchanges with AA primary care patients referred for colonoscopy. Results will yield data on key communication strategies that can be translated into disseminable and evidence-based training modules to enhance existing navigator training curricula. Such training can increase the effectiveness of new navigators who may have limited experience interacting with AA patients in the context of a cancer screening intervention, as well as those who are continuing in the relatively new and rapidly growing and evolving area of PN. Although the focus of the proposed research is PN, results are likely to be generalizable beyond PN and should provide insight for health education and promotion in general. PUBLIC HEALTH RELEVANCE: The proposed research titled 'Communication Patterns in Cancer Screening Navigation with African Americans' is relevant to public health because it focuses on key communication behaviors in the context of a widely applied intervention approach: patient navigation. The proposed research will identify specific communication behaviors associated with adherence to colorectal cancer referral among African American primary care patients and will support future efforts to both increase colonoscopy and reduce colorectal cancer burden in this population. These data can then be translated into training curricula for patient navigators that directly support 1) the Patient Navigator Outreach and Chronic Disease Prevention Act of 2005 which mandates and funds the recruitment and training of patient navigators in order to reduce cancer health disparities, and 2) the strategic objectives stated within the National Cancer Institute Strategic Plan related to the development of a cadre of healthcare workers, including researchers and clinicians, prepared to effectively address cancer health disparities.

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. Description (provided by applicant): With the highest proportion of Hispanics and American Indians of any State (42% Hispanic, and 10% American Indian), New Mexico's 1.9 million people have tremendous cancer health disparities. Ranking 47th in per capita income, New Mexico's population is relatively young, poor (37%), and uninsured (22%). Nearly 50% live in rural areas with limited access to healthcare. Tracking The New Mexico Tumor Registry, a founding member of the NCIC SEER Program, New Mexico's multiethnic populations has strikingly different patterns of cancer incidence and mortality. While Northern NM Hispanics are derived primarily from early Spanish land grant families, Southern NM Hispanics are more frequently of Mexican descent. The Tribal communities of New Mexico are particularly diverse, with 19 Pueblos, the Navajo Nation and three Navajo Bands, and the Jicarilla and Mescalero Apache. In this rich context, the goals of The New Mexico Minority-Based Community Clinical Oncology Program (NM MBCCOP) are to build community capacity for clinical research through cancer education and outreach programs, and, to overcome significant socioeconomic and cultural barriers to increase access and accrual to NCIC-sponsored cancer treatment and prevention clinical trials. Funded since 2000 (101CA87690), the NM MBCCOP has worked diligently to build a collaborative statewide community clinical trials network (The New Mexico Cancer Care Alliance (NMCCA)) through cooperative agreements with the National Cancer Institute (NCI), through cooperative agreements with the American Indian Cancer Foundation, the Robert Wood Johnson Foundation, and the Department of Health and Human Services, a single IRB, and integrated operations. The 102 physician participants (61 types A and 41 type B) cover the entire State. The primary objective of the NM MBCCOP is to establish and sustain an effective, inclusive, and comprehensive statewide community clinical trials network that will increase accrual and improve the design, conduct, and dissemination of clinical research in New Mexico. This result will also be used to build an infrastructure to support community research involving cancer education and outreach programs, and, to promote the development of research capacity in the state to increase access and accrual to cancer clinical trials. The ultimate goal of the network is to be a leading model for the development of supportive programs in other minority-based communities. The research team identified 29 research ideas, prioritized by the Network Planning Committee, which are divided into four research categories: 1) To improve recruitment and facilitation of accrual in minority-based clinical trials; 2) To increase the capacity of minority-based community cancer research; 3) To improve access and accrual to cancer research among minority patients; and 4) To improve the dissemination of research results and research practice in minority-based organizations.

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are collaborative partnerships between community-based providers and academic institutions to conduct clinical research on an ongoing basis. As an indicator of its commitment to PBRNs, the NIH is investigating the feasibility of training 50,000 community-based health-care practitioners to participate in clinical research and integrate new research findings into routine health-care delivery. Yet, reports indicate that PBRNs are challenging to implement and sustain. Further, the extent to which PBRNs actually promote the use of evidence-based clinical services in community-based practice settings remains largely unknown. This project will examine the implementation, impact, sustainability, and business case of the NCI’s Community Clinical Oncology Program (CCOP), a federally funded national PBRN that the NIH sees as a model for PBRNs in other disease areas. Specifically, the project will (1) investigate the implementation of the CCOP in community-based practice settings through in-depth case studies of three newly funded CCOP organizations and a survey of all 50 CCOP organizations; (2) examine the impact of the CCOP on clinical practice through longitudinal analysis of adoption rates of evidence-based cancer therapies by CCOP-affiliated practitioners; (3) and assess the factors affecting sustainability of the CCOP in community-based practice settings through a longitudinal analysis of all CCOP organizations active from 1991 through 2003; and (4) investigate the business case for CCOP participation by providers through analysis of financial and statistical data and in-depth case studies. The project will provide the NIH with much-needed information about what it takes to implement and sustain PBRNs and what it can expect from the CCOP as a model for disseminating and implementing evidence-based clinical services in community-based practice settings.

CLINICAL AND SOCIAL IMPLICATIONS OF COST SHARING FOR CANCER DRUGS

WONG, YU-NING

FOX CHASE CANCER CENTER

This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Dr. Yu-Ning Wong, a Medical Oncologist at Fox Chase Cancer Center is dedicated to a career in cancer health services research. Her goal is to develop a multidisciplinary research program to understand the impact of insurance design on cancer drug utilization and clinical outcomes. This Career Development Award will provide the means to take two important steps towards accomplishing this goal. First, it will allow for additional intensive mentored education and training in public policy research, health economics, and advanced statistical methods that will augment the candidate’s previous rigorous training in epidemiology, biostatistics, and clinical medicine. Second, it will support the development of an original clinical research program using rigorous epidemiologic, econometric and survey methods to examine the impact of prescription drug insurance coverage on cancer outcomes. As new costly cancer drugs are introduced, patients with both public and private insurance are facing higher out-of-pocket costs. Cost sharing between insurers and patients (though co-payments and deductibles) has been traditionally used to control costs based on an expectation that unnecessary health care utilization will be reduced. However this expectation may result in worse socioeconomic disparities in care since some patients may be unable to afford costly cancer treatments. The candidate proposes three complementary studies to address the important, unanswered questions about the impact of cost sharing on cancer outcomes. Project A is a conjoint analysis-based survey to measure how patients make decisions among treatments of varying efficacy, toxicity and cost. Project B uses the results from Project A in a decision analysis model to measure the sensitivity of clinical outcomes to price and patient preferences. This will also allow us to determine if it is possible to improve clinical outcomes by using low cost sharing to increase adherence to high value treatments. Project C is a natural experiment using insurance claims to measure the effect of insurance design and sociodemographic factors on the receipt of a new, expensive anti-nausea medication and subsequent outcomes. This research program will triangulate on the nexus of issues central to the understanding of cost sharing on cancer drug utilization and clinical outcomes and form the foundation for the candidate’s career health services research. This project will have broad implications for the financing of high cost medical interventions because it will help policy makers, insurers and physicians understand how current models of cost sharing may contribute to socioeconomic disparities in cancer care. Our results may suggest consideration of a novel benefit design that encourages patients to make decisions based on relative value, rather than cost alone.

National Center for Research Resources (NCRR)

3UL1RR028329

DUKE CTSI

CALIFF, ROBERT M

DUKE UNIVERSITY

Robert Califf of Medicine-Carolina has received an award from the National Institutes of Health which is for a project entitled, "Duke CTSI Supplement - Translational." Total funding will be $998,996 for 2 years.

3UL1RR028328

DUKE CTSI

CALIFF, ROBERT M

DUKE UNIVERSITY

Robert Califf of Medicine-Carolina has received an award from the National Institutes of Health which is for a project entitled, "Duke CTSI Supplement - Community Engagement." Total funding will be $598,935 for 2 years.

3UL1RR028454

DUKE CTSI

CALIFF, ROBERT M

DUKE UNIVERSITY

Robert Califf of Medicine-Carolina has received an award from the National Institutes of Health which is for a project entitled, "CTSI Supplement - Research Workforce Development and Dissemination." Total funding will be $599,581 for 2 years.

A MEDICAL HOME PILOT EVALUATION: A MODEL FOR COMPARATIVE EFFECTIVENESS RESEARCH

DUNN, KIM DUNN

UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON

A Medical Home Pilot Evaluation: A Model for Comparative Effectiveness Research (EVALUATION: A MODEL FOR A MEDICAL HOME PILOT) is a project to determine the overall impact of the Medical Home pilot on patient outcomes. This project aims to understand how the Medical Home model is currently being implemented and what it can expect from PBRNs as a model for disseminating and implementing evidence-based clinical services in community-based practice settings.

Total Cost

Project Number  Project Title  Performing Organization  Principal Investigator  Total Cost

3K07CA136995-02S1  CLINICAL AND SOCIAL IMPLICATIONS OF COST SHARING FOR CANCER DRUGS  FOX CHASE CANCER CENTER  WONG, YU-NING  $108,000

3UL1RR028329  DUKE CTSI  CALIFF, ROBERT M  DUKE UNIVERSITY  $958,996

3UL1RR028328  DUKE CTSI  CALIFF, ROBERT M  DUKE UNIVERSITY  $598,935

3UL1RR028454  DUKE CTSI  CALIFF, ROBERT M  DUKE UNIVERSITY  $599,581

1RC1RR028329-01  A MEDICAL HOME PILOT EVALUATION: A MODEL FOR COMPARATIVE EFFECTIVENESS RESEARCH  UNIVERSITY OF TEXAS HLTH SCI CTR HOUSTON  DUNN, KIM DUNN  $475,086
an integrated continuity of care model providing high quality care. The first is a health information system infrastructure for collecting information across the silos of care (primary care physician, specialist, hospital, laboratory, pharmacy, etc.). The National Commission on Quality Assurance (NCQA) has standards for the Medical Home but does not provide a health information system infrastructure that supports its rapid, large scale implementation. We have developed an approach for a Health Information Exchange that collects information across the silos of care as part of the YDP-MHS. This data bases infrastructure also forms the basis for community based comparative effectiveness research. The second is the barriers to physician collecting quality of care data and adopting guidelines for quality improvement. Physicians often feel quality outcomes comparisons are inaccurate because they rely on billing data and do not adequately adjudicate for risk. The YDP-MHS supports the implementation of the NCQA standards in a physician’s practice and engages physicians in collecting quality of care data and in outcomes improvement initiatives. The third barrier is payment models for physicians to coordinate care and quality assessment of care data. Private and public insurance payers have agreed to pay private and safety net physicians’ incentives for participation in the YDP-MHS. This demonstration pilot offers the opportunity for embedding a comparative effectiveness research infrastructure into a community setting. Technical proof of concept in up to fifty primary care practices Aim 1: Assess Your Doctor Program Medical Home System (YDP-MHS) impact on a avoidable emergency center visits for primary care problems for safety net and private patients, Examine the patient’s experience of the health care system using the Consumer Assessment of Physicians and Healthcare Survey. Aim 3: Develop and field test with physicians the metrics to compare the effectiveness of physician treatment patterns on clinical indicators while incorporating measures for patient adherence and risk adjustment factors. Cost-effectiveness analysis of YDP-MHS Aim 1: Develop and test a cost-effectiveness model of the YDP-MHS intervention by comparing the costs of care and outcomes before and after the intervention. Diffusion of YDP-MHS Aim 1: Based on lessons learned with the YDP-MHS community model, develop an expansion plan. PUBLIC HEALING IMPLICATION: Our aims are to evaluate a rapid implementation of a medical home model on costs, patient acceptance, doctor acceptance, and impact on quality of care indicators. The model is supported by an open source technology stack that is highly scalable. The short implementation timeframe for physician adoption and the financial incentives for data management to assure quality are of a sufficient nature to gain widespread acceptance by primary care physicians. We believe that the approach with the medical home / health information exchange strategy will accomplish four things that will impact public health: First, we plan to overcome resistance in building health information exchanges / community clinical data warehouses to share data among competing groups. However, because of HIPAA, patients have a right to access their health information. Given that within our model, they have designated their medical home physician as the co-manager of their personal record, the YDP-MHS organization “deposits” the data into the patient’s Quality Health Record that combines the Personal Health Record and the Health Information Exchange, thus increasing the completeness of patient data available for analysis. Second, outcomes data and encounter data is not routinely collected or analyzed on all patient encounters with the healthcare system. We will be gaining experience on how to define processes to assure its collection on all major encounters, including the ability to risk adjust it for analysis. Third, we believe the financial models that will emerge with these projects will be important for defining broader payer adoption for expanding the medical home model. Fourth, we will have a data set to compare safety net and private patients, treatments, and effectiveness to be used for comparative effectiveness research in community settings.

### Project Title: RESEARCH AND TREATMENT IN COMPARATIVE EFFECTIVENESS, QI AND IND RESEARCH

#### Performing Organization: FADEN, RUTH R; KASS, NANCY E; JOHNS HOPKINS UNIVERSITY

**Description (provided by applicant):** Research Area: Challenge Area: Bioethics Challenge Topic: 02-OD (OSPF) 105. More than two million Americans with chronic heart diseases, infectious diseases, diabetes, neurological disorders and other conditions are enrolled in clinical research in the United States each year. For many of these patient-subjects, participation is viewed, by them and by their physicians, as a means of treating or responding to their medical condition. Moreover, the infusion of billions of dollars into comparative effectiveness research and quality improvement research over the coming years ensures that soon many more patients will be receiving care that, in one way or another, is integrated with clinical and health services systems research. Indeed, there is growing recognition that high value health care will be achievable only if the outcomes of medical interventions and practices are continuously under study. As such, research methods and funding are rapidly changing to respond to this practical need. The challenge with this shifting environment is to adapt traditional paradigms for the ethics of research to this new paradigm for a research and treatment interface, while maintaining research and treatment are increasingly, yet to varying degrees, intertwined. This project is intended to begin to fill the knowledge and gap in research ethics created by the increasing integration of research with treatment. Useful policy guidance is critically needed that is responsive to the integrated nature of research and treatment across research approaches, including the three research areas on which this project will focus: "Traditional clinical trials of unapproved drugs/devices." Comparative Effectiveness Research. "Quality Improvement research. Without such guidance, much needed research may be inappropriately impeded by oversight norms ill suited to this evolving context. Thus, we expect needed regulatory changes on much needed research will improve patient outcomes and lead to public protections for the broadening federal research program and the health system of the future in which research and treatment are increasingly intertwined. This project will accomplish its work through ongoing, collaborative meetings of a core group of six experts in clinical effectiveness, comparative effectiveness, quality improvement, and public policy. Through sub-group and core group interactions, the development of rich case studies, and empirical data collection, this project will produce a conceptual analysis that considers a research-treatment interface rather than exclusively a separation, and will produce policy guidance and safeguards relevant to our evolving research agenda. The aims of this project include:Aim 1: Produce a clear, conceptual analysis that defines and characterizes the constitutive elements of "research" and "treatment" through the development of rich case studies of specific examples of (a) clinical trials of unapproved drugs and devices (CTU); (ii) comparative effectiveness (CE) research; and (ii) quality improvement (QI) research, against which the conceptual analysis can be tested and refined; Aim 2: Examine the implications of this conceptual analysis for the moral and policy purposes to which the research-treatment distinction has been and continues to be, with particular focus on CTU, CE, and QI research; Aim 3: Conduct empirical research with investigators who conduct CTU, CE, and QI research to (a) list a range of designs and examples within their area and discuss how constitute elements of research and treatment apply; and (b) later, with additional inclusion of federal officials, to elicit reactions to draft conceptual and moral analyses and policy recommendations for feasibility and applicability. Aim 4: Based on our conceptual, moral, and empirical findings, develop policy guidance and safeguards for research participants in CTU, CE, and QI research specific to initiatives, to informed consent, and to research oversight. This project examines the research-treatment interface in the context of traditional clinical trials, comparative effectiveness research, and quality

### Project Number: 1RC1RR028876-01

### Project Title: "The three research areas on which this project will focus: "Traditional clinical trials of unapproved drugs/devices." Comparative Effectiveness Research. "Quality Improvement research. Without such guidance, much needed research may be inappropriately impeded by oversight norms ill suited to this evolving context. Thus, we expect needed regulatory changes on much needed research will improve patient outcomes and lead to public protections for the broadening federal research program and the health system of the future in which research and treatment are increasingly intertwined. This project will accomplish its work through ongoing, collaborative meetings of a core group of six experts in clinical effectiveness, comparative effectiveness, quality improvement, and public policy. Through sub-group and core group interactions, the development of rich case studies, and empirical data collection, this project will produce a conceptual analysis that considers a research-treatment interface rather than exclusively a separation, and will produce policy guidance and safeguards relevant to our evolving research agenda. The aims of this project include:Aim 1: Produce a clear, conceptual analysis that defines and characterizes the constitutive elements of "research" and "treatment" through the development of rich case studies of specific examples of (a) clinical trials of unapproved drugs and devices (CTU); (ii) comparative effectiveness (CE) research; and (ii) quality improvement (QI) research, against which the conceptual analysis can be tested and refined; Aim 2: Examine the implications of this conceptual analysis for the moral and policy purposes to which the research-treatment distinction has been and continues to be, with particular focus on CTU, CE, and QI research; Aim 3: Conduct empirical research with investigators who conduct CTU, CE, and QI research to (a) list a range of designs and examples within their area and discuss how constitute elements of research and treatment apply; and (b) later, with additional inclusion of federal officials, to elicit reactions to draft conceptual and moral analyses and policy recommendations for feasibility and applicability. Aim 4: Based on our conceptual, moral, and empirical findings, develop policy guidance and safeguards for research participants in CTU, CE, and QI research specific to initiatives, to informed consent, and to research oversight. This project examines the research-treatment interface in the context of traditional clinical trials, comparative effectiveness research, and quality

### Total Cost: $489,396
improvement research. Through the regular interaction of a small, collaborative expert working group, development of rich case studies, and empirical data collection, we will draft an original conceptual framework for the research-treatment interface as well as policy recommendations for research oversight and informed consent.

National Center for Minority Health and Health Disparities (NCMHD)

1RC1MD004418-01 IDENTIFYING STRATEGIES TO INCREASE ENGAGEMENT IN CLINICAL TRIALS IN PEDIATRIC SCD

BARAKAT, LAMIA P
CHILDREN'S HOSPITAL OF PHILADELPHIA

Description (provided by applicant): This proposal, entitled 'Reducing Ethnic and Racial Bias in Screening for Psychiatric Disorders in Adolescents' is designed to improve the effectiveness of identification, referral and screening for mental health disorders potentially associated with ethnic/racial disparities in adolescents' receipt of mental health care. For racial and ethnic minority youth, there is a great disparity in the receipt of mental health services and, as a result, these youth are more likely to experience persistent impairment from psychiatric disorders. Preliminary data on referrals for mental health treatment appear to indicate that minority children are under-identified for services by their schools and families, the two major referral sources. The research to be generated can help us achieve needed enhancement in school screening, a previously under-funded area of health services research in general, and comparative effectiveness research more specifically. This project provides the opportunity to support the analysis and dissemination of data from the National Comorbidity Survey Adolescent Supplement (NCS-A), the most comprehensive national data available to study screening and referral patterns for ethnic/racial minority children. We propose four specific aims that allow us to examine a broad range of possible causes for under-recognition and lack of treatment for ethnic and racial minority youth as well as alternative methods for enhancing screening tools used to assess them. Aim 1 intends to determine whether schools are equally likely to encourage parents of ethnic/racial minority youth who have children to seek services for their child, as they are to seek, encourage, and family characteristics explain any disparities in referral. Aim 2 then tries to identify ethnic/racial differences in parents' assessment of youth with psychiatric disorders associated with ethnic/racial disparities in service access. Aim 3 plans to evaluate meaning and response bias in the screening questions used to assess major depression and generalized anxiety disorder in non-Latino white and racial/ethnic minority adolescents. Finally, in Aim 4, we compare the accuracy of predictions of mood and anxiety disorders using screening scales specific to blacks, to Latinos or to whites, with universalistic screening scales, in order to help improve detection of ethnic and racial minorities, and to determine if the scales should be group-specific or universal. Study results will be distilled to provide basic information about biases in the identification, referral and screening process by schools, and factors that influence whether parents identify 'mental health problems' and follow-up on service referrals. Findings will be disseminated through a website for teachers and school mental health service providers, via newsletters of professional organizations, and by submission to annual conventions of school-based practitioners, thus bringing critical information to those most poised to affect change. The proposed research is designed to improve the effectiveness of identification, referral and screening for mental health disorders potentially associated with ethnic/racial disparities in adolescent receipt of mental health care. Using data from the National Comorbidity Survey Adolescent Supplement (NCS-A), the most comprehensive national data available to study screening and referral patterns for ethnic/racial minority children, we propose four specific aims that allow us to examine a broad range of possible causes for under-recognition and lack of treatment for ethnic and racial minority youth as well as alternative methods for enhancing screening tools used to assess them. The project intends to distill and disseminate research results to those most poised to affect change, including creating a list of basic information about biases in the identification, referral and screening process by schools, and factors that influence whether parents identify 'mental health problems' and follow-up on referrals for services, thus working towards the goal of diminishing the impact of early onset disorders and preventing the development of chronic and more serious mental health problems. $388,364

1RC1MD004588-01 REDUCING ETHNIC AND RACIAL BIAS IN SCREENING FOR PSYCHIATRIC DISORDERS IN ADOLESC

ALEGRIA, MARGARITA
CAMBRIDGE HEALTH ALLIANCE

Description (provided by applicant): This proposal, entitled 'Reducing Ethnic and Racial Bias in Screening for Psychiatric Disorders in Adolescents' is designed to improve the effectiveness of identification, referral and screening for mental health disorders potentially associated with ethnic/racial disparities in adolescents' receipt of mental health care. For racial and ethnic minority youth, there is a great disparity in the receipt of mental health services and, as a result, these youth are more likely to experience persistent impairment from psychiatric disorders. Preliminary data on referrals for mental health treatment appear to indicate that minority children are under-identified for services by their schools and families, the two major referral sources. The research to be generated can help us achieve needed enhancement in school screening, a previously under-funded area of health services research in general, and comparative effectiveness research more specifically. This project provides the opportunity to support the analysis and dissemination of data from the National Comorbidity Survey Adolescent Supplement (NCS-A), the most comprehensive national data available to study screening and referral patterns for ethnic/racial minority children. We propose four specific aims that allow us to examine a broad range of possible causes for under-recognition and lack of treatment for ethnic and racial minority youth as well as alternative methods for enhancing screening tools used to assess them. Aim 1 intends to determine whether schools are equally likely to encourage parents of ethnic/racial minority youth who have children to seek services for their child, as they are to seek, encourage, and family characteristics explain any disparities in referral. Aim 2 then tries to identify ethnic/racial differences in parents' assessment of youth with psychiatric disorders associated with ethnic/racial disparities in service access. Aim 3 plans to evaluate meaning and response bias in the screening questions used to assess major depression and generalized anxiety disorder in non-Latino white and racial/ethnic minority adolescents. Finally, in Aim 4, we compare the accuracy of predictions of mood and anxiety disorders using screening scales specific to blacks, to Latinos or to whites, with universalistic screening scales, in order to help improve detection of ethnic and racial minorities, and to determine if the scales should be group-specific or universal. Study results will be distilled to provide basic information about biases in the identification, referral and screening process by schools, and factors that influence whether parents identify 'mental health problems' and follow-up on service referrals. Findings will be disseminated through a website for teachers and school mental health service providers, via newsletters of professional organizations, and by submission to annual conventions of school-based practitioners, thus bringing critical information to those most poised to affect change. The proposed research is designed to improve the effectiveness of identification, referral and screening for mental health disorders potentially associated with ethnic/racial disparities in adolescent receipt of mental health care. Using data from the National Comorbidity Survey Adolescent Supplement (NCS-A), the most comprehensive national data available to study screening and referral patterns for ethnic/racial minority children, we propose four specific aims that allow us to examine a broad range of possible causes for under-recognition and lack of treatment for ethnic and racial minority youth as well as alternative methods for enhancing screening tools used to assess them. The project intends to distill and disseminate research results to those most poised to affect change, including creating a list of basic information about biases in the identification, referral and screening process by schools, and factors that influence whether parents identify 'mental health problems' and follow-up on referrals for services, thus working towards the goal of diminishing the impact of early onset disorders and preventing the development of chronic and more serious mental health problems. $499,950

Project Number3 Project Title Principal Investigator Performing Organization Abstract Total Cost

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$388,364

$499,950
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<td>1R24MD005095-01</td>
<td>NUESTRO FUTURO SALUDABLE: THE JP PARTNERSHIP FOR HEALTHY CARIBBEAN LATINO YOUTH</td>
<td>BRUGGE, DOUGLAS M; SPRAGUE MARTINEZ, LINDA SUSAN</td>
<td>TUFTS UNIVERSITY MEDFORD</td>
<td>Description (provided by applicant): Through a community-based participatory research partnership, we will plan for, develop, implement, evaluate and disseminate an intervention to address health disparities in the Caribbean Latino population in the Jamaica Plain neighborhood of Boston, Massachusetts. The Specific Aims of this project are: 1) To establish a community advisory board to guide the development, implementation and dissemination of an intervention that is culturally appropriate and community specific. 2) To assure that community needs, advisory board recommendations, and steering committee decisions and actions are aligned. 3) We will a) determine the specific disease/chronic condition to serve as the basis for intervention and b) identify appropriate aspects of the built environment to be targeted by the intervention; and 4) We will a) design and pilot test a community-level disease-specific intervention to address deficiencies and maximize any existing advantages in the built environment, and/or to mitigate the direct and/or indirect effects of the built environment on health; b) conduct both a process and outcome evaluation of the intervention, and c) disseminate findings and develop a full intervention trial. Latinos are and will remain the country's largest minority group well into the future. In the northeast Caribbean Latinos (Puerto Ricans and Dominicans) represent the largest segment of the Latino population. Because of the young and rapidly growing demographic, Latino children/youth are a priority age group. By addressing the causes of health disparities among Latino children, youth early and life, it is possible to provide children with living environments and social conditions conducive to good health, which can create pathways to health as opposed to disparities. This project is significant because, (1) it is within-group intervention research project targeting a not well-understood sub-population of the Latino demographic; (2) the project is unique because it brings together a diverse group of community stakeholders; (3) key personnel are primarily people of color, with a majority of bilingual Latino women of varying backgrounds; and (4) the project introduces two new investigators of color. RELEVANCE (See instructions): Characteristics of the built environment can create/sustain health disparities, hence tackling them requires interventions to address macro-level factors that influence health. By addressing the causes of health disparities among Latino children/youth early and life, it is possible to create living environments and social conditions conducive to good health, which can create pathways to health as opposed to disparities.</td>
<td>$453,613</td>
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<td>1R24MD004764-01</td>
<td>BIOETHICS INITIATIVE FOR EQUITY IN HEALTH CARE AND RESEARCH AT THE UNIVERSITY OF</td>
<td>CHILTON, JANICE A</td>
<td>UNIVERSITY OF TEXAS MD ANDERSON CAN CTR</td>
<td>Description (provided by applicant): Bioethics Initiative For Equity in Health Care and Research At The University Of Texas M. D. Anderson Cancer The overarching goal of the proposed Bioethics Initiative for Equity in Health Care and Research will be to develop a diverse, multidisciplinary, research workforce capable of the translation of research findings into evidence-based practices and policies for improving health care and research equity among racial and ethnic populations. The aims of the proposed project are: 1) to develop a institutionally linked, but free-standing program: the Bioethics Initiative for Equity in Health Care and Research dedicated to the training of racial and ethnic minorities in bioethics to address the underrepresentation of minorities in clinical trials, 2) to increase the number of and to advance women and underrepresented ethnic and racial individuals to the bioethics academic enterprises, and 3) to develop and use of non-traditional methods to build trust in the health care system to increase racial and ethnic participation in clinical trials. The proposed project will be a joint effort between researchers in the University of Texas M.D. Anderson's (UTMADCC) Center for Research on Minority Health, the nation's only congressionally mandated center for the study of Health Disparities, and UTMADCC's Section for Integrated Ethics in Cancer Care in the Department of Critical Care. The aims of the proposed program will be accomplished through the following objectives: 1) to recruit highly qualified racial and ethnic minority scholars from a broad spectrum of disciplines to participate in bioethics training and rotations in the nationally recognized bioethics center at UTMADCC and in the Texas Medical Center (TMC) 2) to implement a core curriculum across UTMADCC and through rotations in TMC institutions to provide knowledge, skills, and experiences necessary to carry out multidisciplinary research to develop and use non-traditional methods to reach racial and ethnic minority populations to rebuild their trust in the health care system; 3) to develop and use non-traditional methods to reach racial and ethnic minority populations to increase participation in clinical trials. 4) to consistently advance bioethics and clinical research practice through research endeavors aimed at improving health literacy, cultural competency, and linguistic proficiency. The goal of the Bioethics Initiative for Equity in Health Care and Research at the University of Texas M.D. Anderson Cancer Research Center is to develop a diverse, multidisciplinary, research workforce capable of the translation of research findings into evidence-based practices for improving health care and research equity among racial and ethnic populations in Texas, and in keeping with the overall mission of UTMADCC, the nation and the world.</td>
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<td>1R24MD004930-01</td>
<td>A COMMUNITY PARTICIPATOR APPROACH TO IMPROVING HEALTHCARE FOR THE HISpanic POPULATION</td>
<td>DULIN, MICHAEL F</td>
<td>CAROLINAS MEDICAL CENTER</td>
<td>Description (provided by applicant): Charlotte, NC is home to one of the nation's fastest growing Hispanic communities. As in other parts of the U.S., Hispanics here face significant health disparities in part because of lack of access to medical services. Charlotte's Hispanic community experiences disparities in the incidence of sexually transmitted infections; immunization rates; death from motor vehicle accidents and homicide; and obesity. Our community provides the ideal setting for designing and implementing interventions to minimize these health disparities using the principles of community-based participatory research (CBPR). First, the principal investigator has founded a unique practice-based research network that has created partnerships between researchers, community members, and health providers using ideals of CBPR. Second, this network brings together health services and social science researchers with a broad depth of research expertise in the use of CBPR, qualitative analysis, and geographic information systems (GIS). Third, Charlotte's rapidly growing Hispanic population provides a model community in which to develop and test interventions that can be translated to other transitioning communities. Fourth, our network includes the 3rd largest hospital system in the nation. This system shares a shared clinical database for all hospitals and clinics in our catchment area, which is a key resource for healthcare utilization. The long-term goal of this project is to leverage the resources within our network and community to eliminate Hispanic health disparities using principles of CBPR. This will be accomplished by: enhancing community partnerships; performing a needs assessment; identifying a disease to be addressed; and designing and implementing an intervention. The intervention will be evaluated by examining its impact on community health indicators, the changes that occur in patterns of healthcare utilization, and the overall cost effectiveness. The strength of the CBPR process itself can be measured and used for process improvement. RELEVANCE (See instructions): The U.S. Hispanic immigrant population is growing rapidly and faces many health disparities. Charlotte, NC provides a model community to study the use of community-based participatory research to develop, implement, and evaluate interventions that can eliminate Hispanic health disparities. This study will measure the intervention's impact on community health, healthcare utilization, and overall medical costs.</td>
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<td>1R1MD004257-01</td>
<td>BIO-BEHAVIORAL CHRONIC DISEASE MANAGEMENT BY FIVE YOUNG MINORITY CHILDREN</td>
<td>EDELSTEIN, BURTON L</td>
<td>COLUMBIA UNIVERSITY HEALTH SCIENCES</td>
<td>DESCRIPTION (provided by applicant): This application addresses broad Challenge Area (09) Health Disparities and specific Challenge Topic 09-MD-102 Trans-disciplinary Research to Integrate the Biological and Non-Biological Determinants of Health to Address Health Disparities. Description 'Bio-behavioral chronic disease management by families of young minority children' seeks to reduce health disparities by investigating methods to close the gap between health information and health behavior—specifically, the gap between instruction provided by clinicians to families of young children with chronic diseases and the capacity of economically stressed families to act on that instruction. Whether addressing asthma, diabetes, obesity, or tooth decay, need for new trans-disciplinary translational research that links pharmacological and behavioral interventions to care management and plans that are parents able to implement successfully. Envisioned is a computer 'Tool' for use in community sites that assists community health workers in collaboration with families to: (1) determine children's level for chronic diseases, (2) match them to clinicians and care plans, (3) characterize a family's capacity to engage in such plans, and (4) modify care plans to meet family's capacities. Target families are those disadvantaged by low-income, low-literacy, cultural barriers and minority status. Specific research aims are to develop, pilot test, and refine two 'Tools' that are integral to this Tool: (1) a 'disease risk assessment instrument' and (2) a culturally adaptable 'family capacity assessment instrument.' Early childhood caries ('ECC') was selected as the exemplar chronic disease for this research by an existing 12-member multi-disciplinary Project Team comprised of social scientists, clinical scientists, educational and social information professionals, and health services researchers. ECC was selected because it is highly prevalent in young children, because preventive and therapeutic bio-behavioral therapies are available but under-utilized, and because significant cost savings may accrue to governmental programs, insurers, and families if the need for dental repair can be reduced. The proposed 'disease risk assessment instrument' will experiment with inputting recognized biological (clinical, laboratory, psychological, and pharmacologic), and non biological (knowledge, logistic, socio-cultural, and environmental) risk factors into algorithm-supported 'classification and regression tree analyzers' and machine learning 'artificial neural networks' to improve on current professionally-endorsed methods of classifying young children by risk. As the proposed 'family capacity assessment instrument' has been less developed to date by the Project Team, its ultimate form will be determined by this research. Success in developing and implementing the Tool and its two assessment Instruments can result in better oral health outcomes at lower cost through risk-based early intervention, disease suppression, individualized care, family engagement, and elimination of the need for dental surgery in children under the age of six. Findings of this research will support clinical trials of risk-based caries management in vulnerable minority child populations and is adaptable to management of other chronic diseases in young children. 'Bio-behavioral chronic disease management by families of young minority children' seeks to reduce health disparities by investigating methods to close the gap between health information and health behaviors—specifically, the gap between instruction provided by clinicians to families of young children with chronic diseases and the capacity of economically stressed families to act on that instruction. Specific research aims are to develop, pilot test, and refine two 'Tools' that are integral to this instrument: (1) a ‘disease risk assessment tool’ and (2) a culturally adaptable ‘family capacity assessment tool.’</td>
<td>$445,660</td>
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<td>1R2MD004778-01</td>
<td>GO-ING FORWARD</td>
<td>FOAUD, MONA N; SCARRICCI, ISABEL C;</td>
<td>UNIVERSITY OF ALABAMA AT BIRMINGHAM</td>
<td>DESCRIPTION (provided by applicant): The overall goal of this two-year pilot intervention project is to develop a comprehensive and effective multistystem measurement model to understand the underlying causes of the social determinants of health (SDH) and their relation to health disparities. Specific aims: 1) Establish a diverse coalition of policy makers, community members, and representatives and stakeholders from multiple systems and sectors—economic development, business, education, labor, housing, transportation, environment, agriculture, and healthcare—as well as academic investigators, from disciplines such as clinical and social sciences, health services research, law, education, engineering, business and economics, and anthropology. 2) As a coalition, define measures, identify gaps, and develop measurement methods to assess health inequities, health outcomes, SDH, and the consequences of poor health; 3) Create working groups to implement the measurement model developed in Aim 2 in urban (Birmingham) and rural (Selma); 4) Analyze and interpret the findings of the working groups in the context of one combined data system to identify relationships and pathways of SDH as they relate to health disparities. 5) Based on the analyses in Aim 4, develop recommendations for new research questions, education and training programs, and policy changes to address the SDH and reduce health inequities. Design and Methods: The development, implementation, and evaluation will be rooted in and guided by the social ecological model, the community-based participatory approach (CBPR), the community-based participatory research (CBPR) approach, and the understanding that achieving health equity involves the collaboration of multiple disciplines in public health, sociology, psychology, anthropology, law, engineering, nursing, and education, as well as organizations, community experts, and local and state officials representing the areas of urban planning, economic development, agriculture, education, banking, transportation, law, and faith-based organizations. The project will target urban and rural environments (represented by the city of Birmingham and the town of Selma, Alabama). Both locales have a high proportion of low-income African Americans (70%) who suffer from higher mortality and morbidity rates of major health conditions. Significance: By using the above multisystem, trans-disciplinary approach, the project will identify in-depth patterns and pathways, which will enable us to understand the underlying causes of the SDH and their interaction. Study results will help develop a set of recommendations and a sustainable action plan to address the inequities. These recommendations and action plans will enable further research to develop and disseminate evidence-based interventions; they will also necessitate education and training in order to improve the health-care delivery, and inform policy and stimulate political action, which will impact public health. The overall goal of the proposed research study, GO-ING Forward, is to develop a comprehensive and effective multistystem measurement model to understand the underlying causes of the social determinants of health (SDH) and their relation to health disparities. Such model will allow for systematic analysis of the health impact of SDH and will help develop recommendations to reduce the inequities. These recommendations will 1) generate further research to develop and disseminate evidence-based interventions; 2) necessitate education and training to improve health-care delivery, and 3) inform policy and stimulate political action, which will impact public health.</td>
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<td>1R2MD004602-02</td>
<td>IMPROVING THE HEALTH OF CAMBODIAN AMERICAN WOMEN: A CBPR APPROACH</td>
<td>LEE, JULIET P</td>
<td>PACIFIC INSTITUTE FOR RES AND EVALUATION</td>
<td>DESCRIPTION (provided by applicant): In response to RFA-MD-09-006 (NCMBD Community Participation in Health Disparities Intervention Research Pilot Interventions) this application details a two-year pilot intervention project to plan and plan the development of a community-based participatory research (CBPR) program aimed at reducing substance abuse and related issues among Cambodian American women in the East San Francisco Bay Area city of Oakland, CA. The PI, an anthropologist, and colleagues at the Berkeley Office of PI RE are developing this proposal in partnership with Community Health for Asian Americans (CHAA), a community-based organization with whom they have been working for several years, as well as with other community-based organizations serving Oakland Cambodian Americans with whom the partners have also previously collaborated. The local Cambodian American community is represented by: 1) a Community Work Group of Cambodian women who are at risk for or have personal</td>
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experience with substance abuse, and who will select the priority issue and design, direct and conduct all research and intervention activities; 2) a Community Advisory Board, as required by this RFA, to provide community leadership, recruit women for the work group and thereafter support and oversee the project; and 3) two Community Host organizations who will provide the facilities and culturally-sensitive services in support of the group and board activities. Within the tight timeframe and structure specified in the RFA, the specific aims of the proposal are: 1) Conduct collaborative research on substance use and misuse among Cambodian American women, select a priority area, and design a pilot intervention with leadership from Cambodian American women of the East Bay Area. While substance use will provide a starting point, the co-research may direct intervention activities toward underlying causes of substance abuse (6-month planning phase). 2) Carry out a pilot intervention study to address the priority issue through continued collaboration, as well as evaluate these efforts (18-month intervention phase). 3) Build the capacities of the Cambodian American community to assess health issues affecting members and respond proactively, and of scientific researchers to partner with communities (on-going). RELEVANCE (See instructions): Traditional approaches to mental health services may not meet the needs of Cambodian Americans. Research on substance abuse treatment and prevention for Cambodian Americans has specifically recommended many elements of the CBPR approach. Utilizing participants’ life experiences together with existing research and theory, the proposed project may address unmet needs underlying mental health and substance use and misuse of Cambodian American women as well as strengthen their capacities to address these conditions and execute intervention activities to effect positive change in their community.

