

Community Engagement Program eNews September 2009

Welcome to our new bimonthly CTSI Community Engagement Program eNews online. We hope you'll find our new format easier to navigate. Please let us know! The deadline for submissions to the November 2009 (CE) eNews is **Monday, November 16th**.

In this Edition (Clickable Contents)

1. [CE Program Calendar](#)
2. [CE Program News & Announcements](#) – Honors, Grants Awarded, Publications, Registry Update
3. [Partnership Snapshot](#) – Kaiser Permanente's Project INFO
4. [Workshops, Conferences & Training Opportunities](#)
5. [Funding Announcements](#)
6. [Publications of Interest](#)
7. [Other Resources & Opportunities](#) – website for research products, fellowship, consent toolkit
8. [Feedback](#)

1. CE Program Calendar

Wednesday, September 23, 2009

Meeting Cancelled

Wednesday, October 28, 2009

9:00 CE Business

CE program faculty, staff and community members

9:30 - 10:40 Consultation

Tipping Point Community

www.tippoint.org

How can health research outcomes provide metrics to inform assessment of funded interventions in parenting education and immunization and contribute to evaluation of grantmaking?

10:50 - 12:00 Consultation Time Available

[Back to top](#) ↑

2. CE Program News & Announcements

We Are Looking for UCSF-SF Department of Public Health Research Partnerships

The **Community Engagement Program** enlists your help in finding out about recent and existing collaborations between UCSF investigators and the San Francisco or Santa Clara Departments of Public Health. These collaborations could involve either the population health or clinical service branches of the DPH.

The CE Program was awarded [a supplement grant from NIH/ARRA](#) to forge closer research partnerships with these Departments of Public Health beginning September 1, 2009. Your input will allow our Community Engagement Team to promote more successful research engagements with the DPH and to learn from and support those of you already involved in such collaborations.

Send your email to [Kevin Grumbach](#) ✉, including the following:

- Key DPH and UCSF people involved
- Type of collaboration or study
- Optional: other information, eg.g project status, project abstract, summary, publications, funding source

Please do not include studies that do not involve true collaborative partnerships but simply involve recruitment of patients or other study participants in DPH settings such as San Francisco General Hospital.

Honors

For his outstanding contributions to the field of health literacy and the discipline of health communication sciences, **Dean Schillinger, MD** has received 14th Annual George Engel Award for Outstanding Research Contributing to the Theory, Practice and Teaching of Effective Health Care Communication and Related Skills. The award will be presented at the 2009 International Conference on Communication in Healthcare on October 5, in Miami Beach, Florida. Dr. Schillinger is being recognized for his research demonstrating the scientific links between health communication, healthcare quality, patient safety and clinical outcomes, as well as for the evidenced-based, systems-directed solutions his work provides to improve communications for populations with language and literacy barriers.

Grants

Tung Nguyen, MD has been awarded a R01 from NIH/National Cancer Institute for *Lay Health Workers and Colorectal Cancer Screening Among Chinese Americans*

The goal of this proposal is to demonstrate the effectiveness of Lay Health Workers to promote colorectal cancer screening among Chinese Americans, the mechanisms by which LHWs work, and the role that traditional healers may play.

The CTSI Community Engagement Program was awarded a NIH/ARRA Supplement Grant for *Accelerating Community-Engaged Research with County Health Departments*.

This award facilitates collaboration between the Community Engagement Programs funded by CTSI awards to two institutions, UCSF and Stanford, and the County Public Health Departments in each of these institutions' respective counties, San Francisco and Santa Clara.

Training

For Community-Based Organizations

The CE program now offers a 3-hour orientation to research and evaluation: *CBOs Engaged in Research and Evaluation - Introduction to Creating Your Own Evidence*. Developed in collaboration with San Francisco State University's Health Equity Initiative, this training is now available to individual community-based organizations and small groups of agency representatives. Email us to request training or learn more.

Publications

recent publications by Community Engagement Program community partners and faculty

Schillinger D, Sarkar U. Numbers Don't Lie, But Do They Tell the Whole Story? *Diab Care*. 2009 Sep; 32(9):1746-7.

Handley MA, Santos M, McClellan J. Engaging learners as interpreters for developing lead poisoning prevention materials: Designing the Familias Sin Plomo English as a Second Language Curriculum Project *Global Health Promotion* (2009 September).

Westfall JM, Fagnan LJ, **Handley MA**, Salsberg J, McGinnis P, Zittleman LK, Macaulay AC. Practice-Based Research is Community Engagement. *J Am Board Fam Med*. 2009 Jul-Aug;22(4):423-7.

Community Clinician Registry

With the help of UCSF faculty and community partners, CE and the [Collaborative Research Network](#) have developed a survey to gather information about community clinicians' practice environments, their research interests and priorities. We now have over 450 survey responses from clinicians who have agreed to be included in a clinician registry, the first step toward development of a multi-discipline practice-based research network (PBRN). Community clinicians interested in filling out the survey and becoming part of this network can [complete the survey here](#) or contact James Rouse Iñiguez (cep@fcm.ucsf.edu ✉) or Michael Potter at (PotterM@fcm.ucsf.edu ✉) with any questions.