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Community Approaches to Cardiovascular Health: Pathways to Heart Health (CATCH-PATH) proposes to implement and evaluate a community-based participatory research (CBPR) intervention designed to reduce and ultimately eliminate disparities in cardiovascular disease by improving heart health in Detroit, Michigan, a city in which 88% of residents are African American or Latina/o. The project will be carried out by the Healthy Environments Partnership (HEP), a CBPR partnership that has been working together since 2000 to assess community environments, and to develop, implement and evaluate multilevel evidence-based interventions to reduce the risk of heart disease in three geographically defined communities - eastside, northwest, and southwest Detroit. The CATCH-PATH Intervention Research Project builds directly on results from the CATCH Planning Phase that engaged community residents and representatives from community-based organizations (CBOs), health service providers, and academic institutions in identifying, prioritizing and piloting strategies to promote heart health in Detroit. The HEP Steering Committee, made up of representatives from CBOs from each of the involved communities, Detroit based health service providers, and academic researchers from the University of Michigan, has been actively engaged in the development and pilot testing of the Walk Your Heart to Health intervention, and will be actively engaged in implementation, analysis, evaluation, and dissemination of the proposed PATH intervention. Specifically, we aim to promote cardiovascular health by: (1) implementing & evaluating a multilevel CBPR intervention (i.e., individual, family, organizational) to increase active living (specifically walking groups) in three communities in Detroit; (2) implementing & evaluating a multilevel CBPR intervention (i.e., organization, community, policy) to promote leadership development, community action, and policies that support active living; (3) maintaining and evaluating the HEP CBPR partnership process and outcomes of engaging community members in providing input and scientific and community oversight for all aspects of the CATCH-PATH project; and (4) disseminating preliminary results and developing a Dissemination Plan to share research findings through community and peer reviewed outlets, to assure translation of results from this multilevel CBPR intervention into programmatic and policy efforts to improve heart health.

DESCRIPTION (provided by applicant): This application addresses broad Challenge Area (05) Comparative Effectiveness Research (CER) and specific Challenge Topic, 05-EY-103: Eyes and Vision Systematic Reviews. Comparative effectiveness research is "a rigorous evaluation of the effectiveness and harms of many treatment options available for a given medical condition for a particular set of patients'. Mixed treatment comparison (MTC) meta-analysis is a novel technique attracting considerable interest because of its potential for comparative effectiveness research. It expands the scope of a typical systematic review by comparing the relative benefits and harms among a range of available interventions for a given condition, through synthesis across trials (‘direct evidence’) but also across trials (‘indirect evidence’). In doing so, MTC meta-analysis efficiently utilizes existing information and parallels more closely the decisions facing clinicians, patients and policymakers who must choose among a variety of alternative interventions. Working in collaboration with leaders in the field, we propose to assess the comparative effectiveness of multiple medical interventions available for primary open angle glaucoma (POAG) using the state-of-art Bayesian MTC meta-analysis models. POAG poses substantial burdens on patients and health care resources. Utilizing data from existing high quality randomized controlled trials, we will perform MTC meta-analysis and rank multiple medical treatment options for POAG, and assess the impact of publication bias. We will report and disseminate our findings on the comparative effectiveness of medical interventions for POAG, as well as utility and validity of MTC meta-analysis techniques for comparative effectiveness research. By providing evidence on comparative effectiveness of interventions, the outcome of our work will have substantial impact on clinical practice, and influence on development of methodology for comparative effectiveness research. This study will also demonstrate and validate a meta-analytical model for generating comparative effectiveness evidence in an accelerated and practical method, which can be attractive and applied across all health care fields. This application addresses broad Challenge Area (05) Comparative Effectiveness Research (CER) and specific Challenge Topic, 05-EY-103: Eyes and Vision Systematic Reviews.
DESCRIPTION (provided by applicant): The ultimate goal of this 2 year NIH-NHLBI RC2 GO Grant (RFA-OD-09-004), 'Comparative Effectiveness', is to develop a web system that facilitates Community Based Participatory Research (CBPR) to identify populations underrepresented in research. This effort builds on our 20 year community based model. Recently scaled up for the Washington University’s Clinical & Translational Science Award (CTSA), this one-community based model called Health Street is a one-stop portal of entry for navigating underrepresented populations (URPs) to social, medical and psychiatric services, and to research opportunities. Health Street relies on Community Health Workers (CHWs) for engagement and is complementary to planned national self-guided participant registries. The delivery will be the model, its protocols and manuals, and its concomitant web system that automates its workflow; they would be made available for replication nationally. The system will be an important component of the recruitment armamentarium to boost URPs in research. A web system to track and facilitate all functions of this approach, along with all decision logic, is mandatory to scale up the effort for better efficiency of field-based recruitment on a local and national level. Specific Aim 1. Refine the workflow for our novel Health Street model, to reduce disparities in research participation, and make it complementary to both local and national registry based efforts. Specific Aim 2. Design and develop a sophisticated web system that automates all of the workflow described above and allows CHWs to capture individual data from underrepresented populations, from portal of entry forward. It will also longitudinally track need for services, health priorities and concerns, risk factors, referral recommendations, and community recruitment, and longitudinally track need for services, health priorities and concerns, risk factors, referral recommendations, and community recruitment, and fulfill data, and relatively mutable and relatively immutable factors associated with hypertension and LDL control; 3) Develop a system for directing electronic feedback of aggregated referrals made, Health Street services provided, and community recruitment, navigation, and enrollment yields among URPs. This pioneering work can be accomplished in 2 years, and will have a substantive and sustainable public health impact. PUBLIC HEALTH RELEVANCE: Specific Aim 4: The public health impact of the Health Street approach is increasing the number of URPs to engage in research, and link them to the needed services is significant. When samples enrolled for research studies are comprised of diverse populations, there is greater generalizability and applicability of the findings to the larger population to which they relate. This increases the effectiveness and speed approval of treatments and interventions that are tested in various research studies, thereby positively impacting public health outcomes. Thus, the use of a comprehensive web system, deployed by Community Health Workers, and based on the principles of community based participatory research, is pioneering. DESCRIPTION: recent federal policies have called for comparative effectiveness research (CER). This proposal extends a successful recruitment of URPs through the use of Health Street, deployed by Community Health Workers, and based on the principles of community based participatory research, is pioneering. INTERVENTIONS: interventions that are tested in various research studies, thereby positively impacting public health outcomes. Thus, the use of a comprehensive web system, deployed by Community Health Workers, and based on the principles of community based participatory research, is pioneering. DESCRIPTION: recent federal policies have called for comparative effectiveness research (CER). This proposal extends a successful deployment of our Health Street model, which has been shown to increase community participation in research, particularly among URPs. The deliverables will be the model, its protocols and manuals, and its concomitant web system that automates its workflow; they would be made available for replication nationally. The system will be an important component of the recruitment armamentarium to boost URPs in research. A web system to track and facilitate all functions of this approach, along with all decision logic, is mandatory to scale up the effort for better efficiency of field-based recruitment on a local and national level. Specific Aim 1. Refine the workflow for our novel Health Street model, to reduce disparities in research participation, and make it complementary to both local and national registry based efforts. Specific Aim 2. Design and develop a sophisticated web system that automates all of the workflow described above and allows CHWs to capture individual data from underrepresented populations, from portal of entry forward. 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<td>3R01HL085420-04S1</td>
<td>PEER SUPPORT–CONGESTIVE \n \n HEART FAILURE SELF-MANAGEMENT</td>
<td>HEISLER, MARY ELLEN MICHELE</td>
<td>UNIVERSITY OF MICHIGAN AT ANN ARBOR</td>
<td>This award is issued in response to Notice DE-08-056, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Congestive heart failure (CHF) outcomes depend critically on patients’ effective self-management of their condition. While patients with CHF are often frail, indigent, and socially isolated, factors that limit their ability to manage their self-care and access clinic-based services, leading to preventable hospitalizations and poor outcomes. This randomized trial will evaluate a six-month intervention that consists of group visits with CHF nurse managers in conjunction with a low-cost interactive voice response (IVR) telephone exchange system that promotes peer-to-peer communication and facilitates communication with care managers. The intervention is based on research on the positive impact of group visits and peer support on chronic disease outcomes and self-care behaviors, such as blood pressure control and smoking cessation, and is supported by the effect of group visits on patients’ quality of life, survival, and rates of hospital readmission. This randomized, controlled pilot study will test the intervention. OBJECTIVES: 1) To assess the impact of the intervention on patients’ self-management behaviors, perceived social support, depressive symptoms, and satisfaction with care; 2) To identify the mediating factors influencing the intervention’s effectiveness; and 3) To determine the incremental cost-effectiveness of the intervention. 408 moderate to high-risk CHF patients will be enrolled. The RCI is expected to improve cardiovascular care and outcomes by promoting evidence-based practices, reducing hospitalizations and improving quality of life for CHF patients. The study will contribute to the growing body of research on the positive impact of group visits and peer support on chronic disease outcomes and self-care behaviors.</td>
<td>$98,658</td>
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<td>1RC2HL101811-01</td>
<td>COMPARATIVE EFFECTIVENESS \n \n AND OUTCOMES IMPROVEMENT (CEIO) CENTER</td>
<td>HIRSCH, JAN D; KAPLAN, ROBERT M</td>
<td>UNIVERSITY OF CALIFORNIA LOS ANGELES</td>
<td>DESCRIPTION (provided by applicant): Despite many initiatives over the past thirty decades to improve healthcare quality and outcomes in the United States, progress remains slow, particularly for chronic disease care, where many patients still receive suboptimal care. This is largely due to the complex nature of chronic disease management, which requires effective provider-patient communication, patient adherence to treatment plans, and coordination of care across multiple providers and settings. The California Office of Managed Care (OCM) has been working to improve the quality of healthcare delivered to California residents, particularly those with chronic diseases, through innovative electronic audit and feedback systems. The California Office of the Chief Medical Officer (OCMO) has launched the California Comparative Effectiveness and Outcomes Improvement (CEIO) Center, which is a collaborative effort among the OCM, the California Health Care Foundation (CHCF), and the California Health Information Partnership (CHIP) to improve healthcare quality and outcomes in California. The CEIO Center is expected to improve cardiovascular care and outcomes by promoting evidence-based practices, reducing hospitalizations and improving quality of life for CHF patients. The study will contribute to the growing body of research on the positive impact of group visits and peer support on chronic disease outcomes and self-care behaviors.</td>
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**Principal Investigator** JACOB, EUFEMIA

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<tr>
<td>1RC2HL101468-01</td>
<td>NOVEL POPULATION HEALTH APPROACH TO ADDRESS CVD AND PULMONARY HEALTH DISPARITIES</td>
<td>UNIVERSITY OF WISCONSIN MADISON</td>
<td>NETO, F JAVIER</td>
<td>DESCRIPTION (provided by applicant): This proposal is in response to the NHLBI's call for Novel Methods of Monitoring Health Disparities. The University of Wisconsin (UW) School of Medicine and Public Health (SMPH) and its partners propose to build an innovative research network to monitor the effects of economic and policy changes on cardiovascular and respiratory health in communities. The main focus will be to identify the determinants of the state's significant health inequities according to place of residence, race/ethnicity, gender, and socioeconomic status. We will create a model information network called the Wisconsin Health Equity Network (WHEN) by linking unique existing resources that assess the health of Wisconsin individuals and communities at multiple levels. These resources include: (1) the Survey of the Health of Wisconsin (SHOW): an annual survey of representative samples of state communities and their adult residents including data on demographics, employment, medical history and health behaviors, access to health care, quality of life, as well as an individuals' physical exam and bloodborne samples; (2) the Wisconsin County Health Rankings: an annual summary of the health status of the population in all Wisconsin counties; (3) the Wisconsin Collaborative for Health Care Quality: a consortium of health care provider organizations (physician groups, health plans, hospital) sharing health care quality data; and (4) What Works-Policies and Programs to Improve Wisconsin's Health: a compendium of programs and policies that might influence health and reduce health disparities. Funding for this program will support the expansion of the SHOW by increasing its sample size and recruitment incentives, and by adding a new wave of baseline data collection to the existing infrastructure. Additionally, we will use data from the Wisconsin Department of Health Services' biennial Health and Social Well-being survey to assess health status and health care utilization among Wisconsin residents. The information generated from these resources will be used to inform the development of strategies to reduce health disparities and improve health care equity. The ultimate goal of the project is to develop an innovative research network that will enable the measurement of health disparities at the community level, identification of effective strategies to reduce disparities, and dissemination of results to inform policymakers and the public.</td>
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<td>3R01HL058577-05S1</td>
<td>NOVEL BIOMARKERS IN CARDIAC SURGERY TO DETECT ACUTE KIDNEY INJURY</td>
<td>YALE UNIVERSITY</td>
<td>PARKH, CHIRAG R</td>
<td>This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Acute kidney injury (AKI), a common complication after cardiac surgery, has a high impact on clinical outcomes. The diagnosis of AKI by serum creatinine usually is delayed and occurs 2-3 days after surgery. The failure of prior interventional studies in cardiac surgery to attenuate AKI may be attributed to the delays in the diagnosis of AKI. The TRIBE-AKI (Translational Research Investigating Biomarkers in Early Acute Kidney Injury) Consortium was established to accelerate the development of biomarkers. The consortium is a multi-disciplinary group and includes investigators from five major academic centers and who have expertise in pre-clinical, translational, epidemiologic, and health services research. In the present project, the consortium will continue to develop biomarkers for the early diagnosis of AKI: urine interleukin 18 (IL-18), neutrophil gelatinase associated lipocalin (NGAL), and cystatin C. The consortium will conduct a prospective multi-center observational cohort study of 1800 patients receiving cardiac surgery. Serial urine and serum samples will be collected from the participating patients, along with some clinical data during hospitalization. We will compare the timing of increases in biomarker levels with the clinical diagnosis of AKI and we will demonstrate the ability of the biomarkers for early diagnosis by 24-48 hours. Also, we will evaluate the hypothesis that serum creatinine, cystatin C will improve pre-operative risk stratification, and urine IL-18 and NGAL levels will be better markers of post-operative AKI along with a potential to prognosticate its severity. The availability of new biomarkers to replace serum creatinine will allow for the early and accurate diagnosis of AKI. The ultimate findings of this study will pave the way for larger multi-center studies of these biomarkers in other clinical conditions and for interventional clinical trials to prevent or treat AKI.</td>
<td>$131,169</td>
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<tr>
<td>3R01HL079173-02S2</td>
<td>FINANCIAL INCENTIVES TO TRANSLATE ALLHAT INTO PRACTICE</td>
<td>BAYLOR COLLEGE OF MEDICINE</td>
<td>PETERSEN, LAURA A</td>
<td>This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Despite compelling evidence of the benefits of treatment, hypertension is controlled in less than 1/4th of US citizens. Inadequate blood pressure control results in excess cases of coronary artery disease, congestive heart failure, stroke and other diseases. While some of the reasons for poor blood pressure control are due to poor compliance on the part of patients, there is significant under-treatment of hypertension on the part of the physicians. In 1 recent study, people with hypertension received less than 65% of recommended care. Translation of scientific knowledge from trials such as the Antihypertensive and Lipid Lowering Treatment to Prevent Heart Attack Trial (ALLHAT) into clinical practice and improved health for patients is lagging. Heightened awareness of ‘falsezone’ in the translation of research into clinical practice has raised enthusiasm about using creative methods, including financial incentives, to improve translation. Indeed, pharmaceutical companies have been using financial incentives to change physician behavior for decades. Using a randomized controlled trial, we will test the effect of explicit physician-level financial incentives to promote translation of findings from the ALLHAT trial into clinical practice and improved control of hypertension in the primary care setting. A total of 130 primary care physicians will be randomized to 2 study arms: 1) physician-level financial incentive only + audit and feedback; and 2) audit and feedback only. Use of thiazide diuretics among eligible patients according to the ALLHAT study criteria and the proportion of patients achieving goal blood pressure according to the Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure goal will be the primary dependent variables. We will use analytic methods appropriate for a cluster-randomized trial, as patients are nested within physicians, who are further nested in hospitals. We will assess whether financial incentives are a cost-effective intervention. Findings from this study will provide critical information needed to implement methods of</td>
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<td>3R01HL086586-01A2S1</td>
<td>MARKET COMPETITION AND THE QUALITY OF HOME HEALTH SERVICES</td>
<td>POLSKY, DANIEL E</td>
<td>UNIVERSITY OF PENNSYLVANIA</td>
<td>This award is issued in response to Notice OD-09-066, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): A high quality and well functioning home health care industry is an essential part of an integrated health care system that strives to reduce health care costs and improve the health outcomes of the population. Recently the federal government has embraced market-based reforms to improve the health care system through public reporting of quality information and by basing reimbursement on the provider performance. These reforms reach the home health care sector in 2004 when the federal government launched the Home Health Quality Initiative (HHQI) for reporting of quality information. Pay for performance in home health is also planned. These reforms require a well functioning competitive market to achieve their stated aims. Yet competition may be stifled in home health in states with binding Certificate of Need (CON) regulations which are designed restrict entry of home health agencies. The goal of this project is to establish the relationship between competition and quality in the home health industry and the relationship between competition and the market-based reform of HHQI. We will test whether competition improves quality, whether HHQI improves quality, and whether the quality improvement from HHQI is greater in more competitive markets. Our approach is to analyze competitive and quality for all home health care markets in U.S. by creating a hierarchical panel file for the years 2001-2006, patients, agencies, and markets. The file will be created from Medicare and OASIS data by linking Medicare claims for hospitals to the home health agency claim and OASIS data for those patients discharged from the hospital to the home health agency. We will use the Herfindahl-Hirschman Index as our measure of competition and home visit case mix, functional status improvements, readmissions, and adverse events as indicators of quality. Our analyses will involve the use of panel and instrumental variables econometric techniques. Ultimately our goal is to inform policy with respect to policy measures that promote competition on quality through firm entry, information reporting, and payment for performance. PUBLIC HEALTH RELEVANCE: With an interest in improving the quality of home health care delivery, this application aims to determine whether more competitive home health markets have higher quality care and whether the Home Health Quality Initiative of 2004 improved quality more in the more competitive markets.</td>
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<td>3R01HL087643-01A2S1</td>
<td>TELEMEDICINE FOR SMOKING CESSATION IN RURAL PRIMARY CARE</td>
<td>RICHTER, KIMBER P</td>
<td>UNIVERSITY OF KANSAS MEDICAL CENTER</td>
<td>This award is issued in response to Notice OD-09-066, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): In rural America cigarette smoking is prevalent, few cessation services are available, and physicians often lack the time or resources to help smokers quit. This project examines whether telemedicine counseling that is integrated into rural physician practices can outperform standard quit line counseling for smoking cessation. This is the second and final revision of this application. The study is conducted through 25 rural physician practices in Kansas. Medical students on rural preceptorships will recruit patients who are smokers in the trial. Self-Determination Theory guides the structure of study components and the analytic plan. Patients will be randomly assigned to receive a standard telephone quit line intervention (QL) or an integrated telemedicine intervention (ITM). Patients in QL will receive 4 sessions of quit line counseling delivered by telephone in their homes. Patients in ITM will receive 4 sessions of telemedicine counseling delivered by 2-way webcasts mounted on desktop computers in their physician office exam room. Webcams are paired with powerful software. Polycom PVX, that permits document sharing and other activities for a highly interactive counseling experience free of the ‘freeze-ups’ and audio delays common with standard videoconferencing. QL and ITM counseling will be delivered by professional smoking cessation counselors from the University Medical Center Campus. The counseling protocol involves an autonomy-supportive approach. Fidelity monitoring will ensure the content remains the same across both study arms. Both groups will receive paper copy Quit Tips and individually-tailored quit plans and pharmaceutical guidance. However, all aspects of ITM will be integrated into primary care practice: sessions will be take place in the physician’s office, study plans will be completed and printed for ITM patients during each counseling session via the telemedicine computer printer, and copies of session materials will be printed for insertion into the patients’ medical record. We hypothesize that ITM will outperform QL by enhancing perceived support from the counselor through the video interface, and by facilitating more autonomy support from the patients’ health care team, including support for quitting, support for using medications to quit, and access to pharmaceutical prescriptions. We project that differences in smoking cessation rates between QL and ITM at 12-months post-enrollment. We hypothesize that ITM will be more costly, but also more cost-effective, than QL. Counseling fidelity monitoring and strong clinic support will ensure optimal implementation. The investigative team has expertise in smoking cessation research, telemedicine, clinical cost-effectiveness research, and quality improvement in primary care. The intervention is delivered in collaboration with one of the oldest and most successful telemedicine programs in the U.S. This intervention provides a venue for reaching a large population of rural smokers who have poor access to quitline counseling and other cessation services. This project examines whether a telemedicine intervention that is delivered through physician offices is effective for smoking cessation among rural smokers. The potential health impact is large because the prevalence of smoking is high in rural areas, access to smoking cessation services is low, and new rules for Medicare reimbursement creates a strong potential for widespread adoption. DESCRIPTION (provided by applicant): This project utilizes geographic analysis techniques to measure the effects of key aspects of the local social and built environment on cardiovascular disease management at the individual level. The specific community characteristics that these measures will be constructed for are 1) geographic, 2) local residential contexts, and 3) proximity to public opportunities for exercise. The study has the following specific aims: Specific Aim 1: To determine whether self reported cardiovascular disease related behaviors and outcomes (physical activity, nutritional behaviors, and health outcomes) are independently influenced by geographic relationships to local nutritional outlets, and proximity to public opportunities for exercise even after controlling for known predictors, enabling and need based factors, along with perceptions of public safety. Specific Aim 2: To determine whether the independent effects of local food and exercise opportunities and environments will be differentially distributed, with some age groups, gender groups, income groups or at risk racial/ethnic groups health related behaviors and outcomes being disproportionately impacted by the local environmental situation. The analysis will proceed as follows: a) nesting Los Angeles Health Survey respondents within their local health care accessibility contexts by utilizing street network based gravity models as indicators of geographic accessibility to primary care providers, b) nesting Los Angeles Health Survey respondents within their local food accessibility</td>
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<td>1R03HL086822-01A2</td>
<td>NEIGHBORHOOD STRUCTURE AND CARDIOVASCULAR DISEASE</td>
<td>ROBINSON, PAUL LANGLEHAM</td>
<td>UNIVERSITY OF MED &amp; SCI</td>
<td>This award is issued in response to Notice OD-09-066, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This project utilizes geographic analysis techniques to measure the effects of key aspects of the local social and built environment on cardiovascular disease management at the individual level. The specific community characteristics that these measures will be constructed for are 1) geographic, 2) local residential contexts, and 3) proximity to public opportunities for exercise. The study has the following specific aims: Specific Aim 1: To determine whether self reported cardiovascular disease related behaviors and outcomes (physical activity, nutritional behaviors, and health outcomes) are independently influenced by geographic relationships to local nutritional outlets, and proximity to public opportunities for exercise even after controlling for known predictors, enabling and need based factors, along with perceptions of public safety. Specific Aim 2: To determine whether the independent effects of local food and exercise opportunities and environments will be differentially distributed, with some age groups, gender groups, income groups or at risk racial/ethnic groups health related behaviors and outcomes being disproportionately impacted by the local environmental situation. The analysis will proceed as follows: a) nesting Los Angeles Health Survey respondents within their local health care accessibility contexts by utilizing street network based gravity models as indicators of geographic accessibility to primary care providers, b) nesting Los Angeles Health Survey respondents within their local food accessibility</td>
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trauma. While ETI is performed by physicians in the hospital, resuscitation usually begins in the out

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Cardiovascular disease remains the leading cause of death in the western world, placing an ever-increasing burden on both private and public health services. The electrocardiogram (ECG)-gated cardiac CT imaging is a promising non-invasive technique for early detection of fatty vulnerable plaque in coronary arteries. However, there are two main problems with the current technique: large patient radiation dose and insufficient temporal resolution (TR). Currently, the typical radiation dose is 10-15 mSv, which is 3-

times as large as a standard chest CT scan. The current TR is merely 80-185 ms in contrast to the minimum requirement of 10-30 ms to observe the

beating heart motion without motion artifact. Current technique uses the ECG-signals to select projection data acquired in a time window that is placed within the 'quiet' portion of the cardiac cycle (e.g., selecting projection data within the 'quiet' portion of the cardiac cycle (e.g., selecting projection data within 200-250 ms of R-peak). This technique may result in the loss of diagnostic information and blurring of low density structures due to motion blur.

We estimate the reduction of radiation dose to the patient will be 50-

compensated. In addition, lower tube current could be utilized since all of the acquired data will be used to reconstruct any cardiac phase of interest. The motion will be estimated by maximizing the agreement between the acquired 4D projection data and the reconstructed time-resolved 4D images. The quality of the image will be significantly improved since the motion is compensated. In addition, lower tube current could be utilized since all of the acquired data will be used to reconstruct any cardiac phase of interest. We estimate the reduction of radiation dose to the patient will be 50-

of the current level. Our specific aims are: (1) to develop computer simulation tools necessary to study the problem, (2) to develop new motion correction algorithms that integrate the image reconstruction algorithms for time resolved, low dose cardiac CT application, (3) to conduct the quantitative and qualitative evaluation of the performance of the new algorithms with various factors with patients and parameters used in the algorithm. The proposed methods will not only solve the current problems of motion blur and excessive radiation dose, but also enable future cardiac applications (e.g., correlation between the motion, perfusion and stenosis) that are not possible with the current techniques.

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This is a proposal for the NHLBI R21 Innovative Research Grant Program, which encourages the analysis of existing data sets to explore new hypotheses. Endothelial intubation (ETI) is the insertion of a plastic tube into the

trachea (throat) to assist the breathing of a patient with a critical illness such as cardiopulmonary arrest, heart failure, respiratory failure or major trauma. While ETI is performed by physicians in the hospital, the task usually begins under the care of paramedics. In many fields of clinical practice, medical errors are known to be associated with both practitioner procedural volume as well as patient outcome. Many studies have found that paramedics commit errors when performing ETI. Furthermore, in a preliminary study, we found that paramedics perform ETI infrequently in clinical practice and at frequencies far below that needed to maintain procedural proficiency, safety and effectiveness. Few direct links between the procedure, success and errors, and patient outcomes (including hospital course or resource utilization) exist. We posit that ETI is performed by paramedics with low procedural experience may adversely affect patient outcome and hospital course of care. The goal of this study is

$239,076

$232,888

$4,234


$25,976

$239,076

$25,976

$25,976
Research Experiences for in focus groups and in city. The application is designed to 3R03AI082703 National Institute of Allergy and Infectious Diseases (NIAID) -02S1 2PROMOTE HEALTH IN LOW BUILDING PARTNERSHIPS TO LITERACY POPULATIONS CONSORTIUM COHEN, MARDGE H Principal Investigator MAYO CLINIC COLL OF MEDICAL RESEARCH HEKTOEN INSTITUTE FOR CINE, ROCHESTER Perform research methods. We will use the model of adult informal education to understand socio cultural factors influencing TB evaluation, and develop Rochester's scientific community and the Hawthorne literacy community for addressing sensitive health issues affecting diverse populations. This research, and is associated with poor health outcomes. Low literacy adults are disproportionately racial and ethnic minorities who also have the Students and Science Educators. DESCRIPTION (provided by applicant): Low literacy influences individual This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. The WIHS is a multi-site prospective epidemiology cohort study of women enrolled in 1994and 2002 who either are infected with HIV or are at increased risk for acquiring HIV infection. The purpose of the study is to continue follow-up of the WIHS cohort, thereby supporting studies of the natural and treated history of HIV infection in representative, primarily minority, adult women in the United States, as well as support exploratory studies of emerging questions related to long-term HIV infection and treatment. WIHS-IV scientific initiatives are closely tied to research projects and the initiation of new projects on the predictors of response to antiretroviral therapy and long term consequences of HIV infection and HIV therapy in terms of cardiovascular disease, liver disease, neurocognitive impairment, cancer and other mortalities, as well as progression to AIDS and death. Additionally during the WIHS-IV/ grant cycle scientific collaborations will continue to expand, investigator-driven research grants. As an ongoing cohort study that, The Chicago site will continue to support the overall WIHS scientific research agenda by continuing to collect quality data and specimens from participants and maintain subjects cohort retention. The Chicago site will also provide leadership for key areas of interest including HIV virology and host immunology, long term pathogenesis of HIV infection and treatment toxicities, and impact of viral resistance. Topics of study will include the effect of co-infections such as hepatitis C (HCV) and B virus(HBV), human papilloma virus (HPV); therapy use and treatment effects in women, behavioral and psychosocial factors influencing HIV disease, effects of metabolic abnormalities, impact of hormonal factors on HIV; the effects of aging and infection on HIV disease, the interaction of environmental and host genetic factors on HIV disease; and the assessment of brain structure, neurocognitive functioning, and physical impairment among WIHS participants.

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Low literacy influences individuals' attitudes toward health information and research, and is associated with poor health outcomes. Low literacy adults are disproportionately racial and ethnic minorities who also have the highest tuberculosis (TB) prevalence in this country. The overall long-term objective of this application is to strengthen the research collaboration of Rochester's scientific community and the Hawthorne literacy community for addressing sensitive health issues affecting diverse populations. This application focuses on the development of innovative ways for communication of culturally sensitive health information and implementation using culturally sensitive participatory research (CBPR) approach. We will build communities research health research capacity by orienting community members to research methods. We will use the model of adult informal education to understand socio cultural factors influencing TB evaluation, and develop culturally sensitive and linguistically appropriate learning approach to TB evaluation for the Hawthorne community. This application is designed to achieve the aims by basing it in the Hawthorne community, rather than in a scientific institution. Hawthorne community members will be engaged in the entire process and it is their cultural beliefs and concerns, expressed in focus groups and in-depth interviews that will form the basis of TB evaluation. A health team from the Hawthorne community will be recruited from focus group participants and assumed significant roles in the design, implementation, and evaluation phases of the project. The Rochester scientific community will bring its strengths in health promotion and care research and analysis to the project. Together, the two communities will gain experience as a research team and have an experiential base to learn about CBPR. In Rochester, MN, a city of 100,000 people, there is a disconnect between the scientific community (Mayo Clinic, University of Minnesota Rochester, and Winona State University) and the low level literacy community (Hawthorne Education Center). Both literally and figuratively, these two communities do not speak the same language. Through an established CBPR partnership, these two disparate communities will jointly work and learn the process of health science research. As the two communities learn and work together, they will build an ongoing relationship based on respect, trust and a shared community. This application is of paramount importance in transforming community perceptions of the scientific process and research, and to public health. This project will promote the active engagement of all members of the community to work with researchers to maximize the potential for change in knowledge, attitudes, and behavior as they pertain to the health needs of the community. It also addresses a vital public health interest by devising and implementing effective community strategies for tuberculosis evaluation in some of the highest risk populations in this country.

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Low literacy influences individuals' attitudes toward health information and research, and are disproportionately associated with poor health outcomes. Low literacy adults are disproportionately racial and ethnic minorities who also have the highest tuberculosis (TB) prevalence in this country. The overall long-term objective of this application is to strengthen the research collaboration of Rochester's scientific community and the Hawthorne literacy community for addressing sensitive health issues affecting diverse populations. This application focuses on the development of innovative ways for communication of culturally sensitive health information and implementation using culturally sensitive participatory research (CBPR) approach. We will build communities research health research capacity by orienting community members to research methods. We will use the model of adult informal education to understand socio cultural factors influencing TB evaluation, and develop culturally sensitive and linguistically appropriate learning approach to TB evaluation for the Hawthorne community. This application is designed to achieve the aims by basing it in the Hawthorne community, rather than in a scientific institution. Hawthorne community members will be engaged in the entire process and it is their cultural beliefs and concerns, expressed in focus groups and in-depth interviews that will form the basis of TB evaluation. A health team from the Hawthorne community will be recruited from focus group participants and assigned significant roles.
DESCRIPTION (provided by applicant): Although there are significant and longstanding racial disparities in sexually transmitted infections (STI) among young women, their causal mechanisms are unidentified. Unprotected sex, concurrency, and partner choice are well-established risk factors, but they do not account for the differences between racial groups. One factor known to differ significantly by race and correlate strongly with STI risk is incarceration. High rates of incarceration and crime in a community have also been associated with higher STI prevalence in that community. Despite these associations, the dramatic differences in incarceration by race, few researchers have studied both individual- and community-level exposure to incarceration and crime and assessed whether these may partially explain STI disparities among young women. Among young women, incarceration and crime may influence STI risk both directly and indirectly. Interaction with the justice system may directly influence sexual risk behavior or substance use social norms. Following incarceration, an individual may have greater difficulty obtaining social services and gainful employment. Incarceration breaks up existing sexual partnerships and family units, removing and distancing the individual or partner and further economic and/or social support. Less direct effects of high incarceration rates in a community may lead to a paucity of eligible males, contributing to women having less power to negotiate condom use or being more tolerant of her partner's concurrency. Ex-offenders may change community social norms and transmit STIs as a result of their own riskier sexual behaviors and increased STI burden. In addition to these direct and indirect effects of incarceration, the confounding individual and community factors which may contribute to the likelihood of incarceration may also contribute to STI acquisition.

In short, although the existing literature has repeatedly reported associations between incarceration and STIs, the direct, indirect, and confounding mechanisms have been difficult to tease apart and inadequately addressed to date. By building on relationships with justice system and public health leaders, our interdisciplinary team will link juvenile detention, incarceration, public health and clinical data sources at an individual-level to study incarceration, crime and STIs among young women 14 to 25 years old. The 10-year longitudinal data will help answer whether the association between incarceration and STI is causal and confounding and allow us to investigate further which specific factors of incarceration - timing, duration, indication, and recidivism history - contribute most to STI risk. We will employ geospatial methodologies to examine the effects of community-level incarceration in more depth, using point-level data and different extents of exposure. As different mechanisms may contribute to the spread of various STIs, we will evaluate Chlamydia, gonorrhea, syphilis, and HIV independently and in combination. Most importantly, we will evaluate how these differences in individual- and community-level incarceration and crime may contribute to STI disparities among African American compared to white women. Specifically, we aim to (1) assess whether the association between incarceration and sexually transmitted infections (STI) is stronger when incarceration precludes first STI; (2) assess whether community incarceration and crime rates are associated with an individual’s risk of STI, after accounting for an individual's incarceration history; and (3) assess whether increased risk of STI among minority young women is diminished when accounting for an individual's differential incarceration rate and exposure to community incarceration and crime rates. PUBLIC HEALTH RELEVANCE: As a result of the proposed research, we will better understand the relationship between incarceration, crime and sexually transmitted infection (STI) among young women and whether it contributes to significant racial disparities in STI. With this increased understanding, we will be better able to target resources to individuals and communities in need during or preceding incarceration, in the community and/or through the justice system. From a public-health and health services perspective, this information will aid in guiding policy and individually-targeted action in STI treatment and prevention.
report DV will be more likely to have experienced significantly higher levels of violence, increased mental health symptoms of somatization, anxiety depression and general psychological distress and lower levels of social support than women who are not likely to report violence; Aim 4) to describe the stress during pregnancy have examined inflammatory immune responses or addition, the interventions were phased that have hampered previous research by utilizing more comprehensive and advanced methodology to assess physiological reactivity during pregnancy versus nonpregnancy, including measures for negative perinatal outcomes. Notably, no studies of acute stressors. Importantly, blood pressure, glucocorticoid, and catecholamine responses to acute stress are attenuated during healthy status, may sensitize physiological stress responses. Indeed, as compared to Caucasians, African Americans exhibit greater cardiovascular reactivity to a variety of acute stressors. Importantly, blood pressure, glucocorticoid, and catecholamine responses to acute stress are attenuated during healthy pregnancy as compared to non-pregnancy. This adaptation may protect the mother and fetus from potentially detrimental effects of maternal physiological activation. Thus, women who exhibit greater and more extended physiological reactions to everyday stressors may be at increased risk for negative perinatal outcomes. Notably, no studies of acute stress during pregnancy exist to examine inflammatory immune responses or mechanisms underlying blood pressure change (i.e., cardiac output, total peripheral resistance). Moreover, limited information is available regarding effects of race on physiological adaptation to pregnancy. The current study will address important gaps in the literature by examining cardiovascular, endocrine, and immune responses to acute stress among 20 Caucasian, 20 African-American) and 40 demographically matched pregnant control women. This research is designed to ultimately lead to the identification of women at greater risk for negative perinatal outcomes and elucidation of mechanisms underlying increased risk, providing a basis for individualized health care services. Specific Aim 1: To utilize more comprehensive and advanced methodology to assess physiological reactivity during pregnancy versus nonpregnancy, including measures of inflammation, impedance cardiography, and glucocorticoid receptor function, for example.
pregnancy versus nonpregnancy. Hypothesis #2: As compared to Caucasian women, African-American women will exhibit greater physiological reactivity to stress during pregnancy and nonpregnancy. Specific Aim #2: To examine psychosocial correlates of physiological reactivity during pregnancy and nonpregnancy. Hypothesis #3: Women reporting greater distress will exhibit greater physiological reactivity during pregnancy and nonpregnancy. Specific Aim #4: To examine associations between physiological reactivity and length of gestation. Hypothesis #4: Greater physiological reactivity to acute stress will predict shorter gestational length. PUBLIC HEALTH RELEVANCE: This study will fill important gaps in our knowledge about the effects of physiological adaptation during pregnancy and effects of race on such adaptation. Information gained from this study will provide the groundwork for the following: 1) identification of women at greater risk of negative perinatal outcomes; 2) describing physiological mechanisms underlying the link between stress and risk of preterm delivery; and 3) providing interventions designed to reduce the effects of stress and promote healthy pregnancy and fetal development.

This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. Mentoring is widely viewed as an effective preventive intervention for a variety of youth problems and consequences, including conduct disorder and delinquency, academic failure and school dropout, substance use and abuse, and early sexual behavior and teen parenthood. In recent years, there has been strong support for mentoring programs at the local, state, and federal levels. While there have been a variety of outcomes studies on mentoring, and mentoring appears to have at least some positive effects on youth in the short run, little is known about the long term influence of programs on the ‘high risk’ children assumed to need mentoring the most, and almost nothing is known about how characteristics and qualities of the mentoring relationship are related to youth outcomes. We propose to conduct a longitudinal randomized controlled preventive intervention trial designed to assess the impacts of an established, privately funded, long term, intensive youth mentoring program (FOTC) as it relates to health outcomes. FOTC Partners work with inner city public schools to identify and enroll kindergarten-age children thought to be at high-risk for conduct disorder, academic failure, and teen parenthood due to serious levels and/or combinations of individual and family risk factors. FOTC mentors, called ‘Friends’, are paid full time professionals who are rigorously trained and supervised. Friends work with not more than eight children at a time. Through FOTC, children are exposed to a variety of skill building and recreational experiences and assisted in accessing resources in a variety of areas, including academic and physical and mental health services. Participants for the study (N ≥ 250; 80% minority, 50% girls) will be recruited through existing programs located within impoverished, inner city areas of Boston, San Francisco, Seattle, and Portland, Oregon. Children will be randomly assigned to either FOTC or a referral control condition. Children, their primary caregivers, and Friends will be assessed prior to program initiation in kindergarten, and during each subsequent year through the end of third grade. On an annual basis, primary teachers will be assessed; direct observations of Friend-child social interaction will be conducted; and school and FOTC program records will be collected. A teach assessment, information will be collected on child behavior, emotional, and academic adjustment, as well as on the quality and characteristics of child-peer, child-caregiver relations, child-Friend, and child-adolescent (i.e., natural mentor) relationships. Analyses will examine child outcomes overtime; the impact of Friend-child relationship quality on program satisfaction, engagement, and persistence as well as on child outcomes; and differential effectiveness based on ethnicity, child gender, and baseline risk status. The findings from this study will have important implications for mentoring practice and policy.
the following specific aims: 1) Support the implementation of two reproductive science research projects that effectively use the scientific strengths of our institutions, and promote multi-disciplinary approaches to the specific research topics in the priority areas identified by this RFA; 2) Provide support for two pilot projects to generate data to facilitate the development of innovative hypotheses and studies, and support the efforts of our investigators to generate preliminary data and publications that can help assure their transition to independent funding; 3) Facilitate and formalize new collaborative networks in reproductive science between scientists at Drew University and UCLA; 4) Develop an Administrative and Planning Core to support the scientific projects. These specific aims will be accomplished by implementing two core research projects and two pilot projects, each having interrelated specific aims consistent with the Center's long-term objectives. The research projects will be supported by an Administrative and Planning Core. The proposed core and pilot projects are inter-linked by a common theme, namely, Biologic Effects of Androgens in Men and Women. Energetic program leadership, cross-disciplinary research projects that are thematically-linked and that evolve logically from our current strengths, enthusiastic commitment of bi-institutional support, a large pool of talented, participating faculty, deep historical roots of our institution in the minority communities, and strong infrastructural support from pre-existing Hormone Assay, Body Composition, RCMI [Research Center for Minority Institution] Molecular Medicine Core, and Exercise Physiology Core laboratories, and University administration, make our institution particularly suited to benefit from this NICHD initiative.

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<tr>
<td>1R01HD059756-01</td>
<td>ADOLESCENT HEALTH LITERACY: IMPROVING USE OF PREVENTIVE HEALTH SERVICES</td>
<td>GLIK, DEBORAH C; PRELIP, MICHAEL LEE</td>
<td>UNIVERSITY OF CALIFORNIA LOS ANGELES</td>
<td>the sample of 3478 participants distributed across the two study conditions (n=1739 each) which are the treatment condition (social media) and control condition (usual care). Our goal is to enhance adolescent health literacy, increasing teens' capacity to access and use their insurance and the current health care system, so they can become empowered health consumers as they transition into adulthood. REVISED SPECIFIC AIMS 1 R01 HD059756-01 (Glil, Prelip)Clinical practices to prevent disease and promote health have become an important component of primary health care. Adolescents could benefit from these services, yet they often underestimate preventive care and over utilize acute or emergency care. Adolescents are at risk for numerous health issues including sexually transmitted infections, unplanned pregnancies, anxiety and depression, violence and abuse, injuries, vaginitis, preterm labor, and myocardial infarctions. Additionally, adolescents participate in risky practices such as smoking, alcohol and drug use, may lack healthy diet and exercise patterns, and may not get adequate screening and preventive services. This study evaluates whether 88% of teens have health care insurance, if plans for universal health care coverage are enacted those numbers will increase. At the same time it is the responsibility of clients to initiate contact with providers for their care, and teens who may still rely on parents for arranging health care may not always get the care they need. Thus teaching teens how to use their health insurance, how to navigate the health care system, and how to access not only curative but preventive services is seen to be an important facet of health literacy training, especially for teens in minority families who are the first generation to have comprehensive health insurance plans. The goal of this demonstration project is to document how a large health insurance company can best influence teenage utilization patterns and train the next generation of health consumers in health literacy defined here as learning how to use and access health care and use their health insurance benefits appropriately. Study objectives include creating and testing the effectiveness of an innovative health literacy training program using interactive computer technologies (ICTs) and social media among 12-17 year olds adolescents to improve their knowledge, attitudes and health information seeking behaviors, their perceptions of care preventive care received, curative care, and counseling services. The target population is a sample of Medi-Cal (Medicaid) and Healthy Families (SCHIP) adolescents whose care is managed by Health Net, one of the largest health plans in California. It should be noted that California has reproductive rights laws that empower teens (minor over the age of 12) to engage with their physicians in confidential consultation with no parental permission required. Main aims of this study are: 1) Test the feasibility of creating and maintaining interactive communication technology (ICT) health literacy training materials supplemented with print materials that have social media components for a Medicaid and SCHIP adolescent population 2) Evaluate the effectiveness of the ICTs and social media materials produced compared to a control group receiving usual care, by evaluating survey self report data among study participants measuring changes in knowledge of how to use and when to use health care system, attitudes towards health care, risk reduction behaviors, self report of utilizing Adolescent quality of interactions with provider for Annual Adolescent Well Care visits, utilization of primary care services for acute and chronic conditions, utilization of referrals for specialty care or counseling, decreased utilization of the emergency room. (Slightly revised aim to reflect that rather than 1 arms of condition there are now 2 the intervention condition and control) 3) Evaluate the effectiveness of the health literacy intervention on quantity of Annual Adolescent Well Care utilization, primary care provider utilization and emergency room utilization for treatment of non emergency conditions based on Health Net membership, claims, enrollment, pharmacy and behavioral health records linked to study condition 4) Increase adolescents' health literacy about their health care rights and responsibilities as well as concepts of confidentiality, doctor patient</td>
<td>$64,565</td>
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relationships, and refers to specialists.) 5) Test how adolescents use online and social media health information resources with content specific to their health needs and their health plan, and explore relationship between exposures and use of materials and outcomes. (Print media condition has been deleted to reflect change in study design from 3 arms to 2, see Aim 2). 6) Assess differences in prescription drug coverage on outcomes by the chronically ill children. The primary specific aim of the proposed research is to determine how changes in prescription drug cost sharing affect adherence to prescription drug therapy for various chronic conditions among the privately insured chronically ill children. As a secondary aim, we propose to identify the effect of prescription drug cost sharing on inpatient and outpatient spending among the chronically ill children. In both aims, we will control for other health plan characteristics of age, gender, health status, ethnicity as well as enabling factors of private and confidential services. 7) Test associations between increased health literacy and e-health literacy and outcomes of quality and quantity of care provided. Study aims will be achieved by: 1. Developing online materials using social networking methods using formatative research with goal of increasing health literacy among low income adolescents. Current estimates are that 94% of teens I California have access to internet, often through handheld devices. 2. Recruiting 8,000 Health Net client volunteers aged 12-17 with Medi-Cal or Healthy Families Insurance by sending out invitations to a random sample of 80,000 clients out of a population of approximately 155,000 eligible clients. (Numbers have changed to reflect changed study design and recent survey experience in this Health Net population that suggests that only 10% of people contacted will volunteer to participate for this type of study). 3. Conducting baseline mailed survey with online alternative collection opportunity to assess current health literacy, health behaviors, health care utilization, media utilization as well as socio demographic factors. 4. Randomly assigning participants into 2 groups with goal being to have final sample in each condition to be an n of 1,739 with intervention group receiving monthly reminders and links to online materials over a one-year period, and control group participants receiving usual care and the survey only, giving study 85% power with an effect size of 5% based on increase in annual teen prescription costs vs 4% from baseline of 36%. (The sample size now reflects 2 groups, see Aim 1 study design). 5. Conducting baseline survey at months 5-6 of Year 1 (6 months after grant startup) and follow up survey at months 18-19 after intervention is completed to assess program impacts with final overall n=3478 (1,739 in each study condition). Assumption is 50-60% attrition from initial recruitment to final sample size. There will be incentives for participants. (This change reflects that there will be only two data collection points rather than three as well as slightly increased sample size for each condition). 6. Using Health Net membership, claims, encounter, and behavioral health data to achieve an overview of Health Net utilization, assessment of interventions as well as compare intervention clients (treatment group with control group) of Health Net Clients age 12-17 who did not receive intervention. (This change reflects the truncated research design of only two data collection points and two conditions). 7. Analyzing survey and institutional databases to assess main and interactive program effects, as well as effects of exogenous and endogenous variables that moderate and mediate program effects. Revised project timeline Grant Activities Year 1 (2009-10) Year 2 (2010-11) 4mos5-8mos9-12mos1-4mos4mos-12mos Formative audience research, pretesting with target population Recruit participants/randomize 1. Collect baseline survey data Produce materials for social media and interactive media. Youth participate in message production Pre-test, revise materials with target population Disseminate material to target population Administrative data collected Qualitative Data (Process Monitoring) Follow-up Health Survey Data analysis Results dissemination Jobs Retained and Job Created 1 R01 HD059756-01 1R21HD060217-01 1R21HD060217-01 1R21HD060217-01 1R03HD058203-01 1R21HD060217-01 Project Number Project Title Principal Investigator Performing Organization Abstract Total Cost 1R3HD058203-01A1 PRIVATE INSURANCE AND PRESCRIPTION OUTCOMES FOR CHILDREN GOLDMAN, DANA P RAND CORPORATION DESCRIPTION (provided by applicant): Little attention has focused on barriers to coverage among the privately insured children, although, a large portion of the American children are covered under private insurance. Especially in an era of deteriorating private coverage, it has become very important to determine whether privately insulated children are at risk for treatment. Our study aims to fill this gap using a unique longitudinal dataset that contains information on a large group of privately insured children and their families. In this project, we will take a first step in investigating how the preventive care insurance cost-sharing prescription drug coverage affects children that are chronically ill. The primary specific aim of the proposed research is to determine how changes in prescription drug cost sharing affect adherence to prescription drug therapy for various chronic conditions among the privately insured chronically ill children. As a secondary aim, we propose to identify the effect of prescription drug cost sharing on inpatient and outpatient spending among the chronically ill children. In both aims, we will control for other health plan characteristics, child’s own characteristics, co-morbid conditions, general family characteristics, and the out-of-pocket burden of other family members. $59,875 1R21HD060217-01 TRENDS IN ETHNIC AND SOCIOECONOMIC DIFFERENTIALS IN DIET QUALITY IN AMERICAN CHILDREN KANT, ASHIMA K QUEENS COLLEGE DESCRIPTION (provided by applicant): American children from ethnic minority and low socioeconomic families have higher rates of poor health and higher mortality rates. Recent data suggest persistence or widening of these ethnic and socioeconomic differentials in health outcomes of US children. For example, over the past three decades, overall, injury, and natural mortality in childhood in the US declined. However, children from minority and lower socioeconomic position families experienced a smaller decline, resulting in a widenings of the socioeconomic gap. The trends analysis for risk factors such as prevalence of obesity, prediabetes, and high blood pressure in US children also suggest similar persistence or increase of socioeconomic and ethnic disparities. Adverse health risk behaviors that include diet are among the many factors such as access to health care, environmental factors, income constraints, and discrimination that may contribute to ethnic and socioeconomic disparities in the health of US children. The hypothesis that diet may be a mediator of ethnic and socioeconomic disparities in health appears reasonable given that diet is an acknowledged risk factor for a number of chronic diseases. However, surprisingly little is known about the independent associations of ethnic minority and measures of socioeconomic position-- family income, education, and occupation—with dietary attributes within a multivariate framework in US children. Also, there is no published information on how the association of diet and socioeconomic position may be changing over time in US children. Assessment of time trends in dietary disparities due to ethnic and socioeconomic group membership may help us to understand whether diet may be a contributor to persistence or increase of health disparities among US children. Therefore, the overall objectives of this application are to examine in US children and adolescents: 1) the independent associations of socioeconomic position (family income, education, and occupation) with attributes of reported diets and objective biomarkers of dietary intake, and 2) the trends in the association of $155,000
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<td>1R01HD057474-01A</td>
<td>MINDING THE BABY: HOME VISITING PROGRAM EVALUATION</td>
<td>SADLER, LOIS S</td>
<td>YALE UNIVERSITY</td>
<td>DESCRIPTION (provided by applicant): This is an efficacy study of an intensive home visitation intervention, 'Minding the Baby' (MTB). This reflective parenting program (aimed at enhancing maternal reflective capacities), is focused on first-time young mothers and their infants living in an urban community. The study, grounded in attachment and human ecology theories integrates advanced practice nursing and mental health care by pairing master’s level clinicians (pediatric nurse practitioner and a social worker) with at-risk young families. Aims of the study are: 1) to determine the efficacy of the MTB intervention in young mothers and infants with respect to a) maternal outcome variables including the quality of the mother-infant relationship, maternal reflective capacities, maternal mastery/self-efficacy, parental competence, and maternal health and life course outcomes (educational success, employment, delaying subsequent child-bearing), and b) infant outcome variables including early attachment, infant health, and developmental outcomes; 2) to monitor fidelity and dose of the program with young mothers; 3) to describe the evolution of reflective capacities in adolescent mothers (contrasting intervention group with control group); 4) to conduct process and efficacy analyses of the program. The longitudinal 6 month study will include multi-method (self report, interview, direct observation and coding of behaviors) approaches with a cohort of first-time multi-ethnic mothers between the ages of 14-25 (and their infants). MTB home visits occur weekly for intervention families (n=69) beginning in mid pregnancy and continuing through the first year, and then bi-weekly through the second year of the child’s life. Mothers and infants (n=69) in the control group will receive standard prenatal, postpartum and pediatric primary care in one of two community health centers (as will the intervention group) and also receive monthly educational materials about child health and development mailed to their homes. Maternal and infant outcome variables will be followed over time (pregnancy, 4, 12, and 24 months) as well as compared between the 2 groups. Cost analyses and detailed analysis of the dose and sample characteristics linked to efficacy, will allow us to plan for translation of the model into clinical care, and community sustainability. PUBLIC HEALTH RELEVANCE: This is a study of Minding the Baby (MTB), a home visiting program (beginning in pregnancy and extending until the child’s second birthday) for young families living in an urban community. MTB is a unique preventive program that is implemented by master's-trained home visitors (nurse and social worker), provides direct mental health services during home visits, and focuses on the mother’s capacity to understand her infant’s emotional needs as well as provide the needed physical care. The study will evaluate the effects and costs/benefits of the program with young first-time at-risk mothers, their children, and families. $636,723</td>
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<td>3U01HD041249-09S2</td>
<td>PELVIC FLOOR DISORDERS NETWORK-DATA COORDINATING CENTER</td>
<td>SPINO, CATHERINE A</td>
<td>UNIVERSITY OF MICHIGAN AT ANN ARBOR</td>
<td>This award is issued in response to Notice D0-09-068, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Educators. DESCRIPTION (provided by applicant): Pelvic floor disorders, such as urinary incontinence, pelvic organ prolapse, and fecal incontinence, are common and significant health-related problems for women in the United States. Outcomes following surgical and non-surgical intervention for pelvic floor disorders have not been adequately evaluated. As a result, data necessary to fully inform patients and to make informed policy decisions are unavailable. The long-term objective of the Pelvic Floor Disorders Network (PFDN) is to systematically evaluate these outcomes. This application to be the Data Coordinating Center (DCC) for the pelvic floor disorders network brings together experienced investigators from biostatistics, urogynecology, urology, quality of life and health services research to prospectively assess pelvic floor disorders in women following surgical and non-surgical interventions for pelvic floor disorders. The specific aims of the DCC are to: 1. Assist in protocol development by providing expertise in the design, conduct and analysis of clinical trials conducted by the PFDN. 2. Provide expertise in measurement of quality of life and health services research to prospectively assess the outcomes from various surgical interventions for female pelvic floor disorders. The specific aims of the DCC are to: 1. Assist in protocol development by providing expertise in the design, conduct and analysis of clinical trials conducted by the PFDN. 2. Provide expertise in measurement of quality of life and in the selection of the</td>
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<td>UNIVERSITY OF MICHIGAN AT ANN ARBOR</td>
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<td>1R2DE019211-01A1</td>
<td>ORAL HEALTH PROMOTION DURING PREGNANCY IN A GROUP PRENATAL CARE MODEL</td>
<td>ADAMS, SALLY Henderson</td>
<td>UNIVERSITY OF CALIFORNIA SAN FRANCISCO</td>
<td>DESCRIPTION (provided by applicant): Pregnancy is often a time marked by increased oral health (OH) concerns, yet dental care utilization rates, especially among underserved women, indicate that most low-income pregnant women do not receive dental care. Improving the oral health of pregnant women: 1) safeguards their own oral health; 2) has the potential to improve their overall health and decrease early childhood caries in their infants, and 3) may reduce adverse birth outcomes. Although several national organizations recommend that women receive dental care and anticipatory guidance for infant oral health care during pregnancy, it is unlikely that many women, particularly those in underserved areas, are receiving these important preventive health services. The purpose of this project is to develop and pilot test an interactive educational and behavioral oral health promotion (OHP) intervention to improve maternal and infant OH status, knowledge, attitudes, and behaviors for low-income women attending a group prenatal care program, Centering Pregnancy (CPR), in the San Francisco Bay Area. With a growing number of groups, currently more than 200 nationally, CPR is an innovative group care model designed to provide comprehensive prenatal care and to advance women’s sense of health awareness through assessment, education, and support. The OHP development will be guided by the Social Cognitive Theory, which will use the PRECEDE-PROCEED model for planning, and adherence to the essential components of CPR (training, education, and support). The study includes two phases: Phase 1: DEVELOPMENT &amp; TRAINING and Phase 2: PILOT TEST &amp; EVALUATION. Phase I aims to: 1) develop, with CPR staff and participants, an OHP curriculum that will address predisposing (knowledge, attitudes), enabling (skills building, environmental), and reinforcing (feedback) OH factors; 2) consult with CPR (R) community to develop acceptable research procedures to evaluate the OHP intervention; and 3) train 8 CPR staff to conduct the OHP pilot intervention. Phase II aims are: 4) pilot test the OHP intervention in 2 CPR sites (n=50 CPR participants) and examine pre-post changes in OH status and OH-related outcomes; and 5) evaluate changes in same OH factors in 2 CPR sites (n=50 CPR participants) without the OHP intervention to assess changes due to duplicate, the CPR (R) program without OHP, and other secular factors. We will assess OH status through on-site study dental exams and self-reports. We will assess OH knowledge, attitudes, and behaviors about maternal and infant OH through questionnaires. If successful, these results will be used to develop a full-scale clinical research study (RO1), which would formally test the efficacy of the OHP intervention in improving the oral health of pregnant women and their children. PUBLIC HEALTH RELEVANCE: Many women receive inadequate oral health care during pregnancy, especially those in low-income and underserved groups. As proposed in this R21 application, the development of an oral health promotion intervention for women receiving their prenatal care within a well-established, innovative, group model of prenatal care, Centering Pregnancy (CPR) may provide the opportunity to advance women’s oral health and the oral health of their children, as well as improve their general health across the life span. The results of the proposed application will hopefully provide the preliminary data needed to submit an R01 application to test the efficacy of the oral health promotion intervention, which, if successful, could be implemented widely in CPR programs nationally and internationally, as well as other prenatal care groups.</td>
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<td>3U54DE019259-02S1</td>
<td>CENTER FOR NATIVE ORAL HEALTH RESEARCH (CNOHR)</td>
<td>ALBINO, JUDITH E.N.</td>
<td>UNIVERSITY OF COLORADO DENVER</td>
<td>This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This Center for Research to Reduce Disparities in Oral Health will focus on oral health concerns of American Indians and Alaska Natives (AIANs) and will be known as the Center for Native Oral Health Research (CNOHR). The Principal Investigator is Judith E.N. Albino, PhD, President Emeritus of the University of Colorado and Professor, American Indian/Alaska Native Programs (AIANP) and Craniofacial Biology, and a health psychologist. She will lead the Research Program Administrative Center (RPAC). Dr. Spero Manson, PhD, Professor and Head, AIANP, and a medical anthropologist, will serve as Co-Investigator and lead the Community Liaison and Dissemination Core within RPAC. Biostatistician William Henderson, PhD, Professor, Colorado Health Outcomes Program, will lead the Statistics and Data Coordinating Center (SDC). CNOHR offers a comprehensive approach to oral health disparities in the long term, with an initial focus on oral infections and key roles of behavioral factors and comorbidities. The interdisciplinary team includes scientists trained in anthropology, biostatistics, dentistry, economics, medicine, psychology, and public health, supported by experienced project management and technology teams. The three initial projects focus on caries and periodontal disease, as well as tobacco use, obesity, and oral health promotion. The first Research Component (RC1) tests an intervention with pregnant women/mothers of newborns on a Northern Plains Reservation, which is focused on the use of motivational interviewing in prevention of ECC. RC2 is a randomized clinical trial of two methods for treating periodontal disease in Southeastern American Indians who also have diabetes mellitus. RC3 is a test of a service delivery intervention in which tribal/community members are trained to apply fluoride varnish and deliver personalized oral health education for 3-5 year-old children and their parents enrolled in reservation-based Indian Head Start programs. A Developmental Research Program will offer opportunities to pilot work suggested by new investigators, by community participation and planning activities, and by preliminary results of major projects. A focus on dissemination will include activities aimed at increasing community awareness and influencing health policy. Considerable prior experience with the participating tribes and communities has shaped the CNOHR methods and approaches, and ongoing community participation in planning will continue to influence the implementation of the RCs. A robust program of training and career development experiences will include mentoring and support for students at the secondary, undergraduate, professional and graduate, and post-doctoral levels, with emphasis on recruiting AIAN investigators to oral health disparities research. OVERALL CRITIQUE: This application proposes a center that could have an important national role in eliminating oral health disparities in AI/AN populations. The extensive work already undertaken at the University of Colorado Health Sciences Center</td>
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**National Institute of Dental and Craniofacial Research (NIDCR)**
to address health disparities in various domains highlights the importance of this area. Because of the unique history of American Indians and the Indian Health Service that is federal and uniquely designed to provide care, the issue of health disparities among American Indians and Native Americans is of particular significance. AI/NA populations are entitled to equitable health coverage, and the system has failed to deliver on a promise that relates to the political history of American tribes and the federal U.S. government. Therefore the population, and the approach that is sometimes missing in investigators could achieve their excellent and ambitious goals. The co-investigator, an eminent epidemiologist of Native American mental health and as a medical anthropologist brings depth to our profile especially in the area of oral health disparities, which lessens confidence that the investigator has also been successful in launching careers of American Indians in other fields, especially in the areas of mental and public health. Whether he can bring such leadership to dental medicine, however, is unclear since he has little direct background in that particular field. Therefore, a weakness of the application is the lack of participation of a researcher in dental medicine, and someone with a strong and recent track record in the area of psychosocial interventions to improve oral health outcomes. Environment: The environment is appropriate for the planned center. There are significant resources to be dedicated to the center, including space in a new building designed specifically for the study of health disparities among Native Americans. However, the School of Dental Medicine at the University of Colorado has a somewhat weak profile especially in the area of oral health disparities, which lessens confidence that the investigators could achieve their excellent and ambitious goals. Overall Evaluation: The application is highly significant, addresses a serious area of oral health disparities and describes various approaches that are likely to meet with success. The research projects are suitable for the topic, are innovative and have clear merit. The application describes a training and pipeline model to increase American Indians trained in oral health, which is also important and likely to increase access over time. The administrative infrastructure appears to be adequate despite some weak links. There is some question as to whether the present team can fully meet the aims of the proposal. The Center because there are insufficient oral health researchers and clinicians from the dental school participating. Since one centerpiece of the proposal is to expand training of paraprofessionals in oral health and increasing the number in the dental medicine pipeline, leadership of a dental faculty member who is presently active in research and committed to the potential for replicating such a plan in the area of dental health. The overall goal is to increase access to dental care from various sources through rural areas, demonstrating that culturally appropriate methods can be adapted successfully to improve oral health outcomes for children and for adults. Innovation: The aims of shaping and supporting a community-based oral health program along the lines of thoughtful culturally appropriate models are innovative. Although Motivational Interviewing has been used in oral health programs, the application describes the first adaptation of such an approach with American Indians. The apparent aim of integrating the oral health disparities center in the same physical facility as other funded health disparity centers in Colorado, led largely by the co-investigator, lends value to the approach and is innovative. Such integration could give rise to further synergy and intersections between the work being done in the other centers and the new oral health disparities center. More discussion of such a potential interaction would have further strengthened the application. The pipeline training program, while not innovative in many other fields and for other populations, is unique to a School of Dental Medicine for Native Americans and American Indians. Investigator/Center Director/co-Director: The PI is a professor at the University of Colorado-Denver, and had a career for many years as a psychologist studying oral health before she entered university administration. She was the president of the University of Colorado for 5 years, and enjoys a network of potential supporters and has certainly has the experience to oversee a complex project and budget. However, her scientific leadership is less convincing, because she has been a number of years since she has been an active researcher. The co-investigator provides an excellent compliment in this regard. He is an eminent epidemiologist of Native American mental health and as a medical anthropologist brings depth to his analyses that is sometimes missing in population health studies. The co-investigator has also been successful in launching careers of American Indians in other fields, especially in the area of research. He has a track record of past success. Overall Evaluation: While the periodontal intervention suffers from a number of deficiencies in study design, the overall center application builds upon an extensive record of proven research experience with the targeted Native American study population. As a result, enthusiasm is high for the prospects of the center making advancements in reducing oral health disparities in Native Americans. Budget Acceptable. RPAC - Research Program and Administrative Center, PI. Albino, Judith E.N. PhD Score: Excellent DESCRIPTION (provided by applicant): STRUCTURE AND FOCUS: In response to RFA DE-06-108, the American Indian/Alaska Native Programs (AIANP) within the School of Medicine (SOM) and the School of Dental Medicine (SODM) at the University of Colorado Denver and Health Sciences Center (UCD/HSCH), with our collaborating partner, the University at Buffalo SODM, propose a Center for Research to Reduce Disparities in Oral Health (CRRDOH), to be funded by the NIDCR as a Cooperative Research Center (U54). Other higher education institutions with which we have established relationships focused on recruiting students for potential careers in oral health disparities research include Fort Lewis College, which has a mandate to serve American Indian and Alaska (AI/AN) students; and several tribal colleges, including Sinte Gleska University, the Rosebud Reservation in South Dakota, Dine College of the Navajo Nation. The Pine Ridge Department of Health Administration and the Pine Ridge Indian Health Service (IHS) Unit have worked with us to develop Research Component 1.
The Albuquerque Area Service Unit of the IHS will participate in RC2; the Talihina Service Unit (Oklahoma/Choctaw) of the IHS will participate in RC3. The University of Michigan School of Public Health Initiative, which includes programs offered jointly by the University of Michigan, Colorado State University, and the University of Northern Colorado, will work with us as well, particularly in the development of new training and career opportunities. Note: Please see Appendix IRPAC-1 for abbreviations used in this application. Although disparities exist for other groups, the poor health status of AI/ANs is unparalleled in many respects. Life expectancy is almost 6 years less than for the general population and both morbidity and mortality are higher for a broad range of diseases and health problems, including diabetes, tuberculosis, pneumonia, and some forms of cancer. Oral infections (caries and periodontal disease) and their sequelae, such as edentulism, also are significantly higher among AI/ANs than among the general population. As evidence builds to substantiate a link between oral health status and systemic health conditions, e.g., periodontal disease and diabetes, the seriousness of these disparities is compounded. The center proposed here will be known as the Center for Native Oral Health Research (CNOHR) and will focus on oral health disparities among AI/AN populations. (The term ‘American Indian and Alaska Native’ or ‘AI/AN’ will refer in this application to those who trace their origins to the indigenous peoples of the continental US; ‘Native’ is used synonymously with AI/AN. See Appendix IRPAC-1 for glossary of abbreviations.) The initial program of research will address the 2 most common oral infections, caries and periodontal disease, and will do so within the context of salient patterns of comorbidities, or oral-systemic connections. Special attention will be given to behavioral and social factors that influence and constitute risk factors for oral health across the lifespan. To ensure the development of culturally sensitive interventions that will be accepted and promoted by AI/AN communities participating in studies that have been invited to participate in these extramural initiatives, and will continue to be, engaged in planning and dissemination of these interventions. In addition to building on the current research base to develop and conduct interdisciplinary intervention research that will lead to changes in health care policies, practices, and ultimately oral health, CNOHR will develop training opportunities, with the goal of cultivating a self-sustaining critical mass of scholars who are prepared to address the disparities identified here. CNOHR also offers the unique advantage and commitment necessary to develop the enduring community relations and support essential for working in the sometimes politically charged context of research with tribal and other AI/AN communities/organizations. Finally, CNOHR will serve as a national resource to encourage and support collaborative research, research training, information dissemination, and technical assistance to the larger AI/AN oral health community. By extending opportunities for research development and support to other health disparities investigators, CNOHR will enhance capacity for research dedicated to improving the oral health of America’s First Peoples.

**Project Number**: 1RC1DE020455-01
**Title**: COMPARATIVE EFFECTIVENESS AND FEASIBILITY OF SBIRT IN A GENERAL DENTAL CLINIC
**Principal Investigator**: DAMIANO, PETER C
**Performing Organization**: UNIVERSITY OF IOWA
**Abstract**: First preventive dental visit: Disparities in needs, costs + behavioral insights

**Total Cost**: $457,678

**Project Number**: 1RC1DE020303-01
**Title**: FIRST PREVENTIVE DENTAL VISIT: DISPARITIES IN NEEDS, COSTS + BEHAVIORAL INSIGHTS
**Principal Investigator**: DAMIANO, PETER C
**Performing Organization**: UNIVERSITY OF IOWA
**Abstract**: This study investigates the predictors and outcomes of age at first preventive dental visit (APDIV) for Medicaid-enrolled children—a dentally underserved population. The age at a child’s first dental check-up helps establish a treatment experience and important preventive counseling for the mother. Medicaid-enrolled children are known to have less access to dental care. Of particular interest in this study are five Medicaid subpopulations at high risk of disparities in access to dental care and resulting oral health status: 1) Racial and ethnic minority children, 2) Rural children, 3) Children in federally designated Dental Health Professions Shortage Areas (DHPSAs), 4) Children with less access to medical care and associated well child visits, and 5) Children who receive care at a Community Health Center (CHC). Since one in four children in the United States are enrolled in Medicaid, this study could potentially impact a large population of the most vulnerable children in the country. We are proposing a

**Total Cost**: $465,003
multifaceted, interdisciplinary set of studies to explore this issue: Study 1: Determinants of the age at first preventive dental visit for Medicaid-enrolled children. The first study investigates the predictors of age at first preventive dental visit using Iowa Medicaid claims data for preschool age children who were enrolled in the program within a month of birth in 2004. We will follow these children in the claims database until they have their first preventive dental visit, or turn six years old. Factors previously identified in dental use models will be included in these analyses with the added factor of utilization of well-child visits. We will use survival analyses to model these relationships. Study 2: An evaluation of the effectiveness of earlier FPBVS on the need for dental care at the first visit and the successful completion of treatment plans for Medicaid-enrolled children who sought care at a CHC in Iowa. Chart reviews will be used to find out how the needs of children at the time of their first dental visit and whether FPBS affects outcomes, in particular, the completion of the treatment plan. The chart reviews will be performed at 9 Community Health Centers (CHCs) with electronic health records for 270 children in Iowa. Study 3: Impact of the AIDPVS on future dental and medical care utilization and costs. Iowa Medicaid claims and administrative data will be used to determine if AIDPVS affects future dental and medical care costs for preschool children. Using instrumental variable analyses we will model the factors related to dental use and cost with special attention to AIDPVS. Study 4: Using the Health Belief Model and the Extended Parallel Process Model to determine factors associated with mothers’ decision-making about preventive dental care seeking behavior related to FPBS. Focus groups will be used to help us understand what factors encourage and discourage parents from taking their children for preventive dental care. The results of these three studies will serve to inform the content of a survey of providers with children in Medicaid. Previous results will help us to identify the most critical factors and tailor the survey to issues important to parents with children in Medicaid. These surveys will be designed to find out what prompts parents to take their children to the dentist for their first preventive dental visit and what might discourage them from preventive dental care. These data will be analyzed with OLS regression to determine what economic and social factors are related to AIDPVS. Goal: This program of research is designed to help us understand the most effective age for the first preventive dental visit. This work ultimately culminates in the design of an intervention with parents and providers to encourage the effective timing of children’s first preventive dental visit. This study builds on extensive previous research by this team who has demonstrated the ability to successfully conduct studies regarding dental care for underserved children combining these large administrative databases and primary data collection methodologies.

PUBLIC HEALTH RELEVANCE: This research project will investigate the predictors and outcomes of preschool age children’s first preventive dental visit, improving our understanding of how age at first preventive dental visit is affected by the psychosocial, behavioral, and social factors and affects the outcomes of dental care over time. We will use this information to design an intervention to encourage the appropriate timing of a child’s first preventive dental visit through education of the parent and providers.

DESCRIPTION (provided by applicant): This application is submitted in response to NIH Challenge Area (05): Comparative Effectiveness Research, specifically Challenge Topic 05-DE-102: Treatment of Tobacco and DrugDependency in Dental Settings. The proposed project seeks to tailor existing Screening, Brief Intervention, Referral and Treatment (SBIRT) protocols for alcohol abuse to be used in dental practice settings. SBIRT protocols have demonstrated effectiveness in reducing alcohol use and related problems and in motivating treatment utilization in a number of health care settings. Given their effectiveness and low cost, and the fact that both ADA and ADHA promote preventive initiatives for oral cancer screening and tobacco cessation, the absence of parallel protocols for alcohol abuse in dental practice is a concern. Given that a minimum of 60% of the U.S. population visits a dental practitioner at least once per year, the implementation of SBIRT in dental practice settings could have enormous public health significance. In response to this Challenge, we propose a multi- level approach to understand and predict facilitators and barriers to the adoption, implementation fidelity, and effectiveness of alcohol SBIRT in dental practices. Based upon individual-level (e.g., Trans-theoretical Model) and organizational (Resource Dependency and Institutional) theories, we propose that adoption, implementation fidelity, and effectiveness of SBIRT will be impacted by factors at the practitioner level and practice level. This application seeks funding to extend our research by inviting 30 dental practices in the Hampton Roads area of Virginia who participated in our previous study to take part in a study of SBIRT adoption, implementation fidelity, and effectiveness. Dental practices agreeing to adopt SBIRT will be randomized to either SBIRT or control (assessment only). Approximately 400 patients meeting screening criteria for alcohol abuse will receive baseline, 3-, 6- and 9-month assessments to evaluate the effectiveness of SBIRT adoption (Aim 1), implementation fidelity (using data from taped hygienist interventions coded for fidelity to motivational interviewing principles). Aim 2: Evaluate the effectiveness of SBIRT protocols (compared to assessment-only controls using a randomized controlled design) to assess the reduction of alcohol use (quantity, frequency measures and frequency of binge drinking) and alcohol-related problems from baseline to 3- and 6- month follow-up intervals. Aim 3: Identify practitioner and practice-level factors associated with fidelity of SBIRT implementation (using data from audio-taped hygienist interventions coded for fidelity to motivational interviewing principles). The first study investigates the predictors of age at first preventive dental visit using Iowa Medicaid claims data for preschool age children who were enrolled in the program within a month of birth in 2004. We will follow these children in the claims database until they have their first preventive dental visit, or turn six years old. Factors previously identified in dental use models will be included in these analyses with the added factor of utilization of well-child visits. We will use survival analyses to model these relationships. Study 2: An evaluation of the effectiveness of earlier FPBVS on the need for dental care at the first visit and the successful completion of treatment plans for Medicaid-enrolled children who sought care at a CHC in Iowa. Chart reviews will be used to find out how the needs of children at the time of their first dental visit and whether FPBS affects outcomes, in particular, the completion of the treatment plan. 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This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students, and is funded by the National Institute of Dental and Craniofacial Research (NIDCR) of the National Institutes of Health (NIH).
The importance of cultural sensitivity and VCU’s mission to serve the people of the state and the nation by providing a fertile and stimulating environment for learning, teaching, research, creative expression, and public service. The EBRO project will partner VCU with several historically black colleges and universities (HBCUs) as collaborative, successful, and nurturing research faculty. The didactic curriculum will introduce students to the intellectual tools needed for a career in biomedical science and the diversity of individuals pursuing careers in biomedical science. Together, we anticipate these activities not only provide EBRO students with insights into career options in biomedical research, but will also inspire them to pursue these options. Given the importance of cultural sensitivity and diversity in all aspects of health services, from the bedside to the laboratory, we believe that EBRO is poised to make a significant impact on minority health disparities by contributing to the diversity of biomedical researchers for the 21st century.

This project is designed to address the high prevalence of dental caries and enamel defects in VLBW children. The project will study 200 VLBW and 200 NBW infants who will be followed at 8 and 18 months corrected age. The proposer will collect data on caries (decayed and filled surfaces), mediating biological variables (enamel hypoplasia and opacity, S. mutans levels) and infant oral health behavior (feeding, diet, oral hygiene practices, and dental access), and independent variables (demographics, parent predisposing, enabling, need characteristics, dental behavioral, biological and child medical factors). Data analysis for testing aims 1 and 2 includes the generalized estimating equations (GEE) models, and a two-stage structural equations model (SEM) for testing the role of mediators in aim 3. The sample size provides 85 to 99% power to compare the two groups in terms of the three study aims. The results of this study will provide critical data to address the knowledge gaps in taking care of VLBW children, and address the clinical implications include prevent further susceptibility to dental decay. It also is of public health interest since interventions to target knowledge, attitude, beliefs, and oral health practices can be implemented in programs for special needs children, and there are different oral and systemic health.

This study will address the role of behavioral factors that can predispose some children to ECC. Dr. Boulware will aim to assess potential institutional, behavioral and clinical mechanisms (awareness and perceived susceptibility to disease, adherence, trust and perceived discrimination, patient-physician communication) through which previously unexplained ethnic/racial disparities in CKD could be explained. She will conduct cross-sectional and longitudinal studies of participants in a multi-center study (Atherosclerosis Risk in Communities Study). In high-risk African Americans (Jackson Heart Study), and high-risk patients in urban clinical settings (collecting data in her proposed ancillary study to an ongoing NIH/NHLBI funded randomized controlled trial of persons with hypertension and diabetes in Maryland). Data include medical history, behavioral factors, and physical examination data and laboratory studies. Analytic methods will include logistic regression, survival analysis, analysis of clustered data, and other longitudinal data analysis techniques. In addition to perform in the conduct of these studies, Dr. Boulware will enhance her research knowledge and skills through advanced coursework, research team meetings, conferences, and seminars in the supportive and multidisciplinary environment of the Welch Center. This award will provide Dr. Boulware with a foundation to launch her independent research career devoted to understanding the reasons behind ethnic/racial disparities in chronic kidney disease (CKD) progression, and addressing ethnic/racial disparities in CKD.
CLINICAL OUTCOMES IN ESRD

implementation of clinical self-care recommendations in patients with end-stage renal disease is not known. Large knowledge gaps exist in understanding the basic mechanisms by which patients incorporate, interpret and apply health-related information in the daily care of complex chronic diseases. My primary long term goals are: 1) to explore the determinants and barriers of self-care behaviors in patients with kidney disease, specifically the role of literacy/numeracy and 2), to systematically develop and evaluate educational interventions targeted for low literacy/numeracy patients to increase participation in self-care and improve clinical outcomes. End-stage renal disease requires intensive management by both provider and patient. In chronic hemodialysis (CHD), patient self-care behaviors include adherence to dietary and fluid restrictions, obtaining prescribed dialysis therapy, vascular access care, adherence to complex medication regimes and management of comorbid diseases. Participation in self-care by CHD patients is often low and has been associated with an increased mortality risk. Low health literacy is common affecting over 90 million people in the U.S., and has been associated with lower knowledge of chronic disease and lower adherence. We hypothesize that literacy and numeracy are important determinants of self-care behaviors and clinical outcomes in CHD patients. The primary research goals of this application are: 1), to develop methods to describe literacy and numeracy skills and associated characteristics of CHD patients, 2), to determine the association of low literacy/numeracy with knowledge, self-efficacy, and participation in CHD self-care behaviors and clinical outcomes, and 3), to evaluate the impact of a provider intervention targeted to patients with low literacy, on self-care behaviors and clinical outcomes. The proposed research will result in fundamental knowledge and new methodology to identify and measure mechanisms and barriers of self-care in CHD patients, which will enable the design and implementation of patient-centered, educational, and adaptive interventions to improve adherence to self-care recommendations. Importantly, this experience will provide the candidate with a new and advanced skills method that will enable her to develop into a successful independent investigator well equipped for significant contributions to improving the care of patients with kidney disease.

3PDK079626-02S1

UB DIABETES RESEARCH AND TRAINING CENTER

GARVEY, W TIMOTHY

UNIVERSITY OF ALABAMA AT BIRMINGHAM

This award is issued in response to Notice OD-08-060, Recovery Act Administrative Requirements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION, OVERALL (provided by applicant): This proposal will establish a new Diabetes Research and Training Center (DRTC) at the University of Alabama at Birmingham (UAB). The immediate goal of the center is to promote excellence in diabetes research. Through these efforts, the center ultimately endeavors to decrease morbidity/mortality and increase quality of life for our diabetes patients, and to provide an outstanding environment for student training and for faculty career development in diabetes research. Our specific aims are to: 1), Facilitate and enhance diabetes research by establishing core technologies expressly required by our investigator base. These technologies will be effectively provided by three biomedical resource cores, Bioanalytical Redox Biology, Animal Physiology, and Human Biology Cores, and two Prevention & Control cores, the Metrics & Health Services Research and Community Engagement Cores. 2) Augment diabetes research via a pilot & feasibility grant program that will emphasize innovation, translation, and career development of highly promising junior investigators. 3) Promote a cohesive collaborative environment for an outstanding multi-disciplinary investigator base, which will enhance learning, collaboration, collegiality, and innovation. 4) Develop and evaluate new models of diabetes patient care that incorporate multi-disciplinary health care teams to improve patient outcomes, provide venues for clinical training, and create laboratories for translational and health services delivery research. 5) Leverage the resolve of UAB leadership, substantial institutional commitments, and generous philanthropy from our community to impel the development of a pre-eminent center of diabetes research excellence in the heart of the deep south. A new DRTC will have a high impact for diabetes research at UAB for several reasons including (i) our patients who have the highest rates of diabetes in the US, (ii) the collaborative and nurturing environment afforded research centers at UAB, and, most importantly, (iii) an outstanding investigator base with diabetes research excellence in human physiology, animal physiology, free radical biology and oxidative stress, inflammation, vascular biology, health disparities, health services, and community based research. Diabetes is both a metabolic and cardiovascular disease, and one strategy employed by the DRTC is to unite metabolic and vascular researchers around these common themes to achieve a better understanding of the mechanisms, prevention, and control of diabetes, diabetes complications, and cardiometabolic risk.

1RC1DK086178-01

FAILURE TO UTILIZE DIABETES HEALTH SERVICES FOLLOWING A REFERRAL

KARTER, ANDREW JOHN

KAISER FOUNDATION RESEARCH INSTITUTE

DESCRIPTION (provided by investigator): This application addresses broad Challenge Area (01) Behavior, Behavioral Change, and Prevention and specific Challenge Topic, 01-DK-103 improved understanding of behavioral and social factors related to non-Adherence in people with diabetes. We propose to study patterns and predictors of diabetes patients' failure to utilize referred health services (e.g., standard lab tests, specialty visits, health education). These preventive health services are particularly important in the care of diabetes given the disease complexity, need for continual monitoring, and frequent intensification. This project will inform policy in two areas of importance to the NIH: (1) how to address poor adherence among patients with diabetes and (2) how to reduce health disparities. Findings will help us better understand the potentially high-cost patients who do not adhere to their diabetes treatment plan despite full access to pre-paid health care and allow identification of barriers to care. The project uses data from an NIH funded study, The Diabetes Study of Northern California (DISTANCE) plus new data captured from the Kaiser Permanente electronic health record (EHR). The study has immediate and longer-term public health implications, given that repeated non-utilization (persistent non-utilization) may adversely affect continuity of care, and increase the risk for serious and costly events. This study is feasible within the two-year time frame of the challenge grant award. The investigator team has demonstrated productivity, combines expertise in adherence and diabetes health services research, and is highly experienced in acquiring and analyzing the data involved. ABSTRACT Poor adherence to a medical treatment plan is a serious public health problem in diabetes. While some aspects of adherence, particularly adherence to medications, have been studied extensively, much less is known about adherence to utilization of referrals for health services (e.g., standard lab tests, specialty visits, health education). These health services are vital in the daily care of patients given the disease complexity, need for continual monitoring, and frequent intensification. Up until now, quality of and access to care have been traditionally assessed from utilization records. An important limitation of such data is that it cannot differentiate between two causes of non-utilization: 1) the healthcare provider did not offer the care (by prescription or referral) versus 2) non-utilization of offered care. While healthcare providers may assume that their patients will use a health service following a referral, it is virtually unknown to what extent patients fail to do. Under-utilization in certain subgroups, particularly among minority and socioeconomic disadvantaged patients, has been largely attributed to social disparities in access rather than under-utilization of offered care (i.e., inadequate access). While resources are needed to increase access for vulnerable and vulnerable populations, we must consider that there are also sub-optimal uptakes of offered services even where access is not at issue. In this study, we take advantage of the electronic health record (EHR) system which captures

$786,000

$250,040
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<tr>
<th>Project Number</th>
<th>Project Title</th>
<th>Principal Investigator</th>
<th>Performing Organization</th>
<th>Abstract</th>
<th>Total Cost</th>
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<tr>
<td>3U01DK061021-00S1</td>
<td>LIMITED COMPETITION: CHRONIC RENAL INSUFFICIENCY COHORT (CRIC) STUDY</td>
<td>RAHMAN, MAHBOOB</td>
<td>CASE WESTERN RESERVE UNIVERSITY</td>
<td>This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Between 2003-2007, the prospective Chronic Renal Insufficiency Cohort (CRIC) Study enrolled &gt;5400 adults with chronic kidney disease to address overarching goals of identifying predictors of rapid progression of kidney disease and clarifying the relationship between kidney dysfunction and the risks of subclinical and clinical cardiovascular events, death, and resource utilization through an initial 5 year follow-up. The proposed CRIC-2 extended follow-up through 2013 offers a unique opportunity to leverage the existing effort and success of CRIC-1 to establish a large long term prospective follow-up on progression of kidney disease and a variety of different outcomes. This unparalleled resource will also expand the science related to chronic kidney disease research as well as the adverses events (specifically those to be addressed by the University of Pennsylvania Clinical Center) are: 1. To re-enroll a high percentage of CRIC Phase 1 participants into Phase 2 of CRIC 2. To collect exposure and outcome data per the CRIC Phase 1 and 2 protocols. 3. To maintain high levels of retention in the study. 4. To investigate self-reported clinical events and obtain supporting medical records and documentation. 5. To enter data and process audit biological specimens. 6. To implement local quality assurance and quality control procedures as a means to obtain standardized, high quality measurements. 7. To monitor data collection, data entry, and follow-up. 8. To participate in governance and oversight of the CRIC Study through study wide subcommittees and activities. 9. To publish and present findings from the CRIC Study. 10. To promote and support the conduct of ancillary studies in CRIC, including collaboration with the broader nephrology research community. In this way we will outline how our site has fulfilled its obligation in phase 1, how it has contributed in particular to ancillary studies in CRIC.</td>
<td>$120,472</td>
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<td>3U01DK060984-00S1</td>
<td>PROSPECTIVE RENAL INSUFFICIENCY COHORT EVALUATION: PRICE</td>
<td>TOWNSEND, RAYMOND R</td>
<td>UNIVERSITY OF PENNSYLVANIA</td>
<td>This project is in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Understanding Disparities in Obesity and Its Comorbidities in the U.S. Obesity/overweight has become a public health crisis in the U.S., and currently affects 2/3 of adults and 1/3 of children. Obesity can serve as a good indicator of unhealthy lifestyles such as unhealthy diet and inadequate physical activity (PA), two key modifiable risk factors for many chronic diseases including Type 2 diabetes (T2D) and hypertension (HBP). National data show large ethnic/SES disparities in obesity, T2D, HBP and healthcare. Obesity is believed as the result of a large number of biological, behavioral, social, environmental and economic factors and the complex interactions between them that promote a positive energy balance. The determinants of these disparities are still poorly understood. Many speculations have been made regarding the major contributors based on a growing body of literature, which has focused largely on individual factors such as SES, body image, and lifestyle factors and in some recent studies regarding selected community characteristics. Our understanding of the relative contribution of these factors, the interplay between them, and the social, economic and environmental context on individual level behaviors is limited. Our proposed 3-year study is a systematic investigation based on data collected from national surveys, large cohort studies and other sources and aims to understand the causes of ethnic/SES disparities in obesity and its co-morbidities (T2D and HBP) as well as the related health care in the U.S. Both adults and children. We will use an interdisciplinary approach to study the determinants at the individual-, family-, and community-level using several sophisticated statistical methods: Aim 1: To study the modifiable determinants of ethnicity/SES disparities in obesity and main co-morbidities. We will study the contributions (in absolute and relative terms) of risk factors at the individual-, family-, and community-level, including psychosocial, behavioral, environmental, economic, and policy factors. Aim 1a: Study the contribution of individual-level (e.g., diet, PA, SES, social support, psychosocial factors), and family-level variables (e.g., SES, family support, family routines). Aim 1b: Study the association between parents and their children in diet, PA, and weight status); Aim 1c: Study the contribution of social context factors (e.g., food outlets, fitness facilities, food prices, community characteristics, school PE and recess policies.</td>
<td>$143,136</td>
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<tr>
<td>1R01DK081335-01A1</td>
<td>UNDERSTANDING DISPARITIES IN OBESITY AND ITS COMORBIDITIES IN THE US</td>
<td>WANG, YOUDA</td>
<td>JOHNS HOPKINS UNIVERSITY</td>
<td>DESCRIPTION (provided by applicant): Understanding Disparities in Obesity and Its Comorbidities in the U.S. Obesity/overweight has become a public health crisis in the U.S., and currently affects 2/3 of adults and 1/3 of children. Obesity can serve as a good indicator of unhealthy lifestyles such as unhealthy diet and inadequate physical activity (PA), two key modifiable risk factors for many chronic diseases including Type 2 diabetes (T2D) and hypertension (HBP). National data show large ethnic/SES disparities in obesity, T2D, HBP and healthcare. Obesity is believed as the result of a large number of biological, behavioral, social, environmental and economic factors and the complex interactions between them that promote a positive energy balance. The determinants of these disparities are still poorly understood. Many speculations have been made regarding the major contributors based on a growing body of literature, which has focused largely on individual factors such as SES, body image, and lifestyle factors and in some recent studies regarding selected community characteristics. Our understanding of the relative contribution of these factors, the interplay between them, and the social, economic and environmental context on individual level behaviors is limited. Our proposed 3-year study is a systematic investigation based on data collected from national surveys, large cohort studies and other sources and aims to understand the causes of ethnic/SES disparities in obesity and its co-morbidities (T2D and HBP) as well as the related health care in the U.S. Both adults and children. We will use an interdisciplinary approach to study the determinants at the individual-, family-, and community-level using several sophisticated statistical methods: Aim 1: To study the modifiable determinants of ethnicity/SES disparities in obesity and main co-morbidities. We will study the contributions (in absolute and relative terms) of risk factors at the individual-, family-, and community-level, including psychosocial, behavioral, environmental, economic, and policy factors. Aim 1a: Study the contribution of individual-level (e.g., diet, PA, SES, social support, psychosocial factors), and family-level variables (e.g., SES, family support, family routines). Aim 1b: Study the association between parents and their children in diet, PA, and weight status); Aim 1c: Study the contribution of social context factors (e.g., food outlets, fitness facilities, food prices, community characteristics, school PE and recess policies.</td>
<td>$574,167</td>
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<td>1RC1ES018120-01</td>
<td>AFRICAN AMERICANS AND ENVIRONMENTAL CANCERS. SHARING HISTORIES TO BUILD TRUST</td>
<td>MIRANDA, MARIE LYNN</td>
<td>DUKE UNIVERSITY</td>
<td>DESCRIPTION (provided by applicant): This proposal responds to the (09) Health Disparities broad challenge area and the specific challenge topic: Building Trust Between Researchers and Communities Through Capacity Building in Environmental Public Health (09-ES-101). African Americans have the highest overall cancer death rate and shortest survival of any racial and ethnic group in the US. These disparities are accentuated in the American South. For example, the US breast cancer death rate is 23.0 (per 100,000) for Caucasian women, as compared to 34.3 for African American women. The NC breast cancer death rate is 27.2 and 38.0 for Caucasian and African American women, respectively, and in our study area, Durham County, the breast cancer death rate is 27.5 for Caucasians and 42.0 for African-Americans. The causes of these inequalities are complex, but at least in part, from disparities in income, education, nutrition, and access to healthcare. These factors all increase the likelihood of exposure to environmental carcinogens, which may contribute to increased cancer mortality among African Americans. The central objective of this proposal is to advance the partnership between the Sisters Network and Duke to address community concerns regarding environmental contributors to cancer disparities among high-risk African American families. Our specific aims are to: 1) develop a team and a framework for understanding the cancer dynamics in Durham County, NC as they relate to environmental contributors to cancer as a health endpoint. 2) deploy community health workers to inventory the exposure, diet, ethnic, and social history among 300 high-risk African American families. 3) develop family-based models of environmental public health action directed at cancer health endpoints. This project leverages and promotes ongoing relationships between Duke University and the Triangle Chapter of Sisters Network, Inc. The proposal brings together the expertise of oncologists, environmental scientists, geographers, patient navigators, and community organizations. This approach holds promise for addressing environmental public health concerns regarding breast and other cancers locally and in other geographic regions. In addition, the proposal will build trust between the African American community and the health care system through a collaborative model of listening, learning, and outreach. The proposed work is reflective of Duke’s commitment to work collaboratively with the community to place knowledge in service of society and to foster strong interdisciplinary research programs in environmental health sciences and health care systems.</td>
<td>$454,137</td>
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<td>3R2GM083270-02S1</td>
<td>ADVANCING THE CULTURE OF PHD LEARNING AND INSTRUCTION IN BIOLOGY AND HEALTH SCIEN</td>
<td>CAMPBELL, ANDREW</td>
<td>BROWN UNIVERSITY</td>
<td>This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): The IMSD Program in Brown University’s Division of Biomedical and Medicine will significantly increase the number of underrepresented minority (URM) Ph.D. students trained for careers in basic biomedical and public health research. Efforts already initiated have doubled our percentage of URM students in the past three years. This IMSD Program is projected to again double (to 20%) the URM population in the Division’s 10 doctoral programs. The IMSD grant will fund 5-7 doctoral students per year for up to two years. First year students will be appointed via a selective process and provided with the necessary support, advising, mentoring, and developmental tools to overcome deficiencies in academic preparation or other disadvantages and successfully attain a PhD. The PI will oversee continuous and detailed evaluation with internal and external oversight to permit assessment of progress toward goals, the ability to adjust strategy as needed, and provide incentives for advancing a culture of diversity within Ph.D. training. These specific aims are proposed: (1) Enhance and expand strategic partnerships with institutions that are minority-serving or train large numbers of URM students. In addition to new partnerships, we will improve our long-standing relationships with the Leadership Alliance and Brown-Tougaloo Program, and develop relationships with professional organizations serving the academic interests of URM students. (2) Implement a Multifaceted Personalized Educational Program for IMSD Scholars that provides a continuous-to-degree advising and support structure empowering students to develop their full potential. The program core is a menu of training modules aimed specifically for IMSD Scholars. Seminars, EMSD and Student-faculty advising, student-faculty compacts, an interactive program website, and an annual retreat with external and internal advisors provide integration and continuity with this program. All IMSD faculty trainees have federal funding and a record of successfully mentoring URM trainees. (3) Improve and retain Ph.D students in fossil energy by raising awareness of the benefits faculty mentors and their research programs derive from Ph.D. training. Aims:uí (a) Increase outreach efforts directed at cancer health endpoints. This project leverages and promotes ongoing relationships between Duke University and the Triangle Chapter of Sisters Network, Inc. The proposal brings together the expertise of oncologists, environmental scientists, geographers, patient navigators, and community organizations. This approach holds promise for addressing environmental public health concerns regarding breast and other cancers locally and in other geographic regions. In addition, the proposal will build trust between the African American community and the health care system through a collaborative model of listening, learning, and outreach. The proposed work is reflective of Duke’s commitment to work collaboratively with the community to place knowledge in service of society and to foster strong interdisciplinary research programs in environmental health sciences and health care systems. The proposed IMSD program will double the number of URM students entering Ph.D. training in biology and public health at Brown University through proven training, retention/advising and assessment strategies that involve strong leadership, internal and external advisory oversight, and strong institutional commitment.</td>
<td>$161,464</td>
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<td>3SCGM038760-02S1</td>
<td>UNDERSTANDING FEMALE PARTNERS OF BISEXUAL MEN: IMPLICATIONS FOR HIV/STD RISK</td>
<td>HARAWA, NINA THAWATA</td>
<td>UNIVERSITY OF MED &amp; SCI</td>
<td>This award is issued in response to Notice DD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): In the United States, the reported rates of new HIV diagnoses among black and Hispanic women are, respectively, 20 and 5.4 times that of white women. A greater tendency toward bisexual behavior and non-gay identification among black and Hispanic men who have sex with men (MSM) than among white MSM is thought to contribute to the large racial/ethnic disparities in HIV/AIDS observed among women; however, nearly nothing is known about the female partners of behaviorally bisexual men. Furthermore, many HIV-infected women are considered heterosexual-risk women because they do not fit into an HIV transmission category other than sex with a male of unidentified risk. We propose a two-phase study to better understand HIV risk among women of color by identifying predictors of sex with bisexual and unidentified risk men and exploring psychosocial issues surrounding and correlates of these sexual partnerships. This research will be carried out among African-American and Latina females recently tested for HIV in publicly funded test sites in Los Angeles County. In Phase I, a matched case-control analysis will be carried out using secondary data to identify predictors of having had sex with a bisexual man or of being diagnosed HIV-antibody positive with unidentified heterosexual risk. In Phase II, recently tested women will be recruited and interviewed, including 30 who report bisexual male partners and 20 HIV-infected women with unidentified sexual risk. The in-depth semi-structured interview will examine psychosocial factors surrounding sexual relationships with, including known bisexual, potentially bisexual, and presumed heterosexual men and explore (1) the range of relationship types characterizing women’s relationships with these men; (2) attitudes regarding gender roles and desired partner traits; (3) how and when participants became aware of their partners’ bisexuality and how this awareness influenced their HIV risk perception; (4) how HIV-antibody positive women with unidentified risk perceive they and their partners were infected; and (5) participants’ attitudes and behaviors regarding health-related research, health care, and STD/HIV prevention. Interview transcripts will be analyzed using a consensual qualitative research approach to identify major themes and generate hypotheses and survey items for a larger quantitative interview study comparing women reporting sex with a bisexual male to women who do not believe that they have had sex with a bisexual man. They will also help direct prevention resources and guide HIV prevention intervention approaches among women of color.</td>
<td>$96,575</td>
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<td>3K2GM076652-04S1</td>
<td>RANDOMIZED CLINICAL TRIAL OF A LESS-INVASIVE RESUSCITATION PROTOCOL FOR SEPSIS</td>
<td>JONES, ALAN E</td>
<td>CAROLINAS MEDICAL CENTER</td>
<td>This award is issued in response to Notice DD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This proposal details a structured mentored training program in patient-oriented clinical research. The PI has completed a residency in emergency medicine and a clinical research fellowship and is seeking this award to complete an intensive experience of mentored research training and research didactic education to achieve the career goals of 1) achieving independent research funding for the purpose of 2) conducting significant investigations in the area of emergency department (ED) treatment of severe sepsis and septic shock. This project includes a 5 year clinical trial with three distinct phases of training including: 1) Mentoring - Dr. Jeffrey Kline is the project mentor. He is an NIH-funded investigator who will assure timely and effective application of the knowledge gained through coursework and research experience. Other mentors include a career development mentor, an external project mentor, and a statistical mentor; 2) Didactics - A Masters of Science in Clinical Epidemiology and Health Services Research will be obtained and this degree will significantly enrich the methodological knowledge base and research skills initiated in the PI’s research fellowship; 3) Investigation - The research program in this award seeks to test the hypothesis that a less-invasive goal-directed resuscitation protocol is equivalent to a fully invasive goal-directed resuscitation protocol in ED patients with severe sepsis and septic shock. Sepsis is a major public health crisis whose incidence is increasing by 1.5% per annum, results in 215,000 deaths per year and costs the United States $16.7 billion dollars in health care resources per year. Previous work has suggested that fully invasive goal-directed resuscitation in the ED could substantially reduce the in-hospital mortality and hospital resources in severe sepsis and septic shock. Unfortunately the protocol is complicated, invasive and expensive. In a randomized clinical trial we will compare for hospital mortality equivalence this fully invasive protocol to a less-invasive protocol by replacing central venous oximetry measurements with lactate clearance measurements. The relevance of this project lies in its benefit to public health of providing a less-invasive resuscitation protocol that will be cheaper and thus more accepted and applied to clinical practice. This will potentially result in saving thousands of lives per year and reduce the cost of care for septic patients.</td>
<td>$101,430</td>
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**National Institute of Mental Health (NIMH)**

| Project Number | Project Title | Principal Investigator | Performing Organization | DESCRIPTION (provided by applicant): The primary goal of the Idaho Partnership for Hispanic Mental Health phase one planning project is to reduce disparities in mental health treatment among Hispanics in southwestern Idaho, who are primarily an immigrant population of Mexican origin. The project’s first step will be to conduct a community assessment which will: 1) further develop Hispanic’s perceptions and beliefs about mental illness, and behaviors and preferences regarding mental health treatment, and 2) assess southwest Idaho’s mental health provider organizations’ knowledge, attitudes, and practices regarding their services to Hispanic individuals, and gaps in service access and provision for Hispanics. As barriers to Hispanics access and use of mental health services are already well-documented, the purpose of this community assessment will be to inform the improvement of mental health service delivery. The project will use a community-based participatory research approach. Project partners include Mountain States Group, the University of Washington, Center for Comunidad y Justicia, Dr. Al Sanchez (Hispanic mental health consultant), and an existing Hispanic Health Community Advisory Board. Strong equitable partnerships between the research organizations and the Hispanic community have already been established. All have been participating in formulating the proposal’s research design, which includes studies of Hispanic’s perceptions and beliefs about mental health services interventions, and a second for conducting mental health service provider training to improve their knowledge and competencies, policies, and practices in working with the Hispanic community. Phase one activities will lead to the submission of a full research proposal to implement the recommendations. PUBLIC HEALTH RELEVANCE: To work effectively, health care providers need to understand the differences in how various populations in the United States perceive mental health and mental illness treatment. Findings will be used to improve the cultural relevance, responsiveness, and accessibility of community-based and culturally appropriate mental health services interventions, and a second for conducting mental health service provider training to improve their knowledge and competencies, policies, and practices in working with the Hispanic community. Phase one activities will lead to the submission of a full research proposal to implement the recommendations. PUBLIC HEALTH RELEVANCE: To work effectively, health care providers need to understand the differences in how various populations in the United States perceive mental health and mental illness treatment. 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Catalac: Community Intervention in Hispanic Communities

Project Title: Evidence-Based Assessment for Low-income Aged Consumers

Principal Investigator: Arean, Patricia A.

Organization: University of California, San Francisco

Abstract: This project focuses on developing a community-based mental health services for southwest Idaho Hispanics.

Total Cost: $142,777

Bipolar Illness Prevention: Service Delivery for underserved communities

Project Title: Intervention for Older Adults with Depression and Mild Cognitive Impairment

Principal Investigator: Bowden, Charles Lee

Organization: University of Texas Health Science Center, San Antonio

Abstract: This project seeks to develop an intervention for older adults with depression and mild cognitive impairment.

Total Cost: $256,820

Effectiveness of a Depression Care Intervention in Home Healthcare

Project Title: Evaluation of a Depression Care Intervention in Home Healthcare

Principal Investigator: Bruce, Martha L.

Organization: Well Medical College of Cornell University

Abstract: This project aims to evaluate the effectiveness of a depression care intervention in home healthcare.

Total Cost: $172,655
five participating home healthcare agencies have demonstrated commitment to the research partnership and have already trained their staff in Cornell's Training in the Assessment of Depression (TRIAD). A total of 100 nurses will be randomized by pre-existing teams to CAREPATH or usual care. The impact of CAREPATH on Depression Treatment will be tested with all eligible patients (N=1,000) using data collected routinely by all participating agencies as these are the kinds of data that agencies typically use for quality assurance. Depressive Symptoms outcomes will be tested using the Hamilton Depression Rating Scale (HDRS) collected by researcher staff from (N=500) patients who consent to in-person baseline and telephone follow-up interviews at 12 and 24 weeks. If effective, the CAREPATH intervention could reduce the rates of untreated depression among elders who use homecare. At the agency level, CAREPATH could be sustained by the participating agencies and disseminated to other interested homecare agencies nation-wide. Project Narrative: This clinical services research will test the effectiveness of a homecare depression intervention (CAREPATH) to improve depression treatment and outcomes among medically compromised older adults (age=65). If effective, the intervention could reduce the rates of untreated depression among elders who use homecare. In addition, the CAREPATH intervention could be sustained by the participating homecare agencies and disseminated nation-wide.

1R34MH082043-01A1 LATINO MEN AND DEPRESSION: AN EXPLORATORY STUDY OF HELP-SEEKING BEHAVIOR

CARDEMIL, ESTEBAN

CLARK UNIVERSITY (WORCESTER, MA)

DESCRIPTION (provided by applicant): Depression is one of the most prevalent and disabling psychiatric disorders, and evidence suggests that low-income minority males may be at particularly high risk for experiencing the disorder. However, utilization of formal mental health services is very low in this population, especially among less acculturated or recent immigrants. Latino men may be especially at risk for underutilizing services, due to both their minority status and the impact of masculine gender norms that prescript seeking help for problems in living. Given the rapidly increasing growth in the Latino population in the US, it is critical for researchers to clarify barriers to treatment utilization in Latino men. To date, no research has examined the cultural and gender-related variables that predict attitudes towards mental health treatment and treatment-seeking behavior in this population. We propose to conduct the first systematic investigation of the culture- and gender-based psychological variables underlying the underutilization of depression treatment by low-income, Latino men. The long-term goal of this research is to identify specific ways in which current treatments can be modified or enhanced to make them more appealing and relevant to these men, ultimately improving the use of care by these men. This study will utilize quantitative and qualitative methodology and will target a sample of low-income Latino men experiencing clinically significant symptoms of depression. The quantitative portion will consist of 120 Latino men (60 who are currently in treatment, and 60 who are not) who will complete interview and self-report assessments at two time points measuring a variety of predictors of treatment-seeking behavior, including attitudes toward mental health treatment, stigma, and perceived barriers to care. In addition, a central focus of the quantitative portion will be to measure culture- and gender-based psychological variables that we predict will be associated with the more proximal predictors of treatment-seeking behavior. The qualitative portion will consist of individual interviews with approximately 24 Latino men and will focus on understanding the processes by which decisions to seek treatment for depression are made, and the role that culture and gender play in the treatment-seeking process. The specific research aims of this investigation are: (1) To understand how low-income Latino men conceptualize depression, coping with depression, and depression treatment (2) To identify and understand the facilitative factors and barriers that low-income Latino men experience when considering seeking treatment for depression (3) To explore the ways that specifically cultural and gender-based psychological variables influence depression treatment-seeking in low-income Latino men (4) To develop a preliminary model of how culture and gender-related variables influence the ways in which low-income Latino men interpret depressive symptoms and choose to seek or not seek treatment (5) Depression is one of the most prevalent and disabling psychiatric disorders, yet treatment utilization rates remain very low, especially among low-income minorities. Latino men are at a particularly heightened risk for not seeking mental health services when needed. This study is designed to clarify reasons why many low-income Latino men do not seek help when they are depressed; thus providing the groundwork for improved services for this high risk group.

$298,434

1R1MH082813-01A1 MODELING OFFICER-LEVEL EFFECTS OF CIT TRAINING

COMPITON, MICHAEL T

EMORY UNIVERSITY

DESCRIPTION (provided by applicant): In Crisis Intervention Team (CIT) training, police officers participate in 40 hours of specialized training provided by local mental health professionals, family members/advocates, and mental health consumer groups. Upon completion of the training, these officers serve as specialized first-line responders for calls involving people with serious mental illnesses (SMI). The CIT model also supports partnerships between psychiatric emergency services and police departments, increasing the likelihood that people in psychiatric crisis will be taken to medical facilities rather than jails. The proposed study was developed in response to a prominent dearth of research on CIT, even though it is being implemented widely in numerous municipalities across the U.S. This research, which will build on the PI's ongoing CIT research, will examine the ways in which CIT training may ultimately lead to improved patient- and system-level outcomes by addressing the crucial issue of officer-level outcomes of CIT. This research will be a first step toward understanding how this collaborative model works and will set the stage for research that could have major implications for people with SMI who often interact with law enforcement/criminal justice systems. This project will compare CIT and non-CIT officers and test two complementary models of effects of CIT-the Theory of Planned Behavior (TPB) and the novel Model of Officer-Level Effects of CIT (MOLEC). The specific aims of the research are: Aim 1: To design, adapt, and study the psychometric properties (i.e., reliability, validity) of a number of measures developed specifically for use with police officers; Aim 2: To evaluate the utility of the TPB, the exploratory MOLEC model, and a combined model, in explaining intentions to facilitate mental health referrals and de-escalation skills of 250 CIT vs. 250 non-CIT officers; and Aim 3: To examine the effectiveness of the CIT program in facilitating actual mental health referrals by comparing reports of encounters with individuals with suspected SMI and appropriateness of referrals in CIT vs. non-CIT officers over 6 months. Months 1-6 will be dedicated to careful instrument development/standardization, engagement of police departments, preparation for recruitment and data collection, and testing of instrument reliability/validity. Months 7-30 will include in-depth cross-sectional and 6- week longitudinal data collection, database development, and data entry. Months 31-36 will involve data analysis and dissemination of findings to various relevant audiences. Ultimately, this research may elucidate how the mental health and law enforcement communities can collaborate to improve the health of individuals living with SMI by reducing criminalization and enhancing access to mental health services. PUBLIC HEALTH RELEVANCE: The public health importance of the proposed research is substantial given the nationwide problem of criminalization of mental illnesses resulting in incarceration of people with serious mental illnesses for minor infractions, which delays or precludes the provision of recovery-oriented mental health services. By studying officer-level effects of Crisis Intervention Team (CIT) training, collaborations between law enforcement and people with serious mental illnesses may be able to lead safer, healthier lives supported by mental health treatment services rather than being entangled in the criminal justice system.

$727,136
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<th>Principal Investigator</th>
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<td>1R1MH083088-01A1</td>
<td>USING A COMMUNITY BASED PARTICIPATORY RESEARCH APPROACH TO EXAMINE FAMILY SUPPORT</td>
<td>COOK, JAMES R ; KILMER, RYAN P.</td>
<td>UNIVERSITY OF NORTH CAROLINA CHARLOTTE</td>
<td>DESCRIPTION (provided by applicant): The long-range objectives of this project are to improve family functioning and reduce disparities in mental health services and outcomes through the development of a sustainable research partnership among family support providers and university researchers. Building upon existing partnerships among community agencies and university faculty in a developing System of Care (SOC) for children with severe emotional disturbance (SED) and their families, this project will build the capacity of family support programs to collect and manage data, enabling research to document the impact of family support activities. This research can inform practice and reduce disparities in access to and receipt of services among underserved groups, and help build an evidence base for family support, particularly when provided by paraprofessionals. It has strong potential for expanding to examine a wide array of family support programs offered by schools, faith-based organizations, and nonprofits. Family support programs have been found to have modest effects on children and families (Layser et al., 2001). Since these programs continue to be encouraged as components of SOC initiatives supported through both SAMHSA and the Children's Bureau, knowledge of their impact on children and families is critically important. A community-based participatory research (CBPR) approach will be used to study family support, and local organizations will develop the capacity to identify research questions, collect and manage reliable and valid data about service provision and outcomes, implement program elements consistently, analyze and interpret results, and translate information gained via evidence-based action. This project builds upon existing university-community assets: 1. Strengthen local infrastructure to support family support organizations and family members’ active involvement in CBPR. The partnership will build upon existing local resources to facilitate CBPR examining family support. 2. Examine the impact of family support on child and family team (CFT) meeting processes and family functioning. Within both mental health and child welfare contexts, two multi-method pilots will examine the impact of family support activities within a community SOC initiative, assessing the effects of family mentoring and support on the implementation of CFT processes, the plans developed in them, the services received by families, and the impact of family support programming on child and family well-being. PUBLIC HEALTH RELEVANCE: Relevance to Public Health Although family support programs have become important components of Systems of Care, within both public mental health and child welfare systems, these programs, particularly when run by paraprofessionals, have been relatively understudied. It is important to identify the characteristics and components of family support programs that can best benefit families. This project will evaluate the impact of these programs to build a high evidence base that can inform and improve practice and, crucially, address disparities in mental health services and outcomes.</td>
<td>$216,000</td>
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<td>1R1MH088454-01</td>
<td>THEORY-DRIVEN MIXED-METHODS EVALUATION OF PTSD TREATMENT IMPLEMENTATION IN VA RES</td>
<td>COOK, JAMIN M</td>
<td>YALE UNIVERSITY</td>
<td>DESCRIPTION (provided by applicant): This application addresses broad Challenge Area (15) Translational Science and specific Challenge Topic (15b) Strategies to Support Uptake of Interventions within Clinical Community and Settings. Implementation of evidence-based treatments into mental health service settings is a major priority for improving the quality of services and outcomes for patients. Studies of strategies to promote evidence-based practices among VA PTSD treatment providers are an urgent necessity due to influx of over a million soldiers returning from wars in Iraq and Afghanistan and a recent unexpected flood of Vietnam Veterans entering treatment. If inadequately treated, PTSD can become a chronic disorder contributing to substantial psychological and physical impairments, as well as social and occupational disabilities. This application proposes to evaluate two national roll-out of evidence-based treatments in Department of Veterans Affairs (VA) residential Posttraumatic Stress Disorder (PTSD) treatment programs (N= 40) within a theory-driven, empirically-based, multi-level dissemination and implementation framework. The overarching goal is to characterize and assess the implementation of the two evidenced-based psychotherapies for PTSD, Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). The investigation will measure contextual factors likely to impact implementation, with particular emphasis placed on clinicians’ perceived characteristics of the therapies, environmental support, social networks and peer opinion leaders. The proposed study will be conducted in partnership with the Northeast Posttraumatic Stress Disorder Program Evaluation Program (NEPPEC), which oversees the dissemination of PE and CPT nationwide, and the National Center for PTSD (NC PTSD), which oversees the dissemination of PE and CPT nationally among VA providers. We plan to extend the dissemination program evaluation efforts of the NC-PTSD by adding quantitative and qualitative assessments of over 250 mental health providers in residential PTSD treatment settings through online self-administered questionnaires, semi-structured interviews and on-site observation. Implementation outcomes will include full, partial and modified adoption by programs and individual providers, as well as outcomes. Capitalizing on existing NEPPEC patient outcome monitoring, the effect of implementation of PE and CPT can be examined in terms of Veterans’ PTSD symptoms, substance abuse, violent behavior, employment and satisfaction with treatment. This application proposes to examine roll-out of two evidence-based psychotherapies, Prolonged Exposure and Cognitive Processing Therapy, in Department of Veterans Affairs (VA) residential Posttraumatic Stress Disorder (PTSD) treatment programs (N= 40) within a theory-driven, empirically-based, multi-level dissemination and implementation framework. The VA is the nation’s largest health care organization. Studying the process and outcome of PE and CPT implementation in VA practice is an urgent public health necessity and likely has the potential to advance knowledge about effective implementation strategies for improving the uptake of evidence-based treatments in other federally-funded mental health systems.</td>
<td>$426,438</td>
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<td>3R01MH081016- 01A1S1</td>
<td>DETECTION AND CARE FOR DEPRESSION IN THE PERIPARTUM</td>
<td>COYNE, JAMES C</td>
<td>UNIVERSITY OF PENNSYLVANIA</td>
<td>This award is issued in response to Notice OD-09-660, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Detection and Care for Depression in the Perinatal Period Major depressive disorder (MDD) among women in pregnancy and the postpartum can have profoundly negative implications for women, fetal, infant, and child development; and the larger family. This mixed method study examines the detection and treatment of depression in a sample of high-risk women recruited during their first trimester at one of two prenatal care sites: predominantly white, married, insured population and the other a predominately African-American, unmarried, Medicaid population. The overarching goal is to identify influences on access and barriers to care for MDD in pregnancy and postpartum. Such influences include not only institutional, financial, provider, and practical issues, but other evidenced-based avoid treatment due to personal and cultural attitudes about depression, engagement with the medical system, competing priorities, and difficulties maintaining a focus on personal mental health during pregnancy and early motherhood, particularly for disadvantaged women. The research involves identifying a group of approximately 1600 women, half at high risk for MDD based on history of MDD, treatment for MDD, or current depressive symptomatology. These women will be assessed twice in pregnancy and twice postpartum for emergence of MDD. When these women meet criteria for MDD, they will be entered into a treatment monitoring protocol. This protocol involves systematically assessing symptom level, evidence of help-seeking, the detection of depression and offering of treatment by health providers, interactions with the health system, and the</td>
<td>$51,912</td>
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initiation of treatment and follow-up care for depression. A targeted and purposefully selected subsample of these women will also receive qualitative interviews to provide a more nuanced, comprehensive understanding of their responses to the quantitative assessments. Finally, a sample of maternal care providers will be interviewed to understand the provider’s perspective on the process of identifying and obtaining treatment of depression. Results will inform how design, implementation, and uptake and effective use of enhancements of care for depression in the peripartum period must be based on a realistic understanding of the full range of factors affecting the accessibility and acceptability of care and how these factors vary with the circumstances of women. This project examines the rates of detection of depression, quality of treatment received and outcomes achieved, and moderating factors of these in more than 1600 high-risk women recruited during their first prenatal visit. Results will show how design, implementation, and, importantly, uptake and effective use of enhancements of care for depression in the peripartum must be based on a more realistic understanding of the full range of factors affecting the accessibility and acceptability of care and how these factors vary with the circumstances of women.

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<td>3K01MH079343-03S1</td>
<td>PTSD AND DUAL DISORDERS AT THE INTERFACE OF THE MH AND CJ SYSTEMS</td>
<td>CUSACK, KAREN J</td>
<td>UNIVERSITY OF NORTH CAROLINA CHAPEL HILL</td>
<td>This award is issued in response to Notice DD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This R01 application presents a career development plan for research on posttraumatic stress disorder (PTSD) and comorbid substance use disorder (SUD) and serious mental illness (SMI) for individuals involved in the criminal justice system. There is an increasing demand for programs that can effectively address the needs of mentally ill persons who cycle in and out of the criminal justice system, yet little is known about the comprehensive needs of these clients and how to intervene in a way that balances costs and benefits. A growing body of research identifies PTSD and comorbid SUD as highly prevalent yet largely overlooked problems among people with SMI served in the criminal justice system. Although limited research suggests a higher prevalence of traumatic victimization and SUD in jail populations, research exploring the prevalence of PTSD/SUD and its relationship to other mental health and criminal justice outcomes is currently lacking. The proposed R01 application complements the background of the investigator in developing PTSD training programs for peer supports in criminal justice systems and populations, randomized clinical trials, economic and advanced statistical analysis, and substance abuse. The research plan will use a mixed methods approach to acquisition of data to address questions relevant to the treatment of individuals with dual disorders in the criminal justice system. Two studies will be undertaken: (1) assessing the prevalence of PTSD/SUD among people with SMI in criminal justice diversion programs and testing whether PTSD is a primary mechanism responsible for the association between trauma, substance abuse, and SMI; and (2) carrying out a pilot feasibility study in a local jail diversion program using a modified CBT treatment for PTSD/SUD with mentally ill offenders. Based on findings from these two preliminary studies a R01 application will be developed to test the effectiveness and cost-effectiveness of an integrated intervention to treat trauma, SUD, and mental health in jail populations.</td>
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<td>1RC1MH089757-01</td>
<td>MENTAL HEALTH FIRST AID FOR COLLEGE STUDENTS: A MULTI-DIMENSIONAL CONTROL T</td>
<td>EISENBERG, DANIEL</td>
<td>WESTERN INTERSTATE COMMISSION HIGHER ED</td>
<td>DESCRIPTION (provided by applicant): This application addresses Broad Challenge Area (15): Translational Research Challenge Area, and specific Challenge Topic (15-MH-106): Mental Health Programs Designed for College Students with Mental Health. Most college students with mental health disorders do not receive treatment, and over 80% of those who die by suicide have never had contact with campus mental health services. Knowledge, stigma, and other health beliefs represent significant barriers to help-seekin</td>
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<td>1R34MH082004-01A2</td>
<td>ENGAGING HOMELESS YOUTH IN VOCATIONAL TRAINING TO MEET THEIR MENTAL HEALTH NEEDS</td>
<td>FERGUSON, KRISTIN M.</td>
<td>UNIVERSITY OF SOUTHERN CALIFORNIA</td>
<td>DESCRIPTION (provided by applicant): More than 2 million children and youth in the U.S. are homeless at some time each year. Once on the streets, homeless youth frequently rely on high-risk survival behaviors to meet their basic needs. Compounding these high-risk behaviors, these youth also have histories of depression, low self-esteem, trauma, substance abuse, and physical and sexual abuse. Despite the myriad mental health issues homeless youth confront, their rates of engagement in existing services are limited. To date, the field lacks a recruitment protocol for engaging and retaining homeless, street youth in vocational and mental health services. The overall goal of this PAR-06-248 R34 proposal is to enhance the engagement and retention of homeless youth in our previously piloted and refined Social Enterprise Intervention (SEI), a vocational intervention integrated with clinical services, specifically designed for homeless, street youth with mental illness, high-risk behaviors and limited service engagement. The SEI seeks to improve street youth’s engagement and retention in vocational and mental health services, and to increase their social support, life satisfaction, service utilization, and mental health and functional status through peer mentoring, life skills training, clinical services and harm-reduction strategies. The specific aims of our study are to: 1) develop and implement a peer-based service engagement protocol with homeless youth; 2) develop strategies for increasing their retention in vocational and clinical services; 3) revise and finalize a manualized version of the SEI to include the engagement protocol, retention strategies, and fidelity and sustainability measures for future model replication; and 4) conduct a pilot study of the revised SEI manual and engagement protocol with 72 homeless youth (36 intervention and 36 control-group youth) to assess the intervention’s impact on various treatment outcomes.</td>
<td>$338,546</td>
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### Project 1: Telemedicine-Based Collaborative Care to Reduce Rural Health Disparities

**Principal Investigator**: Fortney, John C  
**Performing Organization**: University of Arkansas Med Sci LTL, Rock  
**Abstract**: This project is in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. Rural individuals with depression face substantial barriers to care, seldom receive evidence-based treatment, and experience poor outcomes. Collaborative care has been shown to improve outcomes in large urban Primary Care (PC) clinics. Implementing collaborative care in small rural practices presents a unique challenge because it is not feasible to employ on-site multidisciplinary care teams dedicated to depression treatment. No published studies have documented the effectiveness of collaborative care in small rural PC practices. In fact, one recent collaborative care effectiveness study conducted in both rural and urban practices found that outcomes were significantly improved in urban clinics, but not rural clinics. Results from our current VA study demonstrate that telemedicine-based collaborative care is effective in small rural PC clinics. Telemedicine-based collaborative care was provided to rural clinics by an off-site care team using telephones, emails, interactive video, and a shared electronic medical record. A critical question for the field is whether it is more effective to provide collaborative care services on-site (practice-based collaborative care model) or to contract with an off-site care team that specializes in providing collaborative care to multiple clinics from a centralized location using telemedicine technologies (telemedicine-based model). We propose to compare the effectiveness/cost-effectiveness of telemedicine-based collaborative care to practice-based collaborative care in six Community Health Centers (CHC) systems in rural Arkansas. In 2003, 890 federally-funded CHCs served over 12 million poor, ethnically diverse patients living in medically underserved areas. CHCs are in the process of re-engineering clinics to provide practice-based collaborative care as a part of the Health Disparities Collaboratives. The proposed research has the potential to improve a major public health impact because the results should be generalizable to the hundreds of rural CHCs across the country. CHCs represent one of the largest and fastest growing PC systems in the nation, and thus results should be applicable to a large number of providers and patients across the nation. In addition, CHCs serve predominantly low-income minority populations living in medically underserved areas. This population is at high risk for experiencing health disparities and thus, interventions targeting this population have the potential to have a major impact.

**Total Cost**: $28,670

### Project 2: Mothers of Children with Emotional or Behavior Problems: A Telemedicine Intervention

**Principal Investigator**: Garber, Judy  
**Performing Organization**: Vanderbilt University  
**Abstract**: The primary aim of this research is to develop and test a method for increasing adherence to treatment recommendations for mothers of children experiencing emotional or behavioral problems. Parental psychopathology is a serious risk factor for children with emotional or behavioral problems. Previous research has found that parents of children receiving mental health services do not get treatment for their own problems. Such parental psychopathology, particularly maternal depression, places a burden on society through lost wages, increased healthcare costs, and serious maladaptation in their offspring. The specific aim of the research is to develop recommendations for treatment. Participants will be 200 mothers of children (7-17 years old) receiving psychiatric treatment in a community mental health center. Mothers will be randomly assigned to either the Enhanced Motivation Intervention (EMI) or an information only control group. The EMI is a modified version of the program developed by Swartz, Zuckoff, and colleagues who combined motivational and ethnographic interviewing into a brief intervention that (a) elicits the mother's 'story' and her understanding of her central problems; (b) provides psycho education about their disorder; (c) establishes a link between children's symptoms and the potential improvement of psychopathology; (d) obtains their prior treatment history, hopes, and concerns about the recommended treatment; (e) identifies potential practical (e.g., child care) and psychological (e.g., stigma) barriers to treatment seeking; and (f) elicits a commitment to take the next step (i.e., make an appointment). Evaluations at baseline and 8-weeks and 16-months post intervention, will assess mothers' treatment adherence, symptoms, functioning, and service utilization. Children's symptoms, disorders, and functioning also will be measured. We hypothesize that adherence to treatment recommendations will be significantly greater for mothers in the EMI intervention group compared to the control group. The impact of the EMI intervention on changes in mothers' and children's psychopathology will also be examined. The public health implications of this research are that more individuals in need of mental health services will receive and adhere to them, possibly resulting in a positive effect on their children's adjustment. Consistent with the goals of the Recovery Act, the project would immediately create three new full-time jobs. If the intervention is successful, a longer-term benefit could be an increase in the demand for the services of mental health care providers, thereby expanding the workforce.

**Total Cost**: $338,615

### Project 3: Evaluating Effectiveness of Collaborative Care in Six Community Health Centers

**Principal Investigator**: Hartwell, Stephanie  
**Performing Organization**: University of Massachusetts Boston  
**Abstract**: This project is in response to Challenge Area (09) Health Disparities and Specific Challenge Topic, 09-MH-101: Validating Models of Community Re-entry Programs for Prisoners with Mental Disorders. Abstract The purpose of this study is to combine existing administrative databases to evaluate the effectiveness of a statewide public mental health re-entry program. The Massachusetts Department of Mental Health (DMH) Forensic Transition Team (FTT), a case management based re-entry program, has been in existence for over 10 years. Although there have been descriptive studies documenting favorable short-term outcomes, a rigorous scientific evaluation of the FTT program using matched controls has not been done. The goals of the proposed study are two-fold: (1) to evaluate the effectiveness of the
One implementation strategy that has been used in the health care sector to improve medical care quality and was recently piloted with CBITS is the trauma intervention, and mental health intervention in the school system. These concepts will be applied to the development of an implementation strategy for a school application proposes to take a conceptual framework from the organization providing the services to youth, whether it is in a clinic, social service agency, or school. This framework will guide our team to conduct mixed-method studies. First, we will conduct a pilot survey study with CBDMPI (n = 112) to collect preliminary baseline data on the association of leisure behavior (as a context for active living) with recovery, health, and life quality. Then, we will conduct an in-depth multiple case study, using periodic interviews and photo voice with African, Hispanic, Asian, and Caucasian Americans with mental illness (n = 40) who are purposefully chosen based on the survey study findings. This case study will give voices to those individuals about recovery-oriented and health/life-quality promotion through active living (with emphasis on actively engaged leisure) from a holistic and ecological perspective, by recognizing cultural, environmental, and mental health care factors, as well as secondary conditions (e.g., social isolation, obesity). Interviews with primary support-caregivers for the individuals will also be conducted to gain additional outsider to our perspectives. Information about recovery-oriented, health/life-quality promotion will be informed and evidence-based conceptual framework that identifies key personal, social, cultural, and environmental (including mental health care systems) pathways through which active living mediates the processes toward recovery and the promotion of health and life quality for CDGPMI (particularly, through enjoyable and meaningful leisure behavior). This R21 project will lead to our R01 to develop and test/evaluate a recovery-focused, active-living and health/life-quality-promotion intervention program for CDGPMI. Our overall research program is relevant to the National Institute of Mental Health (NIMH)'s mission to reduce the burden of mental illness through improving health behaviors and daily functioning of persons with mental disorders (with emphasis on active living and its role in promoting recovery, health, and life quality), and to improve clinical practice and research methods for individuals with severe mental illness (SMI), both in terms of post-incarceration outcomes and communicative effectiveness. To achieve our objectives we will undertake an interagency collaboration to harmonize existing administrative databases to compare individuals receiving re-entry services in comparison to those individuals who have not. Such an analysis is needed to inform policy regarding the important issue of released prisoners with SMI that impacts both public health and public safety.

DESCRIPTION (provided by applicant): ABSTRACT Despite the growing number of evidence-based mental health treatments for youth being developed, few are effectively practiced routinely in community settings. One reason may be the lack of attention paid to how these treatments are implemented in the context of the services provided by the service agency, or school. This application proposes to take a conceptual framework from the management literature and modify it for evaluating implementation effectiveness of a mental health intervention in the school system. These concepts will be applied to the development of an implementation strategy for a school-based trauma intervention, the Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program. CBITS has been found to be effective in decreasing trauma-related symptoms and has now been delivered in a number of U.S. sites. However, continued use of the intervention has varied. One implementation strategy that has been used in the health care sector to improve medical care quality and was recently piloted with CBITS is the.
Learning Collaborative (LC) approach. The LC encourages stakeholders across organizations to share how they have resolved barriers to implementation. The specific aims of this application are: 1) to further refine a CBITS implementation strategy, based on the Learning Collaborative approach, that addresses the key constructs for implementation effectiveness, 2) to adapt and pilot organizational management measures of implementation factors and implementation effectiveness for use in assessing the implementation of CBITS in schools, and 3) to compare a CBITS Learning Collaborative implementation strategy to a CBITS Implementation as Usual strategy for feasibility and acceptability. For Aim 1, the modifications of the CBITS LC strategy will be informed by semi-structured interviews with a sample of clinicians who have participated in a CBITS LC from sites across the country. In Aim 2, we plan to adapt measures from the management literature and then pilot them with 80 CBITS clinicians from U.S. sites. Finally Aim 3 will be achieved by randomly assigning three schools in Los Angeles to receive the CBITS LC strategy and three schools to receive implementation as usual. The evaluation will consist of survey data that will inform semi-structured interviews with key stakeholders in each participating school at two time points: Time 1 (Month 12) and Time 2 (Month 21). Findings from this exploratory pilot will provide the necessary data to conduct a larger evaluation of CBITS implementation in schools. The long-term objectives of this work are to identify key strategies to improve the implementation of school-based mental health treatments generally and to determine how implementation can best be accomplished within the school system and structure. PUBLIC HEALTH RELEVANCE: This application is relevant to public health in that it will provide preliminary evidence for improving the way in which evidence-based treatments are delivered in schools. This is highly relevant to addressing the substantial unmet need for mental health services in children given that it has been documented that the school system is the most common place that children and adolescents gain access mental health services.

DESCRIPTION (provided by applicant): Autism is a behavioral condition defined by deficient social interaction, language and communication, and play functioning. Children with autism can exhibit a number of behaviors including tantrums, noncompliance, destructiveness, and self-injury. They may require less sleep and have fewer wakeful periods during the night. Successful interventions to treat the symptoms of ASD can improve the quality of life of children with ASDs as well as their family members. Early behavioral interventions have the most potential to improve symptoms in children with ASDs, yet are costly with considerable uncertainty regarding their cost-effectiveness. Research to measure the cost-effectiveness of interventions for the treatment of children with ASDs is lacking. The primary goal of this proposal is to investigate methods for measuring quality adjusted life years (QALYs) for cost-effectiveness analysis of interventions to treat children with ASDs. In particular, we are interested in whether generic instruments for describing QALYs as proposed by the Public Health Service can capture these effects. Our primary hypothesis is that generic instruments for measuring QALYs will be sensitive to variations in ASD-related symptoms among children with ASDs. We also examine whether family effects can be measured with generic QALY instruments. Failure to include family QALYs in cost-effectiveness analyses of interventions to treat children with ASDs can bias cost-effectiveness ratios. We plan to test our hypotheses by sampling a number of children with ASDs participating in two sites of the Autism Treatment Network. The investigators for this proposal have developed a research agenda to quantify child and caregiver health in relation to child disabilities. We seek to further this research agenda by: (1) Evaluating the sensitivity of alternative generic instruments for preference-weighting health outcomes (measuring QALYS) in children with ASDs, (2) Determining whether caregiver QALYS should be incorporated into cost-effectiveness evaluations of treatments to evaluate children with ASDs; and (3) Evaluating the psychometric properties of generic instruments for measuring QALYS in children with ASDs using qualitative and quantitative methods. Findings from the study will improve methods to accurately assess the cost-effectiveness of interventions to treat children with ASDs and assist in the translation of experimental findings into evidence-based policy decision making. PUBLIC HEALTH RELEVANCE: Autism spectrum disorders (ASDs) are characterized by impairments in social skills, communication, and cognitive and behavioral functioning. Successful interventions with ASDs thus have the potential to not only affect outcomes of the child, but may include substantial health benefits for the family. Guidelines for evaluating the cost-effectiveness of interventions recommend using the cost per quality adjusted life year (QALY) gained. To date, no studies have attempted to evaluate whether instruments to measure QALYS in children with ASDs are sensitive to the condition. In addition, research is needed to account for family effects in cost-effectiveness analyses. Despite the potential for informing resource allocation to treatment of children with ASDs, methods and data for measuring QALYS in this population are lacking.

DESCRIPTION (provided by applicant): This application addresses broad Challenge Area (15) Translational Science and Specific Challenge Topic 15-MH-105, Strategies to support uptake of interventions within clinical and community settings. This application will study an innovative approach to implementing mental health services in child welfare settings to reduce school outcomes and improve school outcomes. This work will address two critical needs in child mental health services research: (1) the need for empirically-based strategies to successfully implement evidence-based services in urban school settings and (2) the particularly urgent need to implement effective mental health services for foster children, who experience three to four times the rate of mental health problems than in the general population of children (Burns et al., 2004; Leslie et al., 2005). The intervention to be disseminated includes parent management training integrated with structured support of learning at home and in school. The enhanced implementation model proposed in this application uses an adaptation of Rogers’ (2003) diffusion of innovation theory, which suggests that intervention uptake is improved by using a structured implementation process and, in particular, using highly influential early adopters of the intervention in efforts for dissemination (Alkin et al., 2008; Rogers, 2003). The case study of 169 foster children with emotional and behavioral problems will be randomized to experimental and control conditions. The intervention group will include key opinion leader social workers and foster parent advocates who will target two levels: child welfare providers and foster parents. A key hypothesis of this study is that targeting uptake of interventions through an experimental implementation process will improve intervention uptake and lead to lessened child behavior and school problems relative to a ‘training as usual’ implementation process. All hypotheses will be tested using social network analysis and random effects regression models. This application builds on previous intervention research in child welfare settings that has found that parent management interventions with foster parents volunteering to attend groups are effective in reducing foster children’s child behavior problems (e.g., Price et al., 2008; Chamberlain, 2002). In addition, in our recently completed pilot study (NIMH K01 070580) in which we adapted Chamberlain’s parent management training materials for use with primarily inner city, African American foster parents, we found that this intervention had significantly fewer child behavior problems over time relative to control group foster parents receiving services as usual. In this pilot project, we were able to reach 80% of our selected sample by providing services in both community...
An innovative implementation process in a short, intensive project is needed to meet the goal of addressing a critical implementation problem in high-need service systems. This application specifically addresses intervention uptake and sustainability by comparing intervention use, fidelity, and child outcomes for an experimental group receiving an enhanced implementation strategy vs. a control group receiving standard training. The experimental implementation process will occur in three phases and be examined across 5 time points. In the first 3-month phase of the research, project-funded MSWs and foster parent advocates (“change agents”) will be infused into existing agency social work teams to jointly provide groups and home visits, with shared training and supervision from the research project and agency supervisors and a particular focus on increasing knowledge, exposure, and communication with potential adopters of the intervention. In the second phase, active transfer of the intervention to existing providers will occur, with a particular focus on training key opinion leader providers (KOLs) in effective dissemination of the intervention. In the third phase, agency staff will provide services, with consultation provided only as requested by agency providers. The over 500,000 foster children in the U.S. are among the most vulnerable members of our society. They have significant risks for mental health problems that lead to extraordinary high risk for outcomes such as incarceration (27% of boys and 10% of girls) and homelessness (12% of all youth) in young adulthood (Courtney, et al., 2001). The significance of strategies to disseminate effective interventions is that, if interrupted, this trajectory is enormous, given the extreme vulnerability of this population and the critical need to change their life courses.

PUBLIC HEALTH SIGNIFICANCE: The proposed research will study an innovative approach to implementing mental health services in child welfare settings to reduce foster children's behavior problems and improve school outcomes. This work will address two critical needs in child mental health services research: (1) the need for empirically-based strategies to successfully implement evidence-based services in urban service settings and (2) the particularly urgent need to implement effective mental health services for foster children, who experience three to four times the rate of mental health problems than in the general population of children. This application specifically addresses intervention uptake and sustainability by comparing intervention use, fidelity, and child outcomes for an experimental group receiving an enhanced implementation strategy vs. a control group receiving standard training. The experimental implementation process will occur in three phases and be examined across 5 time points (baseline and 3, 6, 9, and 18 months). The implementation model is based on Rogers’ (2003) diffusion of innovation theory, which suggests that intervention uptake is improved by using a structured implementation process and, in particular, using highly influential early adopters of the intervention in dissemination efforts.

### Behavioral Treatment for Autism Spectrum Disorders: Identifying Effective Settings Using a Telehealth Network

#### Project Title
BEHAVIORAL TREATMENT FOR AUTISM SPECTRUM DISORDERS

#### Principal Investigator
LINDGREN, SCOTT DAVID (WACKER, DAVID P)

#### Performing Organization
UNIVERSITY OF IOWA

#### Description (provided by applicant)
This study is designed to improve access to appropriate behavioral services for young children (ages 1 to 6 years) with autism spectrum disorders. The major research goal is to evaluate the effectiveness and efficiency of conducting behavioral treatment for autism through a telehealth network to reach underserved areas of rural states. Our prior research has demonstrated that parents can be successfully trained to conduct behavioral function analysis (BA) and functional communication training (FCT) to reduce the disruptive behavior of young children with autism spectrum disorders. This proposal establishes a service delivery model in which speech-language pathologists and occupational therapists to ‘coach’ staff and parents at regional health centers across a rural state to assess and treat the disruptive behaviors displayed by young children with autism. The specific aims of this study focus on testing whether functional analysis and functional communication training, conducted through telehealth coaching, is effective in reducing disruptive behavior and increasing positive social behaviors in young children with autism spectrum disorders. Providing greater local access to expert consultation from a remote site should increase families’ opportunities to obtain behavioral services in a cost-effective and time-efficient manner, which is an urgent public health need in rural states that face a

#### Total Cost
$374,649
Project Number: 3R01MH077000-03S1
Project Title: INTERSTATE VARIATION IN HEALTHCARE UTILIZATION AMONG CHILDREN WITH ASD
Principal Investigator: MANDELL, DAVID S
Performing Organization: UNIVERSITY OF PENNSYLVANIA
Abstract: This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This R11 application seeks support to conduct a large national study that will comprehensively identify the impact of state-level autism-related policies on the publicly funded healthcare utilization of children with autism spectrum disorders (ASD). The three primary aims of the study are to 1) conduct an intensive examination of state policies and practices that may affect Medicaid-reimbursed healthcare delivery to children with ASD; 2) provide accurate national and state-level estimates of publicly-funded healthcare utilization among children with ASD; and 3) examine the contribution of demographic, clinical and system-of-care characteristics on the types, intensity and patterns of related service use. To accomplish these aims, we will review and code all relevant state-policy documents to define the publicly funded healthcare service delivery system for ASD in each state. We will supplement this census through interviews with state administrators responsible for ASD-related health services. This most recent year of available Medicaid claims will be used to measure service utilization and associated expenditures at the national and state levels. We will then examine the independent associations of state policies, and school district, family and child characteristics with service utilization. These findings will provide critical information to states as they develop appropriate standards of care and related policies for the growing number of children diagnosed with ASD, and will potentially lead to policy models that improve care. This study will set the stage for future studies in which service utilization data from other systems and primary data about families’ experiences and outcomes are linked to data on healthcare. The study also will provide a baseline against which to measure the effects of future system-level interventions. Finally, the results will provide evidence for a conceptual framework for understanding how states address the needs of children with chronic disabilities in which the best course of treatment and expected outcomes are uncertain.
Total Cost: $171,947

Project Number: 3K23MH082641-02S1
Project Title: ADHERENCE TO HIV CARE: ADVANCING THE SCIENCE
Principal Investigator: MUGAVERO, MICHAEL J
Performing Organization: UNIVERSITY OF ALABAMA AT BIRMINGHAM
Abstract: This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Missed outpatient clinic appointments are common among HIV-infected patients engaged in clinical care. Compounding the negative health consequences for individual patients, missed appointments have important implications for HIV transmission, including spread of resistant virus, a serious public health consideration. Adherence to outpatient HIV clinic appointments has been notably understudied. The goals of this proposal are to provide insight on barriers to HIV appointment adherence in an underserved population, to generate knowledge regarding the impact of missed appointments on clinical outcomes, and to develop a clinical tool to identify patients at high risk for future missed visits. Collectively, this research will provide a framework that will inform a theory-based intervention to improve HIV appointment adherence, as well as a foundation for a sustainable research program dedicated to studying HIV health services utilization patterns for the HIV care continuum. The research design includes a randomized controlled trial, coupled with an economic evaluation and analysis plan. The specific aims for this proposal are to: Specific aim 1: Determine barriers and facilitators to outpatient HIV clinic appointment adherence among African American patients lacking private health insurance; Specific aim 2: Derive and internally validate a novel, point-of-care prediction rule to identify patients at high risk for outpatient HIV clinic appointment non-adherence and; Specific aim 3: Evaluate potential dose-response relationships between non-adherence to outpatient HIV clinic appointments and important clinical outcomes. Specific aim 1 will be accomplished through qualitative methods, specifically Nominal Group Technique. The 2nd and 3rd specific aims will be accomplished through a prospective cohort study at the DAB 1917 HIV/AIDS Clinic. This research will expand upon the Principal Investigator’s past training and research by taking advantage of an outstanding mentoring and research environment, allowing him to acquire new skills in the conduct of patient-oriented HIV research, so that he will become an independent investigator improving the health of people with HIV. Lay statement: Among persons with HIV, missed clinic visits are common and may contribute to the spread of HIV to others. This research seeks to better understand reasons that HIV patients miss clinic visits.
Total Cost: $107,239

Project Number: 3K23MH075864-03S1
Project Title: SUPPORTIVE LISTENING WITH PROBLEM SOLVING: AN EFFECTIVE STRATEGY FOR LOW-INCOME MOTHERS
Principal Investigator: SEGRE, LISA SHARON
Performing Organization: UNIVERSITY OF IOWA
Abstract: This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): The final resubmission of a Mentored Patient-Oriented Career Development Award Application (K23) to support Dr. Lisa Segre’s development as an academic research scientist with expertise in the development of perinatal depression treatments for low-income and ethnic minority women. Dr. Segre intends to obtain additional training through formal coursework, directed readings under supervision of her mentor, and direct interactions with members of her external advisory panel while pursuing a program of research to develop new treatments for perinatal depression. Perinatal depression is a serious disorder affecting approximately 13% of new mothers, with low-income and African-American mothers particularly at risk. Depression also has a pervasive and long-lasting impact on the physical, social-emotional, and cognitive development of children of depressed mothers. Dr. Segre’s research will focus on the implementation and subsequent evaluation of an intervention titled Supportive Listening/Problem Solving (SLPS), a treatment with established effectiveness in the United Kingdom. This treatment is provided by non-threatening professionals, delivered in the home, and conveys an important sense of mutual respect. Dr. Segre intends to import, implement, and evaluate the effectiveness of this treatment for depressed low-income and ethnic minority women who are unlikely, unwilling, or unable to seek more traditional treatment from mental health professionals. A special emphasis will be placed on adapting the treatment to the context of the US mental health and social service system, as well as evaluating the treatment’s effectiveness. The central hypotheses of the Phase II treatment evaluation trial are (1) that supportive listening/problem solving (SLPS) will be significantly more effective than standard enhanced case management in reducing depressive symptoms at the end of treatment and follow-up, (2) SLPS will be significantly more effective than standard enhanced case management in improving social adjustment at the end of treatment and follow-up, (3) clients and case managers will find SLPS to be an acceptable treatment, and (4) participation in SLPS will be associated with significantly more use of professional mental health services than
Total Cost: $107,853
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<th>Performing Organization</th>
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<td>3K23MH074079-04S1</td>
<td>MATERNAL DEPRESSION AND EARLY HEAD START</td>
<td>SILVERSTEIN, MICHAEL</td>
<td>BOSTON MEDICAL CENTER</td>
<td>This award is issued in response to Notice OD-09-007. Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by candidate): Maternal depression is a source for substantial morbidity for both mother and child. This K23 application outlines a mentored 5-year education and research plan, devoted to developing and studying a self-management support system for maternal depression in Early Head Start (EHS), a federally funded early childhood development program for low-income families. The intervention, based on the Chronic Care Model, will involve the identification of mothers with depressive symptoms through standardized instruments, and a case-management system that involves motivational enhancement and problem solving therapy. Through these strategies the latter of which is an evidence-based treatment for depression in and of itself-EHS caseworkers will link mothers to further evidence-based mental health services, such as cognitive behavioral therapy and medication management, and provide subsequent ongoing support and reassessment. The specific aims of the research plan are to: 1. conduct qualitative interviews with EHS mothers to determine the range of attitudes to having their own mental health addressed as part of their children's preschool experience; 2. conduct focus groups with EHS caseworkers to learn the personal and institutional barriers to participating in this type of case-management system; 3. develop, through a 9-month pilot intervention, the details of the case-management protocol; 4. conduct a quasi-experimental study of the system to test its effect on EHS mothers' receipt of services for depression, depressive symptoms, social functioning, quality of maternal teaching interactions with their children, and child health care utilization. The candidate will gain experience in qualitative and quantitative research methods, behavioral intervention design, systems approaches to mental health promotion, and the analysis of parent-child interaction. Information and experience gained from this project will be used to design a longitudinal randomized controlled trial to study the effect of this system on both mothers' depressive symptoms and their children's developmental outcomes.</td>
<td>$85,500</td>
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<td>1R1MH086474-01</td>
<td>AUTISM IN URBAN CONTEXT: LINKING HETEROGENEITY WITH HEALTH AND SERVICE DISPARITY</td>
<td>SOLOMN, OLGA</td>
<td>UNIVERSITY OF SOUTHERN CALIFORNIA</td>
<td>DESCRIPTION (provided by applicant): Although heterogeneity inherent in Autism Spectrum Disorders (ASDs) has long been recognized, little is known about ways in which race, gender, socio-economic status, family and communication during clinical encounters affect the acquisition of diagnosis and related services. Considered a barrier to more rapid advancements in autism research, heterogeneity within ASDs has never been examined in a socio-cultural phenomenon where interpretation of atypical behavior is itself examined against socio-cultural expectations of normative development under default socio-economic circumstances. We propose to examine heterogeneity in ASDs as a socio-culturally based phenomenon in relation to three domains: 1) patterns of communication among African American caregivers and practitioners during clinical encounters that are vital for developing partnerships and that are vulnerable to misunderstanding; 2) structural barriers to and opportunities for African American children receiving timely and accurate diagnosis and appropriate services; and 3) African American caregivers’ knowledge about ASDs and the social networks relevant to information about diagnostic evaluations, interventions and services. We know from population-level demographic studies that there is an unprecedented scale of health and service disparities in autism diagnosis for African American children. The picture that emerges from these studies is of systematic delays in diagnosis and challenges to secure appropriate services once the diagnosis is received (Mandell, 2005; Mandell et al. 2007; Stahmer &amp; Mandell 2007). In a significant number of children, ASDs are identified late in childhood or missed altogether (California Legislative Blue Ribbon Commission on Autism, 2005, 2007). This troubling picture repeats the pattern of healthcare and service disparities for African Americans across these categories. Following recommendations of the Institute of Medicine to address health disparities at two levels, structural and functional, (IOM, 1999), this two-year urban, multi-method ethnographic study examines disparities in diagnostic processes and service delivery related to acquisition of ASDs diagnosis, and communication during clinical encounters for a cohort of African American children living in the Los Angeles metropolitan area. We propose a novel combination of methods, urban ethnography (Lawlor, 2004; Mattingly &amp; Lawlor, 2003) and social network analysis (Valente, 1995, 2002; Valente, Paredes &amp; Poppe, 1998) to follow a cohort of African American children diagnosed with ASDs, their primary caregivers and the practitioners who serve them, to document the children’s pathways to an ASDs diagnosis and services. The importance of early identification and intervention (Dawson &amp; Osterling, 1997) and delayed diagnosis among economically disadvantaged populations (Mandell et al., 2007) make this study a critical step towards decreasing health and service disparities for African American children with autism in urban context and facilitating practitioner-family partnership in clinical encounters. PUBLIC HEALTH RELEVANCE: The project examines disparities in ASDs diagnosis and services for African American children in urban setting. Results of the project will help caregivers and practitioners to better communicate and partner during clinical encounters. The project will facilitate earlier diagnosis and services for African American children with ASDs which will help improve their developmental outcomes.</td>
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<td>1R1MH081096-01A2</td>
<td>MENTAL HEALTH COMMUNICATION IN ELDERLY PRIMARY CARE VISITS AND ECONOMIC OUTCOMES</td>
<td>TAI-SEALE, MING</td>
<td>TEXAS A&amp;M UNIVERSITY HEALTH SCIENCE CTR</td>
<td>The medical office visit is the foundation of medical care and one of the most important professional activities of primary care physicians who are often the only source of mental health services for older adults. Evidence continues to show that the gap between science and clinical practice remains wide, with many as one half of older adults with a recognized mental disorder fail to receive any mental health services, and even fewer receive evidence-based treatments. Racial minority patients fare even worse. It is an urgent public health concern that such a high proportion of patients needing mental health services are without access to evidence-based care and that racial disparities in access to quality mental health care persist despite advancements in efficacious treatments for mental illnesses. Direct observation of how patients and physicians interact has led to research findings that are straightforward and easily understood by the public and policymakers. It offers a new perspective to study physicians’ work and patients’ contributions with potentially important new insights. We propose to leverage the infrastructure and data afforded by an ongoing NIH-funded study which is audio-recording 800 annual physical exam visits (checkups designed for physicians to comprehensively review their patients’ health) among socioeconomically diverse older adults in a large integrated delivery system, the Henry Ford Health System, in Detroit Michigan and its surrounding suburbs. The proposed study is within the scope of the economics of mental health. We plan to apply mixed methods approach and combine perspectives from mental health services research with behavioral economics, communication research, and statistics. We will use data from audio-recordings, administrative benefits, medication dispensing, claims and encounter records, and surveys of patients and physicians to address the Specific Aims of our study: Aim 1: Examine the productivity of physician-patient communication by linking elements of quality of communication on mental health in the context of busy clinics and competing demands from co-morbidities in routine annual checkups with intermediate outcomes such as patient’s satisfaction and treatment adherence and distal clinical and economic outcomes including service use and costs. Aim 2: Testing for racial disparities in communication content and time using the definition proposed by the Institute of Medicine in Unequal Treatment. We will first qualitatively</td>
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<td>1R21MH079984-01A1</td>
<td>A RANDOMIZED EXPLORATORY STUDY OF TELEPSYCHIATRY OUTCOMES IN RURAL YOUTH</td>
<td>WINTERS, NANCY CLAIRE</td>
<td>OREGON HEALTH AND SCIENCE UNIVERSITY</td>
<td>This proposal is a substantial revision of application 1 R21 MH079984-01 which was reviewed October 11, 2006 by the Mental Health Services in Non- Specialty Settings review group. Goals, specific aims, and hypotheses have been clarified to be consistent with a study of the equivalence between outcomes of known clinical trials for ADHDM delivered via telepsychiatry as compared with face-to-face treatment. To address the concerns about small sample size and distribution of cases between ADHDM and depression, the revised study will include only youths with ADHDM. The revised study also makes use of qualitative analysis methods to address other important issues of equivalence concerning acceptability and burden of the technology. The assessment batteries have been simplified to reduce respondent burden. The research team has been strengthened by increasing the percent effort of the PI and the co-investigator and the latter's role will involve regular oversight of the project in qualitative analysis. Carla Green, PhD, MPH, has been added as a research consultant. The motivation for the project is to establish feasibility of a larger multi-state randomized controlled study that would demonstrate equivalent outcomes for telepsychiatry and face-to-face treatment of ADHDM in rural youth. This research will strengthen the evidence base on outcomes of telepsychiatry in children, which is needed to justify large scale investment in telepsychiatry as a means of improving rural youth's access to specialty child psychiatry services. The proposed subsequent multi-state study has been described in greater detail.</td>
<td>$217,249</td>
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<td>3U01NS076405-02S1</td>
<td>STROKE DISPARITIES PROGRAM</td>
<td>KDIWELL, CHELSA M</td>
<td>GEORGETOWN UNIVERSITY</td>
<td>This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (abstract): Acute stroke is the third leading cause of death and the leading cause of adult disability in the USA. A disproportionate amount of morbidity and mortality falls on underserved populations. Reduction of health disparities has become a significant public health challenge and is a major goal of the Healthy People 2010 initiative. The programmatic goal of this proposal is to identify biological and socioeconomic factors contributing to ethnic disparities and to develop innovative approaches to reduce these disparities for ischemic and hemorrhagic stroke. Three research projects are proposed. Project 1, Acute Stroke Program of Interventions Addressing Racial and Ethnic Disparities (ASPIRE), is an intervention study designed to investigate whether implementation of a multilevel intervention can significantly increase the number of ischemic stroke patients appropriately treated with intravenous tissue plasminogen activator (IV tPA) in a predominantly underserved community. The primary outcome measure will be the percentage of all ischemic stroke patients appropriately treated with IV tPA. Project 2, Preventing Recurrence of Thromboembolic Events through Coordinated Treatment in the District of Columbia (PROTECT DC) is a randomized phase II clinical trial of the PROTECT DC intervention (hospital-based initiation of aggressive secondary prevention combined with navigator case management) vs. standard management in ischemic stroke patients from two underserved hospitals in the District of Columbia. The primary aims are 1) to refine the PROTECT DC design in preparation for a phase III trial and 2) to assess the effect of the intervention on 4 medication goals as defined by normalization of objective measures of secondary risk factor control. Project 3, Differences in the Imaging of Primary Hemorrhage based on Ethnicity or Race (DICHPER) is a longitudinal, MR imaging, prospective, observational, cohort study designed to evaluate the prevalence and significance by race/ethnicity of chronic cerebral microbleeds in patients with primary intracerebral hemorrhage. Three cores will support the projects: A) Administration B) Participant Recruitment, Retention, Intervention and Outcomes, and C) Biostatistics &amp; Data Management. This application is described not only to define factors leading to racial/ethnic disparities in stroke treatment and outcomes, but also to demonstrate the efficacy of programs specifically designed to reduce these disparities. Project 1: Acute Stroke Program of Interventions Addressing Racial and Ethnic Disparities (ASPIRE) PI: Jimmy Hsu. DESCRIPTION: Stroke, the third leading cause of death and the leading cause of adult disability in the United States, has a disproportionate impact on underserved populations that is reflected in higher incidence and mortality rates in these groups. Several studies have suggested that blacks are less likely than whites to receive intravenous tissue plasminogen activator (IV tPA), the only FDA-approved acute ischemic stroke therapy. Efforts are needed to elucidate factors contributing to racial/ethnic disparities in access to acute stroke care and to develop programs to overcome these barriers. The specific aims of this intervention project are: A) to identify previously unrecognized sociocultural and environmental barriers to acute stroke treatment in an underserved, urban population; B) to investigate whether implementation of a multilevel intervention designed to address these barriers can significantly increase the number of ischemic stroke patients appropriately treated with intravenous tissue plasminogen activator (IV tPA); and C) to perform program evaluation method of the studies used in the intervention to determine which efforts are the most effective. The investigators will assist each of 6 hospitals in the District of Columbia to develop a team of Stroke Champions to implement educational programs and standardized procedures designed to improve acute stroke care. Five Baltimore hospitals will serve as the control group. Essential design features of this project include: 1) a focus on underserved populations to identify community-specific barriers and then tailor existing stroke education materials to increase health literacy and decrease delays in seeking treatment; 2) implementation of interventions to address educational, attitudinal, and structural barriers at the public, parochial and hospital levels; and 3) assignment of a dedicated research coordinator to each hospital who will also serve as a Stroke Champion. The long term objective of the trial is to identify systematic, reproducible, effective methods for improving the delivery of acute stroke therapies in these areas. The only way to definitively affect outcomes for underserved stroke patients is to elucidate the complex issues related to access to treatment, and the District of Columbia is the ideal city in which to perform these investigations.</td>
<td>$242,939</td>
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<td>3K01AG031836-02S1</td>
<td>COST-RELATED UNDERUSE OF MEDICATIONS AND THE HEALTH OF OLDER ADULTS</td>
<td>BRIESACHER, BECKY A</td>
<td>UNIV OF MASSACHUSETTS MED SCH WORCESTER</td>
<td>This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): Cost-related medication nonadherence and the Health of Older Adults Becky Briesacher, Ph.D., is a health services researcher and Assistant Professor of Medicine in the Division of Geriatric Medicine at the University of</td>
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Massachusetts Medical School. Her long-term career goal is to become an independently-funded researcher supported by rich mentorship and fruitful collaborations in the area of aging and drug policy. Dr. Briesacher seeks a Mentored Research Scientist Development Award (K01) to gain: (1) a better understanding of cost-related medication nonadherence (CRN) and its effect on the health of older adults, and (2) research experience with models that account for irrationality in health behaviors. The candidate proposes a career development plan that provides new training in behavioral economics, targeted exposure to clinical geriatrics, and advanced statistical methods in longitudinal analyses. The research program includes: (1) creating a unique, longitudinal dataset from two national health surveys of older adults, (2) describing the longitudinal course of CRN, including identifying the predictors and potential consequences on patient health and health care expenditures, and (3) developing models of CRN in older adults that incorporate principles from behavioral economics, particularly time inconsistency. The advanced training and three-year research program will provide the foundation for Dr. Briesacher's transition to an independent investigator in geriatric health services research. In addition, this research program will inform issues central to Medicare Part D prescription drug program and its effects on the health and financial stability of older adults. RELEVANCE (See instructions): Strong evidence shows that medication adherence decreases with higher cost-sharing, yet medication cost-sharing is rising, most notably in Medicare Part D. Discovering how optimal cost-sharing may improve medication adherence has significant implications for the health and welfare of an aging society that is increasingly dependent on medications.

**Project Title:** A FEASIBILITY STUDY TO IMPROVE OLDER PATIENT-PHYSICIAN COMMUNICATION

**Principal Investigator:** Freimuth, Vicki S

**University of Georgia (UGA)**

**Abstract:** The objective of this study is to examine a model of health literacy coaching wherein Meals on Wheels (MOW) volunteers work with older adults to enhance patient communication skills. While considerable progress marks the studying of written health literacy, fewer efforts have addressed interactions in health literacy. Interpersonal factors are posited as mechanisms that link health literacy with health services utilization. Older adults are a particular risk of poor interprofessional health literacy. Patient communication skills—such as those developed by the Ask-Me-3 program from the Partnership for Clear Health Communication—may redress this problem. MOW volunteers are ideally suited to be health literacy coaches, since they enjoy special status as intimate, welcome, and regular visitors to the otherwise distant Madison, Wisconsin residents. MOW volunteers can conduct health promotion during brief encounters with clients. Two hundred MOW volunteers from rural and urban Georgia will be trained as health literacy coaches to provide outside referral. MOW volunteers in each setting will be randomly assigned to an intervention (n = 100) or a comparison (n = 100) group as usual. For others, MOW volunteers will give clients materials pertaining to Ask-Me-3 and will show brief modeling videos. A third group will in addition receive over the course of a year four coaching sessions prior to health care encounters. To test the generation of the intervention, a small replications will be conducted in Portland, Oregon. It is hypothesized that MOW clients receiving intensive coaching will exceed those who just view Ask-Me-3 materials, who in turn will exceed those in the control, in outcomes relating to (1) active participation in a health information context, (2) patient health status, and (3) patient satisfaction in their volunteerism. Findings will advance understanding of interactional health literacy.

**Total Cost:** $497,018

**Project Title:** MEALS ON WHEELS FOR HEALTH LITERACY COACHES FOR OLDER ADULTS

**Principal Investigator:** Freimuth, Vicki S

**University of Georgia (UGA)**

**Abstract:** The objective of this study is to examine a model of health literacy coaching wherein Meals on Wheels (MOW) volunteers work with older adults to enhance patient communication skills. While considerable progress marks the studying of written health literacy, fewer efforts have addressed interactions in health literacy. Interpersonal factors are posited as mechanisms that link health literacy with health services utilization. Older adults are a particular risk of poor interprofessional health literacy. Patient communication skills—such as those developed by the Ask-Me-3 program from the Partnership for Clear Health Communication—may redress this problem. MOW volunteers are ideally suited to be health literacy coaches, since they enjoy special status as intimate, welcome, and regular visitors to the otherwise distant Madison, Wisconsin residents. MOW volunteers can conduct health promotion during brief encounters with clients. Two hundred MOW volunteers from rural and urban Georgia will be trained as health literacy coaches to provide outside referral. MOW volunteers in each setting will be randomly assigned to an intervention (n = 100) or a comparison (n = 100) group as usual. For others, MOW volunteers will give clients materials pertaining to Ask-Me-3 and will show brief modeling videos. A third group will in addition receive over the course of a year four coaching sessions prior to health care encounters. To test the generation of the intervention, a small replications will be conducted in Portland, Oregon. It is hypothesized that MOW clients receiving intensive coaching will exceed those who just view Ask-Me-3 materials, who in turn will exceed those in the control, in outcomes relating to (1) active participation in a health information context, (2) patient health status, and (3) patient satisfaction in their volunteerism. Findings will advance understanding of interactional health literacy.

**Total Cost:** $497,018

**Project Title:** SELECTION AND THE QUALITY IMPACT OF NURSE HOME OWNERSHIP

**Principal Investigator:** Grabowski, David C

**Harvard University (Medical School)**

**Abstract:** The objective of this study is to examine a model of health literacy coaching wherein Meals on Wheels (MOW) volunteers work with older adults to enhance patient communication skills. While considerable progress marks the studying of written health literacy, fewer efforts have addressed interactions in health literacy. Interpersonal factors are posited as mechanisms that link health literacy with health services utilization. Older adults are a particular risk of poor interprofessional health literacy. Patient communication skills—such as those developed by the Ask-Me-3 program from the Partnership for Clear Health Communication—may redress this problem. MOW volunteers are ideally suited to be health literacy coaches, since they enjoy special status as intimate, welcome, and regular visitors to the otherwise distant Madison, Wisconsin residents. MOW volunteers can conduct health promotion during brief encounters with clients. Two hundred MOW volunteers from rural and urban Georgia will be trained as health literacy coaches to provide outside referral. MOW volunteers in each setting will be randomly assigned to an intervention (n = 100) or a comparison (n = 100) group as usual. For others, MOW volunteers will give clients materials pertaining to Ask-Me-3 and will show brief modeling videos. A third group will in addition receive over the course of a year four coaching sessions prior to health care encounters. To test the generation of the intervention, a small replications will be conducted in Portland, Oregon. It is hypothesized that MOW clients receiving intensive coaching will exceed those who just view Ask-Me-3 materials, who in turn will exceed those in the control, in outcomes relating to (1) active participation in a health information context, (2) patient health status, and (3) patient satisfaction in their volunteerism. Findings will advance understanding of interactional health literacy.

**Total Cost:** $293,340
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<tr>
<td>1R1AG034056-01</td>
<td>RACIAL DISPARITIES IN OLDER ADULTS: IMPACT OF MEDICARE PART D</td>
<td>HANLON, JOSEPH T</td>
<td>UNIVERSITY OF PITTSBURGH AT PITTSBURGH</td>
<td>By applying both hypertension and ischemic heart disease (IHD) which includes those with a history of myocardial infarction (MI) or its risk equivalent diabetes are more common and more likely to be inadequately controlled in older African Americans when compared to older Caucasians. One key pathway to these racial disparities is greatest cost related medication non-adherence in older African Americans when compared to Caucasians. Medicare Part D which began January 2006 provides a drug benefit for those enrolled. The impact of this health policy intervention on racial disparities in medication use and control of chronic diseases such as hypertension and ischemic heart disease is unknown. The long-term objective of our proposed study is to reduce racial disparities in health outcomes by examining the impact of this policy intervention on racial disparities among the elderly. Objective 1 is to determine the impact of the Medicare Part D drug benefit intervention on racial differences in the use of antihypertensive medications in those with hypertension and the use of lipid lowering medications in those with IHD, e.g., those with a history of MI and/or diabetes. One specific hypothesis to be tested is that the Medicare Part D drug benefit intervention on racial disparities in the control of hypertension and IHD. One specific hypothesis is to test is that the disparity in uncontrolled blood pressure between Caucasian and African American older adults with hypertension will be reduced after Medicare Part D implementation. A second specific hypothesis is to test if the disparity in uncontrolled blood pressure between Caucasian and African American older adults with hypertension will be reduced after Medicare Part D implementation. It is hypothesized that the disparity in uncontrolled blood pressure between Caucasian and African American older adults with hypertension will be reduced after Medicare Part D implementation. The specific hypothesis to be tested is that the disparity in uncontrolled blood pressure between Caucasian and African American older adults with hypertension will be reduced after Medicare Part D implementation.</td>
<td>$227,250</td>
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<td>1R1AG033616-01</td>
<td>TRACKING DISPARITIES IN THE EFFECTIVE DELIVERY OF HEALTH SERVICES</td>
<td>LIM, STEPHEN; MURRAY, CHRISTOPHER J.L.;</td>
<td>UNIVERSITY OF WASHINGTON</td>
<td>DESCRIPTION (Provided by applicant): The primary goal of the Tracking Disparities in the Effective Delivery of Health Services project is to develop, apply and refine methods that enhance health agencies, policy-makers, researchers, and analysts’ ability to track disparities in the effective delivery of interventions to improve population health. The two specific aims towards achieving this goal are: (1) to use all available data to estimate the coverage and effective coverage of a range of key health interventions for each of the 39 counties in the State of Washington over the period 2000 to 2008 and (2) to develop a set of standardized training tools and protocols that can be used as a template for estimating effective coverage in other settings. Statistical approaches will be used to estimate the coverage, and where possible, the effective coverage of a range of key interventions for each of the 39 counties in Washington State. Interventions will include both personal and non-personal interventions, including, for example, community-based education to reduce population exposure to key risk factors such as tobacco, inequitable management of major disease such as myocardial infarction and stroke as well as outpatient management of risk factors such as high blood pressure and lipids. Based on the methods used to estimate coverage and effective coverage a suite of tools and training materials will be created to allow implementation of these approaches in other locations around the world. Measures of coverage and effective coverage are the goal of this proposal. Stewards of health systems can improve the health of their populations by delivering effective interventions. Measures of coverage and effective coverage of the treatment of non-communicable disease and the associated risk factors in developed country settings, capture the impact of intervention of increasing prescription drug coverage among the elderly. Our objective is to determine the impact of the Medicare Part D drug benefit intervention on racial differences in the use of antihypertensive medications in those with hypertension and the use of lipid lowering medications in those with IHD, e.g., those with a history of MI and/or diabetes. One specific hypothesis to be tested is that the use of lipid lowering medications in those with IHD will decrease after Medicare Part D implementation. The specific hypothesis to be tested is that the disparity in uncontrolled blood pressure between Caucasian and African American older adults with hypertension will be reduced after Medicare Part D implementation. It is hypothesized that the disparity in uncontrolled blood pressure between Caucasian and African American older adults with hypertension will be reduced after Medicare Part D implementation.</td>
<td>$495,616</td>
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<td>2T24AG023482-06</td>
<td>AGING HEALTH AND HEALTH SERVICES RESEARCH TRAINING</td>
<td>MOR, VINCENT</td>
<td>BROWN UNIVERSITY</td>
<td>DESCRIPTION (provided by applicant): The grant training ‘Aging Health and Health Services Research’ addresses all 4 of the major goals of the NIA Strategic Plan for research: by educating well trained researchers, with multidisciplinary experience in the biological, social, health, service and policy aspects of aging with special emphasis placed on trainees becoming highly skilled in the traditional and emerging methodologies for analyzing the highly complex and nested data that characterize the new era of epidemiology. Training Program Specific Aims: 1. Recruit high quality doctoral students into aging research; 2. Provide training in substantive topics relevant to health services research in aging; 3. Provide education in epidemiological methods &amp; statistical approaches with applications to aging research; 4. Provide research experiences in ongoing aging related epidemiological and health services research projects; 5. Prepare students for academic and research careers as independent</td>
<td>$132,000</td>
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trainees participate in faculty-led, externally funded research. Training Program Competencies include: 1) aging-related issues, from biology to clinical geriatrics to socio-economic factors; 2) methods relevant to aging-related research. Understanding aging is divided into two segments: 1) the substantive areas of biology, clinical medicine, psychology and sociology of aging; and 2) the system of preventive health and health care services with which the elderly and disabled must interact. Methodological applications in aging research include: 1) ethical and regulatory issues in research conduct; 2) research design and interpretation; and, 3) statistical and analytic techniques particularly the management and manipulation of complex, hierarchical and longitudinal data sets linking administrative and primary data focused on the frail elderly and the health services and policy environment in which they live.

RELEVANCE: We propose to train graduate students in Health Services Research, Epidemiology and Biostatistics in understanding the biological, social, health, service and policy aspects of aging in order to prepare them for careers as independent scientists. We emphasize trainees becoming highly skilled in the traditional and emerging methodologies for analyzing the highly complex and nested data that characterize the new era of social science research and the epidemiology of aging.
associated with diffusion of mechanical myocardial revascularization over the study period (2002-2006) in Medicare patients presenting with ACS. 2) Determine the influence of age, comorbidity presence, race, gender, and geographic location on the selection of mechanical revascularization strategy (PCI or CABG). 3) Compare clinical outcomes and hospital/physician resource utilization with respect to the initial mechanism of mechanical revascularization treatment. 4) Determine if age, comorbidity presence, race and/or gender are associated with disparate outcomes within the selected treatment modality in Medicare ACS patients. We will use propensity score methods to control for mechanism of revascularization to reduce bias from selection bias. Key outcome measures include rates of rehospitalization, revascularization, nursing home use, morbidity, new onset delirium, mortality, and Medicare hospital/physician expenditures over a four year follow-up period. A Markov model will be used to portray the relative effects of the two procedures. These results will guide future study design for treatment of ACS in the elderly.

**Weaknesses**
- None.

**Protections**
- Identify and interview key personnel in California state and county systems.
- Brown's Center is equally impressive, with enviable space, extensive secured computer access in offices at the Brown University Center for Gerontology, and the Health Care Research art server room with shared resources (14 Unix and Linux systems), and advanced data security.

**Requested**
- This is a very large budget; funds appear to be for the retention of existing faculty and staff, with the exception of a single new junior person at Brown.

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<th>Abstract</th>
<th>Total Cost</th>
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<tr>
<td>1R1CA0363158-01</td>
<td>EFFECT OF PRESCRIPTION DRUG BENEFITS ON CARDIOVASCULAR OUTCOMES IN THE ELDERLY</td>
<td>TRivedi, Amal Nitin</td>
<td>Brown University</td>
<td>DESCRIPTION (provided by applicant): This proposed exploratory study is the first step in a larger research effort that will test the adequacy of research design, data collection methods, and advanced data security systems. Brown's Center is equally impressive, with enviable space, extensive secured computer access in offices at the Brown University Center for Gerontology, and the Health Care Research art server room with shared resources (14 Unix and Linux systems), and advanced data security.</td>
<td>$498,387</td>
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<td>1R2AA018309-01</td>
<td>EXAMINING KEY ASSUMPTIONS: PREVENTION OF ALCOHOL USE</td>
<td>Feinberg, Mark Ethan</td>
<td>Pennsylvania State University-UNIV PARK</td>
<td>This award is issued in response to Notice OD-05-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This proposed exploratory study is the first step in a larger research agenda to investigate the impact of two distinct types of state laws regarding alcohol use during pregnancy (public health-oriented or punitive) on pregnant women's decisions to seek substance use-abstaining treatment and health services. The relevance of this study is that FASD is a critical health issue about which policy choices are being made without evidence based research about the impact of those choices on healthy fetuses, hearing, and public health and punitive laws to policymakers who seek to improve birth outcomes in their states.</td>
<td>$189,000</td>
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<td>3R03AA01278-01S1</td>
<td>PREVENTING FASD: THE IMPLEMENTATION AND IMPACT OF STATE POLICIES</td>
<td>Thomas, Sue</td>
<td>Pacific Institute for Research and Evaluation</td>
<td>This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This proposed exploratory study is the first step in a larger research agenda to investigate the impact of two distinct types of state laws regarding alcohol use during pregnancy (public health-oriented or punitive) on pregnant women's decisions to seek substance use-abstaining treatment and health services. The relevance of this study is that FASD is a critical health issue about which policy choices are being made without evidence based research about the impact of those choices on healthy fetuses, hearing, and public health and punitive laws to policymakers who seek to improve birth outcomes in their states.</td>
<td>$4,621</td>
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<td>3R01AA018306-01S1</td>
<td>ALCOHOL TREATMENT &amp; HEALTH DISPARITY IN AMERICAN INDIANS</td>
<td>Walker, R. Dale</td>
<td>Oregon Health and Science University</td>
<td>This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): This proposed exploratory study is the first step in a larger research agenda to investigate the impact of two distinct types of state laws regarding alcohol use during pregnancy (public health-oriented or punitive) on pregnant women's decisions to seek substance use-abstaining treatment and health services. The relevance of this study is that FASD is a critical health issue about which policy choices are being made without evidence based research about the impact of those choices on healthy fetuses, hearing, and public health and punitive laws to policymakers who seek to improve birth outcomes in their states.</td>
<td>$154,000</td>
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Among American Indians. The effectiveness of the CCM on homeless women's alcohol and risky drinking on increasing in number of clients who spend part of the year in the city and part on reservations. Both agencies have adapted for Native people and incorporated into their treatment programs standardized therapies including Motivational Enhancement and Cognitive-Behavioral Treatment. The project will use an inception cohort design. Clients presenting for treatment of alcohol problems at the study programs will be used to relate treatments to outcomes. Predictors will include variables describing culturally specific treatments provided to the Native clients as well as measures of clinic cultural competence. Administrative data will be used to compare outcomes for American Indians versus general population clients. Information generated from the project will be useful in devising optimal treatment for indigenous people living in urban areas and in planning random assignment of clinical trials. The research team (headed by a Cherokee psychiatrist and including members of several tribes) will disseminate results in collaboration with the newly funded American Indian and Alaska Native National Resource Center on Substance Abuse Prevention and Treatment.

This application has again been extensively revised in response to reviewer comments. Nonetheless, this health services research study continues to be motivated by health disparities such as the high rates of morbidity and mortality related to alcohol use among American Indians. Given these health disparities, it is worrisome that there have been few studies examining relationships between treatments and outcomes for natives with alcohol and drug problems. In particular, there is little or no research on services for urban Native Americans with alcohol abuse or dependence. This lack of information is unfortunate since most American Indians now live in cities. The proposed project will examine processes of treatment and outcomes among clients of programs focusing on American Indians in Seattle, Washington and Portland, Oregon. The Seattle Indian Health Board and the Native American Rehabilitation Association in Portland, Oregon primarily serve urban American Indians, are closely connected with general medical services, offer ancillary care such as family therapy, provide numerous treatment modalities for individuals with alcohol problems, and support ongoing research projects. Both agencies serve members of several tribes and both have clients who spend part of the year in the city and part on reservations. Both agencies have adapted for Native people and incorporated into their treatment programs standardized therapies including Motivational Enhancement and Cognitive-Behavioral Treatment. The project will use an inception cohort design. Clients presenting for treatment of alcohol problems at the study programs will be used to relate treatments to outcomes. Predictors will include variables describing culturally specific treatments provided to the Native clients as well as measures of clinic cultural competence. Administrative data will be used to compare outcomes for American Indians versus general population clients. Information generated from the project will be useful in devising optimal treatment for indigenous people living in urban areas and in planning random assignment of clinical trials. The research team (headed by a Cherokee psychiatrist and including members of several tribes) will disseminate results in collaboration with the newly funded American Indian and Alaska Native National Resource Center on Substance Abuse Prevention and Treatment.

DESCRIPTION (provided by applicant): The proposed study will conduct a small randomized trial to test the effectiveness of the collaborative care model (CCM) for homeless women with alcohol use disorders (AUD) and risky drinking in a large Health Care for the Homeless (HCH) primary care setting. It is well documented that the CCM yields numerous benefits for primary care patients with chronic conditions, ranging from depression to asthma and diabetes. Researchers and clinicians have argued that the CCM holds promise for individuals with significant AUD and co-occurring problems. As yet however, this approach has not been adequately applied and studied for homeless populations. Our goal is to adapt and develop the effectiveness of the CCM on improving AUD and risky drinking among homeless women. In keeping with recent developments in the substance abuse treatment literature, we will also assess changes in a wide range of outcome measures, including: alcohol use and related problems, mental health problems, functional status, housing status, and service utilization. We will also examine the effectiveness of the CCM on homeless women's initiation, engagement, and retention in appropriate AUD treatment as compared to usual care. This study will contribute knowledge about the fit between the CCM model and AUD and risky drinking treatment in primary care, and will provide substantive findings that point clinicians and policymakers toward better ways to address the complex needs of a highly at-risk population. The CCM model is ideally suited to the complex, co-occurring problems of homeless women, who comprise one of the fastest growing segments of the homeless population. Alcohol use disorders alone or combined with other drug use disorders has been reported in 60% of homeless women. Homeless women's substance abuse commonly co-occurs with depression, post-traumatic stress disorder, high risk sexual practices, and difficulty exiting homelessness. The CCM is one of the few evidence-based approaches that offers a strategy for coordinating care for patients with multiple co-occurring problems with documented effectiveness. The specific aims of the study for homeless women with AUD and risky drinking, including a) preparation of a treatment protocol (manual, training, and tracking) and b) assessment of intervention feasibility, acceptability, and fidelity; 2) To conduct a small randomized trial to determine the effectiveness of the CCM for homeless women with AUD and risky drinking on increasing initiation, engagement, and retention in AUD treatment; and, 3) To establish preliminary outcomes and effect sizes for the effectiveness of the CCM on AUD and risky drinking, alcohol use consequences, mental and physical functioning and housing outcomes among homeless women. In particular, there is little or no research on services for urban Native Americans with alcohol abuse or dependence. This lack of information is unfortunate since most American Indians now live in cities. The proposed project will examine processes of treatment and outcomes among clients of programs focusing on American Indians in Seattle, Washington and Portland, Oregon. The Seattle Indian Health Board and the Native American Rehabilitation Association in Portland, Oregon primarily serve urban American Indians, are closely connected with general medical services, offer ancillary care such as family therapy, provide numerous treatment modalities for individuals with alcohol problems, and support ongoing research projects. Both agencies serve members of several tribes and both have clients who spend part of the year in the city and part on reservations. Both agencies have adapted for Native people and incorporated into their treatment programs standardized therapies including Motivational Enhancement and Cognitive-Behavioral Treatment. The project will use an inception cohort design. Clients presenting for treatment of alcohol problems at the study programs will be used to relate treatments to outcomes. Predictors will include variables describing culturally specific treatments provided to the Native clients as well as measures of clinic cultural competence. Administrative data will be used to compare outcomes for American Indians versus general population clients. Information generated from the project will be useful in devising optimal treatment for indigenous people living in urban areas and in planning random assignment of clinical trials. The research team (headed by a Cherokee psychiatrist and including members of several tribes) will disseminate results in collaboration with the newly funded American Indian and Alaska Native National Resource Center on Substance Abuse Prevention and Treatment.

This study will contribute knowledge about the fit between the CCM model and treatment for AUD and risky drinking in primary care, and will provide substantive findings that point clinicians and policymakers toward better ways to address the complex needs of a highly at-risk population.

**Project Title:** A MODEL FOR PRIMARY CARE MANAGEMENT OF ALCOHOL AND DRUG USE AMONG HOMELESS WOMEN

**Principal Investigator:** WEINREB, LINDA F

**Performing Organization:** UNIV OF MASSACHUSETTS MED SCH WORCESTER

**Total Cost:** $228,782

**Project Number:** 1R21AA018311-01

**Abstract:** The proposed study will conduct a small randomized trial to test the effectiveness of the collaborative care model (CCM) for homeless women with alcohol use disorders (AUD) and risky drinking in a large Health Care for the Homeless (HCH) primary care setting. It is well documented that the CCM yields numerous benefits for primary care patients with chronic conditions, ranging from depression to asthma and diabetes. Researchers and clinicians have argued that the CCM holds promise for individuals with significant AUD and co-occurring problems. As yet however, this approach has not been adequately applied and studied for homeless populations. Our goal is to adapt and develop the effectiveness of the CCM on improving AUD and risky drinking among homeless women. In keeping with recent developments in the substance abuse treatment literature, we will also assess changes in a wide range of outcome measures, including: alcohol use and related problems, mental health problems, functional status, housing status, and service utilization. We will also examine the effectiveness of the CCM on homeless women's initiation, engagement, and retention in appropriate AUD treatment as compared to usual care. This study will contribute knowledge about the fit between the CCM model and AUD and risky drinking treatment in primary care, and will provide substantive findings that point clinicians and policymakers toward better ways to address the complex needs of a highly at-risk population.

**Project Title:** MODERATORS AND OUTCOMES IN CHILDREN WITH MILD TO MODERATE HEARING IMPAIRMENT

**Principal Investigator:** MOELLER, MARY PAT; TOMBLIN, JAMES BRUCE

**Performing Organization:** UNIVERSITY OF IOWA

**Total Cost:** $470,431

**Project Number:** 3R01DC009960-01S1

**Abstract:** This award is issued in response to Notice OD-09-060, Discovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. ABSTRACT While previous studies have shown that children with mild-to-severe hearing loss are at risk for poorer language, academic, social and psychological outcomes, these studies were conducted prior to the implementation of universal newborn hearing screening and the recent technological advances in amplification. Early identification of hearing loss, improved amplification technologies, and access to quality early intervention programs have the potential to improve the performance of this group of children. The requisite clinical studies needed to provide optimal intervention to this subgroup of children with hearing loss have not been conducted. The proposed research will address this gap. Specifically, there is a critical need to examine outcomes in a large group. Thus, the overall goal of the proposed studies is to examine a range of longitudinal outcomes of this subgroup of children with hearing loss. Multi-center, multi-disciplinary evaluations will be conducted in order to gain a comprehensive understanding of the impact of mild to severe hearing loss on children and their families. It is critical to determine the constellation of factors that support the early development of speech, language, cognitive, and psychosocial skills as well as quality of life issues within the family. A comprehensive set of child outcomes (e.g., speech production and perception, language, academic, etc.) is needed to provide the necessary evidence to guide future interventions.
psychosocial, cognitive) and family outcomes (e.g., parenting, quality of life, and satisfaction with services) will be examined and compared to results from normal-hearing children with similar backgrounds. One of the largest known contributors to outcomes in children with hearing loss is reduced auditory/linguistic experience. Therefore, the focus of the proposed work will be on variations in receipt and effectiveness of early interventions (e.g., hearing aid use, educational programs) that are intended to enhance auditory/linguistic experiences. In so doing we believe that it is also important to identify barriers to service access and other factors that influence intervention compliance. Educational service provision for children with mild to severe hearing loss may vary in critical ways (e.g., accessibility, intensity and provider specialization). Further, it is likely that family (community of residence, parenting, income) and child (temperament, communication skills, degree of hearing loss) factors will interact with intervention features to influence outcomes. The planned recruitment of a large, representative sample will support the use of multivariate procedures, including Structural Equation Modeling, to examine the ways in which child, home/community and intervention characteristics combine to affect outcomes. Moderators and Functional Outcomes in Children with Mild to Severe Hearing Loss Narrative. This project will obtain critical information regarding the extent to which mild to severe hearing loss in early childhood threatens the well-being of children. The project also will provide important insight into the effectiveness of interventions concerned with mitigating the hearing loss and its negative consequences. These data will, therefore, form the foundation for evidence-based practice and policy for the clinical management of children with hearing loss.

National Institute on Drug Abuse (NIDA)

1R12DA024668-01A2

DISARP AT THE UNIVERSITY OF PUERTO RICO SCHOOL OF PUBLIC HEALTH

ALBUZU, CARMEN E

UNIVERSITY OF PUERTO RICO MED SCIENCES

DESCRIPTION (provided by applicant): Our goal is to enhance our capacity to conduct drug abuse research with criminal justice populations from a public health perspective, at the University of Puerto Rico, Graduate School of Public Health. Our research development strategy centers on developing proficiency in research competencies in a critical mass of health and services research relevant to engaging and retaining in community drug treatment re-entering inmates with histories of a substance use disorder. The program will provide the capacity to develop research capacity in students and encourage them to engage in drug abuse research careers. The research projects submitted with this application will explore individual and drug treatment provider factors that may predict entry and retention in community drug treatment for re-entering ex-offenders. The proposed projects should contribute to address the disproportionate prevalence of untreated substance use problems in incarcerated populations as well as the large proportion of untreated ex-offenders that become re-addicted and who are re-incarcerated shortly after release. The research projects include three pilot and one development project, as the at address NIDA research priorities and studies of service providers. We expect MIDARP support to enhance our capacity to engage in NIDA funded drug abuse research of relevance to addressing disparities borne by Latinos with a substance use disorder. To reach our goal, we have established the following aims: 1) Provide leadership, support, and coordination to increase the number of Latino faculty and students capable of successfully conducting drug abuse research relevant to a criminal justice context. 2) Enhance institutional and extra-institutional resources that sustain the successful planning, financing, and conduct of drug abuse research. 3) Disseminate research findings in a timely and effective fashion to the research community, to the academic programs, and to other stakeholders involved in addressing the drug treatment needs of ex-offenders with a substance use problem. PUBLIC HEALTH RELEVANCE (See instructions): We expect to build a synergistic cluster of faculty, students, and academic leaders that have expressed a growing interest in the public health impact of problems associated with drug abuse in the criminal justice population.

Total Cost

$523,707

1R21DA010926-01

EARLY SOCIAL COMMUNICATION CHARACTERISTICS OF ASD IN DIVERSE CULTURES IN THE US A

WETHERBY, AMY M

FLORIDA STATE UNIVERSITY

There is a pressing need to improve early detection of Autism Spectrum Disorders (ASD) so that families can access intensive, appropriate intervention services as early as possible. However, studies indicate that important racial and ethnic disparities exist in the identification and diagnosis of ASD among Latinos in the US, which impact access to services. Very little research is available on ASD from developing countries. This research investigation is a foundational study of early social communication markers of ASD in children from two diverse cultures from two different countries—Latinos in the Southeastern US and the KwaZulu-Natal (KZN) province of South Africa. These two regions were selected to inform future epidemiological research on ASD in diverse populations both in the US and other developing countries. Children in this study will range from 18 to 36 months of age. This study will use an observational case-control research design to compare early behavioral markers of ASD in 15 children who end up with a confirmed diagnosis of ASD from a predominantly Latino immigrant population in Collier County, Florida in the southeastern US (ASD-US1), 15 young African children from KZN who end up with a clinical diagnosis of ASD (ASD-Africa), and matched control children from Leon County, Florida, who have been diagnosed with ASD by the FIRST WORDS(R) Project (ASD-US2). The three groups of children with ASD will be compared to groups of typically developing (TD) children from each site (TD-US1, TD-Africa, TD-US2). Children will be recruited with autism-specific screening tools and compared for these low-resource settings. We will first conduct a series of focus groups to adapt the screening and diagnostic tools to be culturally appropriate and to understand the influence of culture on expectations of children and understanding of disabilities including ASD. Social communication markers of ASD will be compared during two different video recorded observation methods-structured observations using systematic sampling procedures and naturalistic observations of everyday activities. A clinical diagnosis of ASD based on the DSM-IV diagnostic criteria will be confirmed or ruled out by experienced clinicians using the Autism Diagnostic Observation Schedule. These findings will provide information about the relationship between culture and ASD in order to advance science on the heterogeneity of ASD and have important implications for informing research on genetic and environmental mechanisms of ASD. This research study is pivotal to our long term aims of adapting screening and diagnostic tools for epidemiological research and strengthening in-country and global collaboration to build the capacity in low-resource settings for appropriate accessible early intervention. PUBLIC HEALTH RELEVANCE: The expected outcomes of this study will have significance for the field by identifying behavioral markers that distinguish young Latino children in the Southeastern US and African children from KwaZulu-Natal with Autism Spectrum Disorders (ASD) from children with typical development from those cultures. It is important to investigate the relationship between culture and ASD in order to advance science on the heterogeneity of ASD. Cultural differences may be evident in the behavioral phenotype of ASD, recognition and interpretation of symptoms by caregivers, the decisions parents make regarding evaluation and treatment, and interactions between families and the healthcare system. The results of this research will lead to culturally sensitive screening and evaluation methods that may decrease the age at which all children with ASD are diagnosed.

Total Cost

$238,233

19210DC100185-01

NATIONAL INSTITUTE ON DRUG ABUSE (NIDA)

WETHERBY, AMY M

FLORIDA STATE UNIVERSITY

This project will obtain critical information regarding the extent to which mild to severe hearing loss in early childhood threatens the well-being of children. The project also will provide important insight into the effectiveness of interventions concerned with mitigating the hearing loss and its negative consequences. These data will, therefore, form the foundation for evidence-based practice and policy for the clinical management of children with hearing loss.

Total Cost

$523,707

1R21DA010926-01
y is associated with a significant proportion of relapses to be tested in future large samples. To obtain their feedback. Based on these evaluations, we will refine the intervention. In year 2 we will recruit a sample of 40 adult smokers to use the program as a smoking cessation intervention for 7 weeks, and then conduct interviews to evaluate their experience with the system. We will also demonstrate the working prototype to key stakeholders and continue to evaluate the effectiveness of the intervention.

DESCRIPTION (provided by applicant): Most smokers want to quit and nearly half attempt to quit each year. However, few actually succeed. The problem is particularly acute among young adult smokers who tend to under-utilize existing smoking cessation services, and have limited access to health insurance and healthcare. New, innovative approaches are needed that can reach out to younger adult smokers and help them quit.

Interval delivery modalities that can be inexpensively delivered in an appealing format with wide reach are particularly compelling for treating younger smokers. For this project we will develop and test a theoretically driven, evidence-based smoking cessation intervention that can be delivered through SMS text messages. Text messaging is popular with younger adults (40-35 years), over half of whom use text messaging, often sending 30 or more messages per week. Text messaging can be used to provide advice and interactive support adapted from evidence-based interventions for smoking cessation. However, thus far text messaging is an untapped medium and has been only rarely studied as an intervention delivery tool. Existing studies have significant limitations which the proposed study will attempt to redress. This project consists of three sub-studies: (1) Initial Acceptance Testing, Prototype Evaluation, and Initial Efficacy Testing. We will first develop a detailed presentation of the proposed intervention system and conduct an initial test of the program's potential feasibility and acceptability using a series of 3-4 focus groups with 24 smokers from our targeted demographic and conduct semi-structured interviews with key stakeholders and focus groups will be used to inform prototype development. Intervention programming and the content of intervention messages will be completed in month 9 of the project period. We will then recruit a second sample of 24 adult smokers to use the program as a smoking cessation intervention for 7 weeks, and then conduct interviews to evaluate their experience with the system. We will also develop a working prototype to key stakeholders and conduct interviews to obtain their feedback. Based on these evaluations, we will refine the intervention. In year 2 we will recruit a sample of 40 adult smokers, randomly select the target group and randomly assign them to receive either the text-message intervention (TXT) or a self-help intervention with contact control (TXC). Outcomes at end-of-treatment and six-month follow up will be used to obtain effect size estimates needed for a larger trial. PUBLIC HEALTH RELEVANCE: Younger adult smokers typically have limited access to healthcare and under-utilize smoking cessation services. This project will develop an evidence-based, theoretically driven smoking cessation program delivered through text messaging, which is a popular form of communication used by the majority of younger adults. This project has substantial public health significance in that successful dissemination of the intervention could reach as many as 6.8 million smokers annually.

DESCRIPTION (provided by applicant): Adolescent non-medical use of highly addictive prescription opioid drugs, such as Vicodin and Oxycontin, and tranquilizers, such as Valium and Xanax, is increasing. Although the reasons for increasing adolescent non-medical use of addictive prescription drugs are not known, we do know that they are widely advertised and sold over the internet without prescription. The Treatment Research Institute and Drug Strategies have conducted research on internet drug sales for the past four years and we believe that ‘non-prescription websites (NPWs)’ may be an important contributing factor to increasing adolescent use of these drugs. There has been no research on the role of the internet in supplying prescription medications to adolescents without a prescription. This revised RO1 will continue our investigations of the use of internet and other sources for drug purchase by high risk adolescents currently in residential treatment programs. We have a revised 30-minute data collection protocol using well-validated items from the CASI (Meyers et al., 1995 - 2007) that will be administered via a web-visited and engaging web interface (BubbleMonkey) to a purposive sample of 2000 adolescents (12 - 17) from 30 programs in a two-year data collection period. The data collection has been designed to completely protect confidentiality. The study has three primary aims: 1. To determine whether internet purchase is a significant source of drug availability for adolescents with serious substance abuse and addiction problems. We operationally define significant as a prevalence rate of 20 percent or higher in this sample. 2. To determine whether internet drug availability is associated with a significant proportion of relapses following efforts to stop drug use. Again, we operationally define significant as a prevalence rate of 20 percent or higher. 3. To explore whether use of internet websites and other sources, differs as a function of demographic and drug use characteristics among these high-risk adolescents. Information is urgently needed about the relationship between high-risk rates of adolescent non-medical use of prescription drugs and internet websites that market those products without a prescription. The study will be the first to obtain this information directly from adolescents about internet sources of drug supply.

PUBLIC HEALTH RELEVANCE: Adolescent non-medical use of highly addictive prescription opioid drugs, such as Vicodin and Oxycontin and tranquilizers such as Valium and Xanax, continues at high levels. These substances are widely advertised and sold over the internet without prescription, perhaps fostering adolescent drug use. This study will obtain information directly from adolescents about their use of the internet and other sources to obtain drugs.

DESCRIPTION (provided by applicant): Adolescent non-medical use of highly addictive prescription opioid drugs, such as Vicodin and Oxycontin, and tranquilizers, such as Valium and Xanax, is increasing. Although the reasons for increasing adolescent non-medical use of addictive prescription drugs are not known, we do know that they are widely advertised and sold over the internet without prescription. The Treatment Research Institute and Drug Strategies have conducted research on internet drug sales for the past four years and we believe that ‘non-prescription websites (NPWs)’ may be an important contributing factor to increasing adolescent use of these drugs. There has been no research on the role of the internet in supplying prescription medications to adolescents without a prescription. This revised RO1 will continue our investigations of the use of internet and other sources for drug purchase by high risk adolescents currently in residential treatment programs. We have a revised 30-minute data collection protocol using well-validated items from the CASI (Meyers et al., 1995 - 2007) that will be administered via a web-visited and engaging web interface (BubbleMonkey) to a purposive sample of 2000 adolescents (12 - 17) from 30 programs in a two-year data collection period. The data collection has been designed to completely protect confidentiality. The study has three primary aims: 1. To determine whether internet purchase is a significant source of drug availability for adolescents with serious substance abuse and addiction problems. We operationally define significant as a prevalence rate of 20 percent or higher in this sample. 2. To determine whether internet drug availability is associated with a significant proportion of relapses following efforts to stop drug use. Again, we operationally define significant as a prevalence rate of 20 percent or higher. 3. To explore whether use of internet websites and other sources, differs as a function of demographic and drug use characteristics among these high-risk adolescents. Information is urgently needed about the relationship between high-risk rates of adolescent non-medical use of prescription drugs and internet websites that market those products without a prescription. The study will be the first to obtain this information directly from adolescents about internet sources of drug supply.
influence and progression of these through time. Through these aims provide needed in-depth details on the lives of older drug users as well as trajectory models that can be used to target treatment strategies on the turning points in drug use trajectories. The information and models provided by this study can be used to develop better prevention, intervention and treatment programs by focusing on specific turning points in drug careers. This is a unique and innovative exploration of methodologies that can lead to future studies. The models developed from this R21 exploratory research grant will be used to propose a R01 grant to extend the predictive value of the models on turning points in drug use trajectories throughout the life course.

PUBLIC HEALTH RELEVANCE: Recent health studies show an alarming increase in drug use and HIV/AIDS among older adults, a cohort composed primarily of aging baby boomers. Retrospective life histories of older adult drug users allow an in-depth exploration how risk factors are influenced by the social context of drug users over the life course and help to identify turning points in the drug trajectory. By applying what we learn from the lives of older drug users in this sample, the findings will inform research and health initiatives for older as well as younger users, including prevention, intervention and treatment programs.

1RC1DA028428-01
A MOBILE ENABLING TECHNOLOGY TO PROMOTE ADHERENCE TO BEHAVIORAL THERAPY

BOYER, EDWARD W
PICARD, ROSALIND W

UNIV OF MASSACHUSETTS MED SCH WORCESTER

DESCRIPTION (provided by applicant): This application addresses broad Challenge Area (06) Enabling Technologies, 06-DA-105: Improving health through ICT/mobile technologies. The ultimate goal of this research is to fundamentally change the ways in which behavioral interventions are delivered. We propose an innovative mobile Enabling Technology-Heal that recognizes stressors that threaten a patient's recovery and then delivers evidence-based interventions exactly at the moment of greatest need. Our objective is to determine, within subjects, the extent to which psychologic and affective changes detected by Heal are predictive, within subjects, of posttraumatic stress or drug cues. The study team has considerable expertise in technology development and in assessment of behavioral interventions in co-occurring disorders. We will study 25 subjects drawn from an existing SAMHSA-funded investigation that utilizes intense case management to monitor progression of PTSD and substance abuse in returning combat veterans. Our proposed investigation will share interventions with the SAMHSA study that are based on a blending of Motivational Interviewing and Cognitive Behavioral Therapy approaches for PTSD and substance abuse. Specific aims: 1) To evaluate the accuracy with which Heal characterizes physiological and affective phenomena as acute stress reactions related to PTSD and environmental drug cues; and 2) To evaluate the effect of Motivational Interviewing-based interventions on acute stress reactions related to PTSD and environmental drug cues. This initial proposal is extremely innovative. The proposed Heal device will employ cutting-edge wireless technology to link wearable sensors to personal mobile computing platforms (e.g., iPhone). This linkage will allow Heal to detect co-occurring biological and behavioral processes, while embedded computing in the mobile platform permits Heal to deliver evidence-based empathetic interventions at the opportune moment. Heal can learn to intervene in ways that are most effective for the user. Incorporating scripted text-based dialogues modeled after brief interventions; use of motivating images or messages from loved ones; playing a meaningful song; or contacting a counselor at the moment of greatest need. Ultimately, a wearable wireless device that anticipates stressors and intervenes at a timely transition to risky activities has enormous potential in a variety of social, behavioral, and biomedical research enterprises. Importantly, Heal has immediate commercial applications that will encourage job growth in behavioral science, biomedical, computer science, telecommunication, and electrical engineering enterprises. Heal is an innovative device that uses wearable sensors to detect pulse, skin conductance, and acceleration; the sensor array wirelessly to an iPhone which has an app that identifies changes in the user's physiology. Changes consistent with acute stress from PTSD exacerbations or drug use cues generate an empathetic conversation between the iPhone and the user, who enters real-time data on social/behavioral/environmental contexts. The iPhone (which tracks time and GPS data) uses predictive software to anticipate upcoming stressors and help the user avoid them. The public health significance of this proposal is 1) Heal will detect co-occurring biological and behavioral processes in real time; 2) it will discern undiscovered behavioral states; 3) it will predict a behavior of interest; and 4) it will deliver empathetic interventions to the user at the opportune moment for intervention. Because it is based on the union of existing technology and has immediate commercial applications, Heal will encourage job growth in behavioral science, biomedical, computer science, telecommunication, and engineering enterprises. Importantly, Heal has immediate commercial applications that will encourage job growth in behavioral science, biomedical, computer science, telecommunication, and electrical engineering enterprises. The study will provide important, previously unreported, insight into the everyday lives of older women. This research will contribute to the empirical base of knowledge, will identify potential strategies for enhancing well-being in later life, and perhaps will develop some conclusions that may help ameliorate dependence. It is based on the widest array of measures of smoking exposure and nicotine dependence sensitivity.

1F31DA025391-01
INDIVIDUAL DIFFERENCES IN SMOKING EXPOSURE AND NICOTINE DEPENDENCE SENSITIVITY

DIERKER, LISA C

WESLEYAN UNIVERSITY

DESCRIPTION (provided by applicant): This application represents a request for support to conduct research integrating developmental theory regarding nicotine exposure and sensitivity with state-of-the-art statistical methods aimed at defining unique population subgroups at risk for nicotine dependence. To date, risk research focused on the role of depression and alcohol use in the emergence of smoking behavior and nicotine dependence has largely been content to efforts intended to evamplify probable explanations for the association that is depression and/or alcohol use may signal increased sensitivity to nicotine dependence at similar levels of use. Stated plainly, few, if any, papers are provided to support the goal for the next five years is to apply both traditional and state-of-the-art statistical methods to the analysis of longitudinal data that includes assessment of DSM-IV nicotine dependence and the widest array of measures of smoking exposure available. The following specific aims will be addressed: 1) Describe individual differences in the patterning (e.g. quantity, frequency, timing and duration) of smoking behavior associated with the emergence of nicotine dependence. 2) Evaluate the role of depression and alcohol...
users/sellers in promoting increased exposure to smoking and/or increased sensitivity to nicotine at similar levels of use. 3) Identify prominent and unique risk/exposure pathways that predict the emergence of nicotine dependence for population subgroups. 4) Determine the attributable risk associated with each of the prominent risk/exposure pathways in order to evaluate the potential for reduction of smoking behavior in the population. Existing data will be utilized including adolescent and young adult samples. Multiple statistical techniques for evaluating the presence of population subgroups at risk for nicotine dependence at varying levels of exposure will be used including latent class analysis (LCA) and classification and regression tree (CART) analysis. These group-based approaches will be complemented with traditional regression techniques and Receiver Operator Characteristic (ROC) analysis in order to evaluate the unique and complimentary contributions of variable-centered and group-based methods for evaluating individual variability in the etiology of nicotine dependence. We expect that the completion of the proposed studies will substantially advance our understanding of smoking etiology that will inform the targets, timing and content of intervention for those individuals most sensitive to the importance of smoking etiology. PUBLIC HEALTH RELEVANCE. This research will provide a more detailed understanding of the nature and onset of nicotine dependence in adolescents and young adults. The identification of individuals with high susceptibility to nicotine dependence will inform more targeted efforts for further reducing smoking prevalence.

Project Title: IMPLEMENTATION AND DISSEMINATION OF TOBACCO CESSATION STRATEGIES IN FREE CLINICS

Principal Investigator: FOLEY, KRISTIE L

Performing Organization: DAVIDSON COLLEGE

DESCRIPTION (provided by applicant): Individuals without health insurance are 1) more likely to smoke than those insured through private providers and are less likely to receive smoking cessation advice from a health professional. Limited access to smoking cessation programs among the uninsured may contribute to their excess disease burden and poorer survival. The goal of this research is to provide formative data on the implementation and dissemination of evidence-based tobacco cessation strategies in free clinics by achieving the following aims: 1) increasing free clinics’ organizational readiness to adopt the United States Public Health Service’s Guidelines on Treating Tobacco Use and Dependence; 2) evaluating the efficacy of the evidence-based strategies in promoting tobacco cessation behaviors among clinic health care volunteers and uninsured patients; and (3) testing whether the North Carolina Association of Free Clinics has the capacity to disseminate the evidence-based tobacco cessation prevention and cessation strategies in absence of the university research team. These aims will be accomplished through a randomized, controlled trial design to test the adoption, efficacy, and dissemination of clinic-based tobacco cessation strategies in six free clinics. These aims will be evaluated using three data collection protocols including key informant interviews, environmental scans, and patient exit interviews. Free clinics serve a critical role in health care delivery of America’s uninsured population. They are non-profit private entities distinct from other safety net providers in that they do not accept reimbursement from any third-party payors, do not charge patients for health care services, and rely extensively on volunteer health care professionals. More than 300,000 patient visits occurred in North Carolina’s free clinics in 2006. Of 55 free clinics in North Carolina providing medical or dental care, only one out of four clinics offers any tobacco cessation services and only two have a comprehensive tobacco cessation program onsite. The proposed research study responds to an unmet need for the successful implementation and dissemination of evidence-based tobacco cessation care for the uninsured. The overall intent of this research is to ultimately close the gap between research discovery and program delivery in the area of tobacco control. PUBLIC HEALTH RELEVANCE. The scientific evidence demonstrates that comprehensive clinic-based interventions significantly improve quit rates among tobacco-user patients. The evidence is also compelling that individuals without health insurance are less likely to receive tobacco cessation counseling, yet are more than 1) times the general population to use tobacco. This study will test the implementation and dissemination of evidence-based clinical practice guidelines in the free clinic setting, thereby having a significantly positive impact on the health of the uninsured.

Project Title: DEVELOPMENT OF BEHAVIORAL AND SOCIAL INTERVENTIONS THAT REDUCE STIGMA AND IMPROVE PREVENTIVE SCREENING SERVICES IN FREE CLINICS

Principal Investigator: FULLER, CRYSTAL M

Performing Organization: COLUMBIA UNIVERSITY HEALTH SCIENCES

DESCRIPTION (provided by applicant): This application addresses the broad Challenge Area (01) Behavior, Behavioral Change, and Prevention and the specific Challenge Topic, 01-Da-106: Development of behavioral and social interventions that reduce stigma and improve quality and accessibility of health care services in low resource settings. We will evaluate a pharmacy-based pilot intervention that combines rapid HIV testing with other preventive screening services including blood pressure, glucose, and cholesterol screening. This pilot targeted to injection drug users (IDUs) who purchase syringes from pharmacies via the New York State Expanded Syringe Access Program (ESAP) - a program aimed at increasing sterile syringe access to help reduce HIV transmission. By combining HIV testing with less stigmatizing screening services and offering testing to all pharmacy patrons instead of singling out drug users, the likelihood of reducing HIV testing and drug use-associated stigma will increase. Although HIV testing is increasingly accessible and new testing technologies are available, HIV testing rates are low in the black and Hispanic community, especially among IDUs at risk for HIV and many other infectious and chronic diseases. Structural barriers (i.e., lack of health insurance) in the black and Hispanic community, especially among IDUs may limit access to regular health care preventive services. Access barriers are compounded by stigma associated as getting an HIV test that may identify an individual as socially unacceptable behavior. Thus, this proposed study aims to 1) qualitatively evaluate HIV testing and chronic disease screening in pharmacies, 2) compare/contrast correlates of agreeing to a HIV test vs. not among IDU syringe customers and their peers and 3) qualitatively compare/contrast HIV testing with comprehensive screening services pharmacy (intervention) vs. HIV testing only pharmacy (control). To accomplish these aims, we propose to conduct in-depth interviews among key stakeholders to inform development of study materials, IDU/peer survey and pharmacy staff surveys. We will recruit 2 ESAP-registrants at each pharmacy (1 intervention and 1 control) where our current work has developed the infrastructure to perform on-site screening services. Among the intervention and control pharmacies, 728 (516 non-drug using, 70 drug using +3 networks/ drug user) pharmacy customers will be recruited. We will adapt a previously developed training module to train pharmacy personnel on how to engage pharmacy customers. Customers from the intervention pharmacy will complete a brief attitude scale on attitudes toward HIV, IDUs and stigma, watch an educational video on the importance of health screening (particularly HIV testing), participate in desired screening services and undergo a structured 20-minute ACASI that repeats the attitudes scale. Customers in the control pharmacy will only undergo HIV testing and a structured 25-minute ACASI survey. Semi-structured surveys will be administered to all pharmacy staff to ascertain impact of on-site prevention services on pharmacy personnel and business flow and we will use standard qualitative analytic techniques and GEE to account for clustering in quantitative analysis. The proposed research is highly significant in that it aims to explore a pilot intervention that involves expanding pharmacy services to include HIV testing and to determine if offering HIV testing within a comprehensive prevention approach that includes less stigmatizing screening tests (i.e., blood pressure, glucose and cholesterol screening) increases HIV testing among injection drug users who purchase syringes in pharmacies and their peers (drug-using and/or non-drug)

Total Cost: $195,167

Total Cost: $499,854

Project Number: 1R1DA024631-01

Project Number: 1R1DA028284-01

Total Cost: $499,854

HSPProj Update: National Institutes of Health (NIH) ARRA Awards for Health Services Research
using. We will be using new HIV testing technologies and bringing technological innovations and treatment modalities to low-income communities in New York City. If successful, this model can be duplicated not only throughout other high-risk neighborhoods in New York, but in several other cities and states. If our findings are positive, broader public health impact could follow. Pharmacists can partner with clinicians and other health care providers to offer an integrative approach to HIV testing to high-risk injection drug using populations and to other groups with limited access to health care services such as the uninsured and undocumented immigrants. Adoption of this integrative approach to HIV testing on a larger scale could also be implemented and reduce many of the access and stigmatization barriers experienced in marginalized populations for HIV testing while simultaneously increasing and improving general health and well-being by targeting chronic disease outcomes that disproportionately affect marginalized populations.

In recent years the National Institute on Drug Abuse (NIDA) Clinical Trials Network (CTN) has made significant gains in testing the effectiveness of promising addiction treatments, and disseminating findings about those treatments to the field. At the same time, drug abuse treatment systems nationwide face a trend toward the increasing use of evidence-based practices. In the context of these complementary efforts and trends, the translation of research findings to meet practice needs has gained prominence. A number of theoretical perspectives and constructs have been advanced, yet establishing their usefulness offers singular challenge due to the range of factors thought to impact research translation, and the number of programs and long time horizon needed to assess translation research outcomes. As a laboratory for translational research, where studies are conducted in partnership with Urban world community clinics, the CTN allows observation of the process of effectiveness research over time, from protocol conceptualization through implementation and into the post-implementation and into the post-implementation period. In collaboration with CTN protocol 0311 (Simultaneous Abusers Groups to Engage in 12Step-STAGE-12), this study will assess relationships relevant to the translation of research into practice: the ability of the fidelity of STAGE-12 implementation impacts clinical outcomes, b) the relationship hypothesized counselor and organizational variables affect fidelity, and c) the uptake of the STAGE 12 intervention in participating clinics after the trial ends. In exploratory analyses, the project will model these multiple relationships for their impact on intervention adoption after the clinical trial ends. Although prior research has examined individual relationships among these variables, this study will assessing multiple relationships in the context of a multi-site clinical trial, extending observation to encompass pre-implementation, during implementation, and post implementation measures and constructs. The short term goal of the project is to assess key relationships in a theoretically driven model of implementation, using the CTN STAGE-12 study asa research platform. The longer term goal is to speed the translation of CTN research findings to implementation, so that clinics can more readily adopt research based interventions, and more effectively treat the persons families, and communities they serve.

HPSProj Update: National Institutes of Health (NIH) ARRA Awards for Health Services Research

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<th>Performing Organization</th>
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<tr>
<td>1R1DA025600-01</td>
<td>IMPACT OF CORE IMPLEMENTATION COMPONENTS ON ADOPTION</td>
<td>GUVIDISH, JOSEPH R</td>
<td>UNIVERSITY OF CALIFORNIA SAN FRANCISCO</td>
<td>The recent passage of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008, which requires private health plans to provide equal coverage of behavioral and medical/surgical services, also known as parity, represents an important step in the expansion of access to substance abuse and mental health treatment. The new law will create an opportunity for new funding for behavioral health services, and it will likely launch a significant restructuring of private and public insurance coverage for behavioral health treatments. In fact, the new legislation may have its largest public health impact through its indirect influence on the State Children’s Health Insurance Program (SCHIP), public health insurance coverage for children under 20 not income-eligible for Medicaid. SCHIP enrollees suffer behavioral health problems at higher rates than their counterparts on Medicaid. However, SCHIP programs tend to limit coverage of behavioral health services through visit/day limits, high co-payments, co-insurance, and deductibles in ways that Medicaid programs do not. Federal parity legislation is especially significant for many SCHIP programs because states must meet federal SCHIP benefit requirements by benchmarking behavioral health benefits against private insurance plans directly affected by the new law. Thus, the new legislation creates a new benchmark for states to compare their existing benefit levels and design, and likely changes in the management of behavioral health services in some SCHIP programs, while leaving other programs that do not benchmark benefits in this way unchanged. The new legislation expands access to substance abuse and mental health treatment. Implementation of the new parity legislation was strengthened by the reauthorization of SCHIP in February of 2009, both because it expands the scope of the program with additional funding, and because it requires parity. We propose to exploit the variation created, 1) to examine how SCHIP programs change behavioral health benefit design and management approaches in response to changes in benchmark plans induced by parity legislation; and 2) to estimate changes in SCHIP coverage, utilization and out of pocket spending for child behavioral health services (Aim 2) among likely SCHIP enrollees in affected states following the implementation of new federal parity legislation. We will pursue these aims with primary data collection regarding benefit design and management features of state SCHIP programs before and after the law change (Aim 1). Second, we will survey parents regarding substance abuse and related outcomes among children aged 3 to 12 before the law change takes effect and 12 months after the law change (Aim 2). We will analyze these new data using appropriate panel data methods to account for repeated observations on individuals, and using estimation strategies such as generalized Poisson or negative binomial models for count data and generalized linear models to address spending data, which are often skewed.</td>
<td>$389,925</td>
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<td>1R1DA027414-01</td>
<td>PARITY, CHILD MENTAL HEALTH, AND SUBSTANCE ABUSE</td>
<td>MEARA, ELLEN R</td>
<td>HARVARD UNIVERSITY (MEDICAL SCHOOL)</td>
<td>$453,601</td>
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<tr>
<td>1RC1DA028407-01</td>
<td>INTENSIVE OUTPATIENT TREATMENT WITH PRESCRIBING AMONG AFRICAN AME</td>
<td>MITCHELL, SHANNON</td>
<td>FRIENDS RESEARCH INSTITUTE, INC.</td>
<td>DESCRIPTION (provided by applicant): This application addresses broad Challenge Area (05): Comparative Effectiveness Research, and specific Challenges Topic (05-DA-104): Comparing Drug Treatment Effectiveness in Ethnic Minority Populations: Background: Although there is relatively little difference in illicit drug use rates between African Americans and Whites, there is significant differences in terms of the collateral impact of opiate use on these two communities and wide disparities in their access to treatment. Buprenorphine, a partial mu agonist approved for use the US in 2002 outside of strictly regulated opiate treatment programs, has the potential to reduce the disparity between demand for treatment and treatment access. However it appears from early data on the implementation of buprenorphine in the US that the health disparities faced by African Americans are now extending to this treatment. Indeed, according to SAMHSA over 90 percent of the patients receiving buprenorphine in their evaluation of this treatment were White. Many African Americans in urban areas are unable to find or afford the kind of buprenorphine physician office-based treatment that the approval of buprenorphine was intended to make possible. In Maryland and elsewhere, drug treatment agencies are responding to the disparities in access to buprenorphine treatment by offering grants or contracts to drug treatment programs that have traditionally relied exclusively on psychosocial approaches (‘drug-free’ outpatient programs) to treatment. This arrangement has potential to ameliorate the access problem for African Americans, who in Baltimore make up about 80 percent of the city’s heroin-using population. But this arrangement has also uncovered knowledge gaps that must be addressed.</td>
<td>$496,748</td>
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be utilized to enable both access and optimal patient-centered treatment for this population. One such gap concerns what level of psychosocial treatment is appropriate for this population. Second, we need to understand how attitudes of staff at formerly abstinence-oriented programs affect the use of an opioid agonist in terms of retention in treatment and outcomes. Design: This two-group randomized clinical trial will test the effectiveness of intensive outpatient (IOP) vs. standard outpatient (OP) treatment in 272 heroin-dependent African American adults receiving buprenorphine in 3 formerly ‘drug-free’ programs. Participants will be randomly assigned to one of the two treatment intensity conditions at intake and assessed at baseline, 3-, and 6-months post-baseline to determine treatment retention. Frequency and severity of heroin and cocaine use, self-reported HIV-risk, quality of life, and to determine DSM-IV criteria for Full or Partial Remission of Opioid Dependence. Furthermore, patient factors potentially critical for treatment success (e.g., attitudes towards buprenorphine and average buprenorphine dose while in treatment) will be examined to determine their importance in influencing treatment outcomes. Moreover, both patient and staff attitudes and average buprenorphine dose will be evaluated to determine their respective relationships to treatment experiences and treatment retention. Significance, Innovation and Public Health Impact: This study is significant because it will examine the comparative effectiveness of two common counseling approaches offered with buprenorphine in clinics treating large numbers of African Americans, a population with significant need and limited access to this type of effective treatment. Study findings may help to expand the availability of buprenorphine to African Americans, inform providers and policymakers regarding the relative benefits of two levels of intensity of counseling, and inform the field regarding factors associated with optimal buprenorphine utilization and program retention. The use of the DSM-IV criteria for remission as a one of the outcome measures represents an important augmentation of the usual drug abuse research outcome measures. DSM-IV criteria is usually collected upon urine testing results and self-reports of drug use as the primary outcome measure and do not take into account drug-related reductions in clinically significant impairment or distress, despite some continued intermittent use. Public Health Impact: This study will examine the comparative effectiveness of two common counseling approaches offered with buprenorphine in clinics treating large numbers of African Americans, a population with significant need and limited access to this type of effective treatment which reduces drug use and HIV-risk. Study findings may help to expand the availability of buprenorphine to African Americans, inform providers and policymakers regarding the relative benefits of two levels of intensity of counseling, and inform the field regarding factors associated with optimal buprenorphine utilization and program retention.

Residential treatment is one of the most desirable modalities offered in any treatment system. Yet it is also one of the most costly, and its benefits are limited if not followed reliably by continuing aftercare in an outpatient program. This services research project will examine the comparative effectiveness of three evidence-based interventions for improving historically low rates of successful transition from residential to outpatient care. The project takes place within the treatment service delivery system of Baltimore City and represents a collaboration between Johns Hopkins University SOM, the Maryland Opiate Treatment Clinical Trials Network (CTN) and Baltimore Substance Abuse Systems (BSAS), the Substance abuse authority for the City of Baltimore. The interventions to be examined are a) Transportation Escort that delivers residential clients to the door of the outpatient referral program on the day of discharge, b) Transition Incentive that offers a financial incentive to clients who successfully enroll in outpatient aftercare and c) Residential In-reach that arranges, orientation visits by outpatient staff who visit referral clients at the residential program. These enhanced interventions will be compared with a usual care control condition in which no special intervention is in place. Using a Linear-Square cross-over design than maximizes external validity, treatment conditions will be in place during 6-week intervals of time in a pre-determined sequence during the 2-year project. Primary outcome measure will be the percent of referred clients who are admitted to an outpatient program after 30 days of residential discharge. Length of stay in the outpatient program will also be examined as a function of transition interventions as a secondary outcome. Overall, the project will produce valuable new data that can be used by policy makers to select transition options that will maximize continuation of care within a drug abuse treatment services delivery system. This award is issued in response to Notice OD-09-058, Recovery Act Fund for Administrative Incentives Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): To distinguish between the parent R01 grant and the competitive revision (CSR) information relevant to the parent grant is shown in standard text format. Information relevant to the competitive supplementary revision (CSR) is shown in italics. The current application is submitted in response to NOT-OD-09-058 (NIH Announces the Availability of Recovery Act Funds for Competitive Revision Applications). The parent grant (R01DA029035-01, 'Computer vs. Therapist-Delivered Brief Intervention for Drug Abuse in Primary Care') was funded 9/08 in response to DA-08-211 (SBIRT in medical settings). Briefly, the rationale and methods for the parent study are as follows: The vast majority of persons with substance use disorders go undetected and untreated. Proactive screening, brief intervention, and referral for treatment are the core components of SBIRT and have demonstrated broad impact in reducing substance use and improving other health outcomes. The project takes place within the treatment service delivery system of Baltimore City and represents a collaboration between Johns Hopkins University SOM, the Maryland Opiate Treatment Clinical Trials Network (CTN) and Baltimore Substance Abuse Systems (BSAS), the Substance abuse authority for the City of Baltimore. The interventions to be examined are a) Transportation Escort that delivers residential clients to the door of the outpatient referral program on the day of discharge, b) Transition Incentive that offers a financial incentive to clients who successfully enroll in outpatient aftercare and c) Residential In-reach that arranges, orientation visits by outpatient staff who visit referral clients at the residential program. These enhanced interventions will be compared with a usual care control condition in which no special intervention is in place. Using a Linear-Square cross-over design than maximizes external validity, treatment conditions will be in place during 6-week intervals of time in a pre-determined sequence during the 2-year project. Primary outcome measure will be the percent of referred clients who are admitted to an outpatient program after 30 days of residential discharge. Length of stay in the outpatient program will also be examined as a function of transition interventions as a secondary outcome. Overall, the project will produce valuable new data that can be used by policy makers to select transition options that will maximize continuation of care within a drug abuse treatment services delivery system. This award is issued in response to Notice OD-09-058, Recovery Act Fund for Administrative Incentives Providing Summer Research Experiences for Students and Science Educators. DESCRIPTION (provided by applicant): To distinguish between the parent R01 grant and the competitive revision (CSR) information relevant to the parent grant is shown in standard text format. Information relevant to the competitive supplementary revision (CSR) is shown in italics. The current application is submitted in response to NOT-OD-09-058 (NIH Announces the Availability of Recovery Act Funds for Competitive Revision Applications). The parent grant (R01DA029035-01, 'Computer vs. Therapist-Delivered Brief Intervention for Drug Abuse in Primary Care') was funded 9/08 in response to DA-08-211 (SBIRT in medical settings). Briefly, the rationale and methods for the parent study are as follows: The vast majority of persons with substance use disorders go undetected and untreated. Proactive screening, brief intervention, and referral for treatment are the core components of SBIRT and have demonstrated broad impact in reducing substance use and improving other health outcomes. The project takes place within the treatment service delivery system of Baltimore City and represents a collaboration between Johns Hopkins University SOM, the Maryland Opiate Treatment Clinical Trials Network (CTN) and Baltimore Substance Abuse Systems (BSAS), the Substance abuse authority for the City of Baltimore. The interventions to be examined are a) Transportation Escort that delivers residential clients to the door of the outpatient referral program on the day of discharge, b) Transition Incentive that offers a financial incentive to clients who successfully enroll in outpatient aftercare and c) Residential In-reach that arranges, orientation visits by outpatient staff who visit referral clients at the residential program. These enhanced interventions will be compared with a usual care control condition in which no special intervention is in place. Using a Linear-Square cross-over design than maximizes external validity, treatment conditions will be in place during 6-week intervals of time in a pre-determined sequence during the 2-year project. Primary outcome measure will be the percent of referred clients who are admitted to an outpatient program after 30 days of residential discharge. Length of stay in the outpatient program will also be examined as a function of transition interventions as a secondary outcome. Overall, the project will produce valuable new data that can be used by policy makers to select transition options that will maximize continuation of care within a drug abuse treatment services delivery system.
clinical practice have been reported (Flore et al., 2008). This competitive supplement (CS) makes convenient use of the infrastructure already in place through the parent grant to collect benchmark data on the effectiveness of a computer-delivered 5A’s intervention for cigarette smoking. The computerized 5A’s intervention already exists for prenatal smoking (R21, Ondersma & Svikis). With minor revisions it can be studied in the competitive supplement project. Specifically, the proposed research will compare 1- and 3-month smoking cessation rates in medical patients (N=380) randomized to the computer-delivered 5A intervention or a screening + resource information control group. The CS proposal will not only provide additional empowerment opportunities for research assistants, it will also increase the rate and number of subjects recruited for the parent grant and provide greater power for secondary analyses. Most importantly, it will inform the field about the efficacy of a computer-delivered 5 A’s intervention with both clinical and economic analyses. If outcomes are comparable to those reported in previous practitioner-delivered research, the practical and economic implications of its use will be significant and should ultimately reduce tobacco mortality and morbidity rates in this country. PUBLIC HEALTH RELEVANCE: Although a physician-delivered 5A’s approach to smoking cessation is considered the ‘gold standard’ among researchers, the extent to which this intervention has been adopted in routine practice settings is sadly lacking. This competitive supplement will collect benchmark data on smoking cessation rates when the 5A’s intervention is delivered entirely via computer-based technology. If outcomes are comparable to those reported in the 2008 practice guidelines for tobacco cessation and better than those found in standard care, the findings would have major practical and economic implications, ultimately assisting more patients in their efforts to stop smoking. This CS interfaces perfectly with the parent R01, which targets heavy/normal problem alcohol and/or drug use and compares 2 greatly simplified, computer-based approaches to screening and brief intervention to a more traditional, counselor-delivered brief intervention. If one or both of the computer-based approaches yields outcomes comparable to the usual counselor-delivered approach, the simplicity of the computer-based technology would make treatment available to many more persons with drug or alcohol problems as well.

1R01DA023091-01A2

DESCRIPTI ON (provided by applicant): The current application is the second revision of our application responding to Program Announcement PA-01-007. Our proposed study will examine substance abuse, juvenile/criminal justice system involvement and health disparities in youth, focusing on: (1) obtaining comparisons between African American and White youth. African Americans comprise about 12% of the US population, but they represented almost half of the prison population in 2004. In 2004, increases in arrests for drug offenses have accounted for nearly one third of the growth of the African American inmate population in recent decades. However, findings from national community surveys have shown that rates of substance use and abuse in African Americans are similar to those of Whites. Also, studies have shown that African Americans are less likely to receive adequate treatment for substance use related problems. There is a need to understand racial/ethnic disparities related to juvenile/criminal justice system involvement, substance use and access to treatment for substance use related problems. The proposed study utilizes data from three national representative surveys of youth: (1) a large community sample with information on criminal justice system involvement histories, substance use/abuse/dependence, and use of substance treatment services; (2) a longitudinal (7-year) survey of youth covering substance use, delinquent behaviors, juvenile/criminal justice system involvement and risk factors at the individual, family and community levels; and (3) a large, nationally representative sample of youth in placement in Juvenile Justice facilities. Study aims: (1) To examine rates of Juvenile/Criminal Justice System involvement among youth, especially among those with substance use or abuse/dependence, comparing African American and White youth, and identifying factors which may partially explain longitudinal differences between the two groups; (2) Using longitudinal data, to examine racial/ethnic differences in the relationship between substance use and juvenile/criminal justice system involvement, including the role of substance use in pathways to juvenile justice involvement from adolescence to young adulthood, as well as the impact of criminal/juvenile justice system involvement on subsequent changes in patterns of substance use; and (3) To examine differences in the types of treatment received for substance use related problems by African-American and White youth with juvenile/criminal justice system involvement, and identify barriers to use of treatment services faced by African-American youth with juvenile/juvenile justice system involvement. Public Health Relevance: Given that African American youth are disproportionately represented among juvenile and adult arrestees and prisoners/delinquents, especially for drug offenses, and that treatment services for substance use related problems for people involved in the criminal/juvenile justice system tend to be lacking or inadequate, there is a great need to understand the racial/ethnic differences related to juvenile/criminal justice system involvement, substance use and access to treatment for substance use related problems. The proposed study will examine these racial/ethnic disparities in terms of the dynamic longitudinal relationship between substance use and juvenile/criminal justice system involvement, and in terms of access to treatment services for substance use related problems, from a public health perspective.

National Institutes of Health (NIH) ARRA Awards for Health Research Services

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<th>Project Number</th>
<th>Project Title</th>
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<th>Performing Organization</th>
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<td>3R01NR008800-04S1</td>
<td>A FAMILY PARTNERSHIP INTERVENTION FOR HEART FAILURE</td>
<td>DUNBAR, SANDRA B.</td>
<td>EMORY UNIVERSITY</td>
<td>This award is issued in response to Notice OD-08-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators.DESCRIPTION (provided by applicant): Self-management behaviors required for persons with heart failure (HF) are multifaceted and include initiating and maintaining a reduced sodium diet and implementing a complex medication regimen. Adherence to these behaviors is poor, and nonadherence accounts for a large percentage of HF hospital readmissions and health services use. Because performance of these behaviors occurs in the family context and is influenced by family activities and habits, a family approach to improve self-management behaviors has great promise. This study will evaluate the incremental effect of a family-focused intervention over a structured patient-family education program and usual care for persons with HF (n=262). The intervention will be delivered in the outpatient setting in a group format, and patient-family education and data collection will occur in the General Clinical Research Center. Patient variables and measures are dietary sodium (24-hour urinary sodium), medication adherence to HF drugs including angiotensin-converting enzyme inhibitors and diuretics (Medication Event Monitoring System), heart failure severity (brain natriuretic peptide levels), functional ability (6 minute walk distance), HF patient depressive symptoms (Beck Depression Inventory-II), and perceived quality of life (Minnesota Living with Heart Failure Questionnaires). Data will be obtained at baseline, and 4 and 8 months. Family member variables include depressive symptoms (Beck Depression Inventory-II) obtained at baseline, 4 and 8 months. Secondary aims will examine health resource utilization (hospitalizations, emergency department or provider contacts) over the 8 months and patient and family member perceived autonomy support. Baseline measures of clinical (NYHA)</td>
<td>$424</td>
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<td>3R01DA023091-01</td>
<td>DRUG ABUSE, CRIMINAL JUSTICE SYSTEM INVOLVEMENT &amp; HEALTH DISPARITIES IN YOUTH</td>
<td>WU, PING</td>
<td>NEW YORK STATE PSYCHIATRIC INSTITUTE</td>
<td>This competitive supplement (CS) makes convenient use of the infrastructure already in place through the parent grant to collect benchmark data on the effectiveness of a computer-delivered 5A’s intervention for cigarette smoking. The computerized 5A’s intervention already exists for prenatal smoking (R21, Ondersma &amp; Svikis). With minor revisions it can be studied in the competitive supplement project. Specifically, the proposed research will compare 1- and 3-month smoking cessation rates in medical patients (N=380) randomized to the computer-delivered 5A intervention or a screening + resource information control group. The CS proposal will not only provide additional empowerment opportunities for research assistants, it will also increase the rate and number of subjects recruited for the parent grant and provide greater power for secondary analyses. Most importantly, it will inform the field about the efficacy of a computer-delivered 5 A’s intervention with both clinical and economic analyses. If outcomes are comparable to those reported in previous practitioner-delivered research, the practical and economic implications of its use will be significant and should ultimately reduce tobacco mortality and morbidity rates in this country. PUBLIC HEALTH RELEVANCE: Although a physician-delivered 5A’s approach to smoking cessation is considered the ‘gold standard’ among researchers, the extent to which this intervention has been adopted in routine practice settings is sadly lacking. This competitive supplement will collect benchmark data on smoking cessation rates when the 5A’s intervention is delivered entirely via computer-based technology. If outcomes are comparable to those reported in the 2008 practice guidelines for tobacco cessation and better than those found in standard care, the findings would have major practical and economic implications, ultimately assisting more patients in their efforts to stop smoking. This CS interfaces perfectly with the parent R01, which targets heavy/normal problem alcohol and/or drug use and compares 2 greatly simplified, computer-based approaches to screening and brief intervention to a more traditional, counselor-delivered brief intervention. If one or both of the computer-based approaches yields outcomes comparable to the usual counselor-delivered approach, the simplicity of the computer-based technology would make treatment available to many more persons with drug or alcohol problems as well.</td>
<td>$375,071</td>
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Project Number: 1R1NR011332-01
Title: PPM-PREP. PEER-MENTORED PREPAREDNESS FOR ADULTS WITH DEVELOPMENTAL DISABILITIES
Principal Investigator: EISENMAN, DAVID PAUL
Performing Organization: UNIVERSITY OF CALIFORNIA LOS ANGELES
Abstract:
DESCRIPTION (provided by applicant): The overall goal of this proposed study is to develop and pilot test a disaster preparedness intervention targeting adults with a developmental disability, such as mental retardation, epilepsy, cerebral palsy or autism, who are living independently in the community (ADD). While this population is growing and increasingly relocating into the community, scant empirical research has been conducted to reduce their disaster-related health consequences. A community-academic partnership between UCLA and the Westside Regional Center (WRC), an LA-based service provider for ADD, proposes a two-phase, community-participatory research study. The aims are to: 1) identify barriers and facilitators to disaster preparedness among ADD living independently in the community (Phase 1); and 2) pilot test a disaster-preparedness intervention for ADD living independently in the community to determine feasibility and effect size (Phase 2). The intervention builds upon studies the partners conducted on disaster preparedness and developmental disabilities. The Principal Investigator developed a disaster preparedness intervention (PREP) and demonstrated its efficacy with Latino immigrants. WRC showed that peer mentors can effectively conduct health promotion for ADD. In Phase I of the proposed study, findings from focus groups of ADD will be used to tailor PREP for ADD. In Phase 2, a health educator and peer mentors will deliver the modified intervention, PM-PREP (Peer Mentored PREP) in six 11/2-hour sessions held at the WRC. PM-PREP will build upon the Foundation of Client-Centered Care and the Theory of Planned Behavior. PM-PREP will employ a two-group, pre-test/post-test design with a sample of 40 ADD who receive the intervention and a wait-list control group (n=40). Participants will be evaluated at baseline and one-month post-intervention. Data will be collected using a standard preparedness checklist modified for this population with pictures of each item. Data analysis will include descriptive statistics for preparedness assessments, attendance rate, demonstrated knowledge and structured observation measures. Logistic regressions will evaluate treatment effects for single preparedness items and linear regression will evaluate the treatment effect of a combined preparedness score. This proposed study fills a gap in disaster preparedness and innovatively applies peer-mentored health promotion to the disaster research field. The peer-mentor model is theoretically sound because consumers view peers as well equipped to provide support to those facing similar life experiences and health barriers. Study results will guide development of a future RO1 proposal that could contribute knowledge about the effectiveness of peer-mentor interventions with ADD generally, improve disaster preparedness with ADD specifically, and reduce disaster-related disparities in this vulnerable population. This proposal responds to PA-06-452, "Behavioral and Social Research on Disasters and Health" and NINR's interest in "Interventions to enhance preparedness...in those with disability" and "Interventions to assist caregivers of ill and disabled persons to prepare for...disaster situations." PUBLIC HEALTH RELEVANCE: Persons living with a disability are a vulnerable group experiencing disproportionate risks from disasters, disparities in access to preparedness, relief and response programs, and scarce empirical research to guide programs aimed to reduce their disaster-related health consequences. This project will determine the feasibility and effect size of a peer mentored intervention to improve disaster preparedness of adults with a developmental disability who are living independently in the community. Lessons learned will lend support for rigorously testing this intervention in broader samples.

Total Cost: $150,091

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Project Number: 1R1NR011710-01
Title: A VISION OF HOPE INTEGRATION OF PALLIATIVE CARE IN CHRONIC PEDIATRIC DISEASES
Principal Investigator: GELLER, GAIL RUSHTON, CYNDA H.
Performing Organization: JOHNS HOPKINS UNIVERSITY
Abstract:
DESCRIPTION (provided by applicant): Under the broad challenge area (04) Clinical Research, this proposal is directly responsive to the following specific aims in the Research Area: 04-NR-152 "Methods to Enhance Palliative Care and End-of-Life Research. This initiative will develop and test interventions to enhance the quality of care for persons with a life-threatening illness. This research will provide the foundation for the development of evidenced-based, standardized guidelines to standardize palliative and end-of-life care. Children, adolescents and young adults are not supposed to get seriously ill or die, but when they do, their lives and their families are forever changed. In addition to the physical challenges faced by young people with chronic, life-threatening diseases, the unpredictability and life-limiting nature of many of these diseases raise significant emotional, spiritual and social difficulties for affected individuals and their families, and create special challenges for the health care team. Too often, a fragmented health care delivery system and lack of support systems add to the distress. These challenges are particularly salient in the context of diseases that, at least currently, have no curative treatments. The absence of a cure can result in a loss of hope. This proposal is designed to improve the quality of care, and instill a new vision of hope, for adolescents, young adults and families affected by chronic, life-threatening diseases by integrating the principles and practices of palliative care into the training of the clinicians who care for them. This project is specifically focused on two genetic conditions, Duchenne Muscular Dystrophy (DMD) and Sickle Cell Disease (SCD). Although there are significant differences between these conditions, both are life-threatening and life-limiting and are therefore highly amenable to palliative care. Improved technological and medical interventions have significantly increased the life expectancy of affected individuals but this has created new challenges with regard to transitioning patients from pediatric to adult care clinicians and settings. The specific aims of our project are to: 1) understand the lived experiences and unmet needs of adolescents and young adults with these chronic, life-threatening diseases, and the impact of caring for these populations on interdisciplinary teams of clinicians; and 2) enhance the integration of palliative care principles and practices into the training of interdisciplinary professionals, patients and families. We will accomplish these aims in three phases. First, we will develop and/or modify documentary training videos based on interviews with patients, families and the clinicians who care for them. Second, we will adapt an existing training program that incorporates palliative care principles in the delivery of care for these two populations. Finally, we will compare/assess the efficacy of two different training interventions in improving clinician attitudes and behaviors, and patient experiences, with respect to several components of palliative care. This project is likely to have significant impact on reducing the attitudinal and systemic barriers to the integration of comprehensive palliative care. Our results will inform the refinement of educational and practice guidelines with regard to the integration of palliative care principles into other life-limiting chronic disease conditions, and result in long term improvements in the delivery of quality health care for young people with chronic disease. This proposal is designed

Total Cost: $498,981
to improve the quality of care, and instil a new vision of hope, for adolescents, young adults and families affected by Duchenne Muscular Dystrophy (DMD) and Sickle Cell Disease (SCD), two of the most common chronic, inherited, life-threatening diseases, by integrating the principles and practices of palliative care into the training of the clinicians who care for them.

This award is issued in response to Notice OD-09-060, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. Project Summary/Abstract The number of adults with diagnosed diabetes in the US increased 61% from 1991 to 2000, and will double by 2050. Diabetes is the sixth most common cause of death, causing cardiovascular and kidney disease, blindness, and lower limb amputations. Improved disease management can reduce morbidity and mortality from diabetes. Unfortunately, diabetes patients, especially immigrants and minorities, often do not receive recommended levels of care, indicating a critical need for developing culturally-appropriate and effective strategies that can be incorporated into existing medical practices. Diabetes has emerged as a new epidemic across the US and diabetes rates are growing faster among Asian Americans and Pacific Islanders than in any other racial/ethnic group. In particular, diabetes rates for Chinese are higher in the US than in native countries, and rates have been demonstrated to increase with acculturation. Approximately 15% of Chinese Americans are diagnosed with diabetes, ~2.5 times higher than in the general U.S. population (5.9%). Also, Chinese American diabetes rates are 5 to 7 times higher than in their native countries. However, there continues to be a lack of work to collect Chinese diabetes data. This may be related to the relative lack of political influence and the model minority myth among Chinese Americans. This proposed project is a community-academic collaboration between Asian Health Services (AHS), the Asian American Health Care Organization, and the University of California, Berkeley that includes Chinese American community advisory board consisting of Chinese diabetics, family members, providers, and advocates that are engaged in all phases of the project. It will assess whether a multi-level pilot team care intervention, incorporating culturally and linguistically-sensitive clinical care, family education, and community promotion, is feasible, effective, and affordable for improving diabetes care and outcomes compared with usual care model among underserved Chinese Americans at AHS. 74% of patients at AHS are Chinese, 67% of patients are at or below 100% federal poverty levels and 48% are not proficient in English. Data will be analyzed using qualitative and quantitative techniques. A particular strength of this project is that it will build on an existing collaborative, the Diabetes Care Initiative, that was started by Chinese patients and providers at AHS, a safety net federally qualified health center, in Alameda County, California. This community-based collaborative seeks to increase patient-centered care and to promote healthy dietary and physical activity behaviors in Chinese diabetics. Ultimately, it aims to promote healthy behaviors among Chinese diabetics, their family members, and the community at large to prevent adverse diabetes outcomes and prevent new diabetes cases in Alameda County and beyond. Project Narrative: This project was started up by Chinese diabetes patients and doctors at a clinic, because diabetes has become a big issue for Chinese people. The clinic's patients, their families, and doctors will work with local researchers to find ways to improve diabetes care in the clinic and to help educate patients and their families.

DESCRIPTION (provided by applicant): Communication in Late-stage Cancer: Exploring Hospice Decisions This application addresses broad Challenge Area [04]: Clinical Research and specific Challenge Topic, 04-NR-103**: Methods to Enhance Palliative Care and End-of-Life Research. Estimates indicate that 388,322 people over age 65 died from cancer in 2006 and that almost 60% of all newly diagnosed malignant tumors and 70% of all cancer deaths occur in this age group.29 People who are age 65 or older are 10 times more likely to be diagnosed with cancer and 15 times more likely to die from it than are people under age 65.10 Cancer of the pancreas, stomach, rectum, lung, leukemia, non-Hodgkin's lymphoma, liver, kidney, and ovarian cancers account for two-thirds to three-quarters of cancer deaths in older adults.10 Each cancer trajectory is unique and distinct, being influenced by numerous factors which include: the type of cancer, its lethality, and stage at diagnosis, the available treatment and its side effects, all coexisting comorbid conditions, the person's age, and the nature of communication with providers and family members.11 Each type of cancer is accompanied by different symptom clusters which shape and influence the lived experience of cancer and are likely to inform communication and decision-making about the utilization of services such as home care and hospice. While 44% of all hospice patients have cancer and four out of five are over age 65, many older cancer patients only utilize hospice for short periods of time or decline it altogether. The overall purpose of this study is to explore and describe how, when and with whom, older cancer patients communicate their concerns and needs for care during the advanced stages of the illness and compare the decision-making and service utilization of cancer patients who have enrolled in hospice with those who have not. Specifically the study aims to: 1. Explore the factors that contribute to older cancer patients' decisions about service utilization and the timing of their decisions; 2. Compare decision-making and service utilization patterns of older cancer patients who are enrolled in hospice with those who are not; 3. Understand how decision-making about service utilization is different to the type of cancer and its trajectory.4. Explore family caregivers' roles in decision-making. This exploratory descriptive study will employ a sequential mixed methods design involving multiple types of data which will be linked for the purpose of developing complementarily between the overlapping perspectives of cancer patients and their caregivers. Data will be collected through in-depth interviews which will include a combination of open-ended and categorical questions as well as standardized measures.34 The rationale for using mixed qualitative and quantitative data is to generate a deeper understanding of the complexities of hospice decision making. The results will provide information about clinical decisions in 'real time' by gathering the experiences of cancer patients and their families in their own words. Guided by a 7 stage framework of decision-making, participants will be asked about how and when they chose the services they are using. The resulting descriptive profile will contribute to a deeper understanding of how older people talk about and decide to seek care during in advanced cancer. The results of this study are relevant to public health in three ways. (1) Understanding how older people comprehend, perceive and experience advanced cancer and the availability of services at life's end has direct relevance to quality of life in advanced cancer. (2) Exploring decision-making about hospice enrollment or destination and the timing of that decision will inform healthcare providers about communication with older cancer patients and their families. (3) Understanding how end-of-life decisions are made is essential for the efficient planning and delivery of comprehensive services for the growing number of adults who will die from cancer.
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<th>Principal Investigator</th>
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<td>PROGRAM</td>
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<td>program has grown significantly since its inception in 1987. It currently has 40 trainees, 12 of whom are supported by the training grant. Trainees seek academic degrees through one of two programs. The majority of students obtain degrees through the Biomedical Informatics (BMI) Training Program, which is offered through the School of Medicine. Most trainees study in the general BMI degree track. In addition, the program has concentrations in bioinformatics, dental informatics, health services research, library informatics, and public health surveillance for trainees with those special interests. Students with a special interest in artificial intelligence in medicine can obtain degrees through the Biomedical Informatics track of the Intelligent Systems Program (ISP). Both the BMI Training Program and the ISP offer M.S. and Ph.D. degrees. The BMI Training Program offers a one-year Certificate option. Since the BMI and ISP training programs are tightly linked and coordinated through their faculty and staff, for brevity we refer to them as one program below. Graduates of the program are finding excellent employment opportunities. The program is supported by an interdepartmental core faculty with 30 members, all of whom are experienced educators and active researchers. It is administered through the University’s Center for Biomedical Informatics (CIBM), which provides administrative support, space, and equipment for the trainees. A tightly knit leadership/administrative group of two co-directors and three very experienced staff members supports the program director in the overall operation of the program. We request 19 full-time funded training positions per year for the period 2007-2012, which maintains the current number of library informatics trainees at two, maintains the number of dental informatics trainees also at two, and increases the number of “un-categorical” positions from 11 to 15. We are requesting this increase in positions in anticipation of CIBM becoming a Department of the Biomedical Informatics (DBMI) in 2009, allowing the hiring of five new faculty members over the next five years. The larger CIBM faculty will be able to provide mentoring for the requested increase in NLM-funded trainees. We will continue to recruit students with a wide range of backgrounds and interests, with a special emphasis on recruiting trainees from disadvantaged backgrounds.</td>
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<td>3T1LM008462-00S</td>
<td>SYSTEMS ENGINEERING FOCUS ON CLINICAL INFORMATICS</td>
<td>GUERLAN, STEPHANIE A</td>
<td>UNIVERSITY OF VIRGINIA CHARLOTTESVILLE</td>
<td>This award is in response to Notice OD-07-020, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. The goal of this training program is to bring systems engineering students and faculty into the healthcare field through the disciplines of clinical informatics, which we believe is an emerging field, and to break the barriers between systems engineering and healthcare research through collaboration over common research goals. The National Academy of Engineering (NAE) and Institute of Medicine (IOM) 2005 report entitled ‘Building a Better Delivery System: A New Engineering/Health Care Partnership’ identified system failures in current healthcare delivery and recommended an interdisciplinary approach to solving these problems based on information technology and systems engineering (SE). It identified key barriers to this strategy, including differences between the healthcare and engineering disciplines in ‘methods, metrics, values and mind-sets.’ We propose a new strategy for research training in clinical informatics responding directly to the problems identified in the report. This strategy builds on existing successful collaborations between the Department of Systems and Information Engineering in the School of Engineering and Applied Science at the University of Virginia (UVA) and several units in UVA’s School of Medicine, including the Division of Clinical Informatics in the Department of Pediatrics at the University of Virginia Schools of Medicine. Our program creates PhD and postdoctoral training opportunities designed to attract students and established researchers from other fields to address challenging clinical informatics questions. The program inherits a framework from the existing substantial SE graduate program, with unique curriculum and research components. The core curriculum includes formal introductions to clinical informatics, SE, and the structure and operation of healthcare delivery systems. Subsequent alternative tracks for training include human-computer interaction, biocomputational statistics and simulation, risk and decision analysis, systems integration, and optimization and control. Research projects are collaborative, with trainees having both healthcare and engineering mentors as they conduct research using systems engineering and medical informatics approaches applicable to improved healthcare delivery and training. We anticipate that this collaborative approach to training will lead to future generations of SE researchers with special interests in clinical informatics, who will continue to strengthen the SE workforce with new SE-trained people.”</td>
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<td>1RC1LM010512-01</td>
<td>IMPROVING CHILDHOOD IMMUNIZATION COMPLIANCE USING ELECTRONIC HEALTH RECORDS</td>
<td>MILLER, MARLENE ROSEMARY</td>
<td>JOHNS HOPKINS UNIVERSITY</td>
<td>This award is in response to Notice OD-07-020, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. The goal of this training program is to bring systems engineering students and faculty into the healthcare field through the disciplines of clinical informatics, which we believe is an emerging field, and to break the barriers between systems engineering and healthcare research through collaboration over common research goals. The National Academy of Engineering (NAE) and Institute of Medicine (IOM) 2005 report entitled ‘Building a Better Delivery System: A New Engineering/Health Care Partnership’ identified system failures in current healthcare delivery and recommended an interdisciplinary approach to solving these problems based on information technology and systems engineering (SE). It identified key barriers to this strategy, including differences between the healthcare and engineering disciplines in ‘methods, metrics, values and mind-sets.’ We propose a new strategy for research training in clinical informatics responding directly to the problems identified in the report. This strategy builds on existing successful collaborations between the Department of Systems and Information Engineering in the School of Engineering and Applied Science at the University of Virginia (UVA) and several units in UVA’s School of Medicine, including the Division of Clinical Informatics in the Department of Pediatrics at the University of Virginia Schools of Medicine. Our program creates PhD and postdoctoral training opportunities designed to attract students and established researchers from other fields to address challenging clinical informatics questions. The program inherits a framework from the existing substantial SE graduate program, with unique curriculum and research components. The core curriculum includes formal introductions to clinical informatics, SE, and the structure and operation of healthcare delivery systems. Subsequent alternative tracks for training include human-computer interaction, biocomputational statistics and simulation, risk and decision analysis, systems integration, and optimization and control. Research projects are collaborative, with trainees having both healthcare and engineering mentors as they conduct research using systems engineering and medical informatics approaches applicable to improved healthcare delivery and training. We anticipate that this collaborative approach to training will lead to future generations of SE researchers with special interests in clinical informatics, who will continue to strengthen the SE workforce with new SE-trained people.”</td>
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<td>NARUS, SCOTT P</td>
<td>UNIVERSITY OF UTAH</td>
<td>This award is in response to Notice OD-07-020, Recovery Act Administrative Supplements Providing Summer Research Experiences for Students and Science Educators. The goal of this training program is to bring systems engineering students and faculty into the healthcare field through the disciplines of clinical informatics, which we believe is an emerging field, and to break the barriers between systems engineering and healthcare research through collaboration over common research goals. The National Academy of Engineering (NAE) and Institute of Medicine (IOM) 2005 report entitled ‘Building a Better Delivery System: A New Engineering/Health Care Partnership’ identified system failures in current healthcare delivery and recommended an interdisciplinary approach to solving these problems based on information technology and systems engineering (SE). It identified key barriers to this strategy, including differences between the healthcare and engineering disciplines in ‘methods, metrics, values and mind-sets.’ We propose a new strategy for research training in clinical informatics responding directly to the problems identified in the report. This strategy builds on existing successful collaborations between the Department of Systems and Information Engineering in the School of Engineering and Applied Science at the University of Virginia (UVA) and several units in UVA’s School of Medicine, including the Division of Clinical Informatics in the Department of Pediatrics at the University of Virginia Schools of Medicine. Our program creates PhD and postdoctoral training opportunities designed to attract students and established researchers from other fields to address challenging clinical informatics questions. The program inherits a framework from the existing substantial SE graduate program, with unique curriculum and research components. The core curriculum includes formal introductions to clinical informatics, SE, and the structure and operation of healthcare delivery systems. Subsequent alternative tracks for training include human-computer interaction, biocomputational statistics and simulation, risk and decision analysis, systems integration, and optimization and control. Research projects are collaborative, with trainees having both healthcare and engineering mentors as they conduct research using systems engineering and medical informatics approaches applicable to improved healthcare delivery and training. We anticipate that this collaborative approach to training will lead to future generations of SE researchers with special interests in clinical informatics, who will continue to strengthen the SE workforce with new SE-trained people.”</td>
<td>$1,302,184</td>
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will contain only enough information to uniquely identify an individual and map that individual to original data sources. While the MPI will not contain encounter-specific information, it will provide the capability for qualified investigators to link institutional records into patient-specific longitudinal health histories. The outcome of this proposal will be a unique research infrastructure but with strategies and methodologies that can be adopted as a model for other institutions. Its impact would have broad relevance to a variety of research interests supported by NIH Institutes and Centers. To address the challenge of securely and confidentially linking records across disparate institutions, we will establish a statewide Master Person Index that includes a master repository (database) of demographic information from the contributing institutions, and the services surrounding the repository to allow authorized access. We will establish guidelines to ensure institutions the ability to contribute to, use, and safeguard the statewide MPI. We will investigate and implement methods for matching and merging records. We will demonstrate the ability of health care and public health institutions to add new records to the MPI, update existing records, and query the repository for links to corresponding person-records at other institutions. We will utilize the State’s health information exchange infrastructure to prove extensibility of the system to the statewide environment. We will develop a governance and financing model that will ensure the long-term viability of the statewide MPI. The outcome of this proposal will be a unique research infrastructure but with strategies and methodologies that can be adopted as a model for other institutions. PUBLIC HEALTH RELEVANCE: A statewide MPI will satisfy the critical need to link records across disparate institutions in order to provide the capability for qualified investigators, clinicians and public health officials to link institutional records into patient-specific longitudinal health histories. The development of this critical resource will have a significant statewide impact on the entire population of the Utah for research, clinical and public health outcomes. We also anticipate a national impact because of our goal to provide MPI guidelines and methodologies that could be adopted by other states and regions, and because use of the MPI will facilitate studies with broader applicability of research results.

Office of the Director (OD)
Project Number | Project Title | Principal Investigator | Performing Organization | Abstract | Total Cost
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**Notes**

1. All of the ARRA awards listed in this table were obligated by NIH prior to September 30, 2010. In general this means that project period end dates will be no later than September 29, 2011. However, all ARRA awards are subject to the standard terms of award as indicated in the NIH Grants Policy Statement, including the authority to extend the final budget period of a previously approved project period for up to 12 months without additional funds.

2. Projects including a suffix with the letter ‘S’ (e.g. 3D43TW007784-04S1) are supplements, or continuation grants. Additional information regarding the current number or years of support is available through RePORTER. For more information on the components and meaning of NIH grant numbers, please see: [http://www.nimh.nih.gov/research-funding/grants/research-funding-frequently-asked-questions-faqs.shtml#5](http://www.nimh.nih.gov/research-funding/grants/research-funding-frequently-asked-questions-faqs.shtml#5)