In the Press

Rena Pasick, DrPH was featured in [UCSF's Science Cafe](#) for her research on mammogram use among Latina and Filipina Women. Dr. Pasick's research team "is charting new territory by using anthropology, psychology and behavioral science to evaluate the appropriateness of longstanding elements of behavioral theory, and to examine the connections between social context and the use of mammography."

[Back to top](#)

3. Partnership Snapshot

Northern California Kaiser Permanente's Project INFO: Optimizing the Interplay of Evidence, Data and Clinical Practice

The ultimate goal of translational research is to have a positive impact on the health of patients and populations. Sometimes the steps toward that goal are as pragmatic as ensuring that correct and clear information flows to the right people at the right speed and time. Kaiser Permanente's Project INFO (Intensification Feedback and Outcomes), was concerned with just that. INFO studied the best way for evidence-based information to flow for KP physicians caring for patients with significant cardiovascular risk factors.

Project INFO was an AHRQ-funded research partnership between KP's Division of Research (DOR) and Quality and Operations Support (QOS), a group that includes clinicians, analysts, project managers, programmers and quality improvement administrators. The partnership required on-the-ground participation and leadership by clinicians, clinic managers, executive administrators, data managers, technology support staff, researchers, and IRB staff.

At the [CTSI Community Engagement Program's Research Symposium in March '09](#), Kaiser Endocrinologist Marc Jaffe and DOR Epidemiologist Julie Schmittdiel presented Project INFO as a model for other potential partnerships interested in the role of information technology in patient care. Dr. Jaffe, one of the original

founders of KP's PHASE ([Preventing Heart Attacks and Strokes Everyday](#)) program now being piloted at clinics in the San Francisco Community Health Network and San Francisco Community Clinic Consortium, describes Project INFO as "a way to study whether we could do better than just writing down who had prescriptions for what medications."

The roots of Project INFO are planted in the soil of PHASE and KP's TRIAD (Translating Research Into Action for Diabetes) trial. PHASE has required the input and tracking of detailed data about large numbers of patient participants (250,000) across the four trial sites. TRIAD findings raised questions about treatment adherence, suggesting that adherent patients who don't reach their goals could be successful if their treatment were provided in a more systematic way. Project INFO brought information technology to this question for PHASE trial participants. Project INFO asked: Will adding data on the need for treatment intensification to Kaiser Permanente's population management IT system (Panel Management Tool) help achieve improvements in A1c, SBP, and LDL-c control in KP's Preventing Heart Attacks and Strokes Everyday (PHASE) population?

The answer, according to Jaffe, Schmittiel and Joe Selby, is a modest but significant yes for the trial's two top priority indicators of cardiovascular risk. Initial analysis of the data also suggests that patient outreach in addition to IT-based information about treatment intensification makes a difference. The longer-term impact of these factors on rates of risk factor control has yet to be seen.

Lessons from Research Partnership

According to Jaffe, not only was the collaboration between researchers, clinicians, and quality improvement specialists critical to designing and conducting the INFO trial, but important *process* lessons were learned from the research partnership itself. Jaffe mentioned these lessons at the CTSI Community Engagement Program Symposium:

- Incorporating Project INFO data into existing outreach systems and priorities was a challenge. Lesson: "change is hard." And while we tried to understand the day-to-day operations at intervention facilities, we could do more.
- Monthly refreshes of INFO data into a weekly-updated database, and the lag in getting that data into the database, compounded the problem. Lesson: "Real-time" data would work better.
- Facilities were already pretty good at spotting patients with recent elevated values who needed attention. Lesson: Provide "backsweep" information on patients with slightly older elevated values (2-4 months) to help facilities catch patients that fall through the cracks.
- Adherence data would have assisted in patient outreach for all members. Lesson: Place adherence data for each condition in the database for all participants, instead of limiting this variable to only those not at goal, for facilities to use as they see fit.
- Regional leadership support is essential to create these new variables as part of QOS's usual weekly PMT refresh.
- Facilities will request the data and use the information in any way that works in their system.
- DOR and QOS will work together to study how these new variables impact outreach strategies, and whether they can help further improve risk factor outcomes.

These lessons learned through the INFO partnership will inform a "next generation" of adherence and treatment intensification data. In the meantime, INFO and [PHASE](#) clinicians continue to attend research updates and sessions dedicated to thinking through the usefulness of research for practice. As Dr. Jaffe puts it, "We learned about the unique and interesting perspectives that each of us brought to the research and we are continuing to learn from each other. We're thinking all the time about how the new knowledge we have might have an impact on the issues we are studying."

4. Workshops, Conferences & Training Opportunities

Aboriginal Families Study: Processes and Pathways in Developing a Collaborative Research Partnership Involving Academic, Community and Policy Partners

Stephanie Brown, PhD

Wednesday, September 30, 2009

12:00-1:30 pm, Laurel Heights, Room 474

Principal Research Fellow and Group Leader Healthy Mothers Healthy Families Research Group Murdoch Children's Research Institute, Victoria, Australia

Dr. Brown's research interests include women's health after childbirth, maternal depression and intimate partner violence. She is particularly interested in methods for evaluating complex interventions in maternity, postnatal and primary care, and in the development of partnerships and participatory approaches to Aboriginal health research.

Interactive, Multi-Media Approaches to Behavior Change Lessons from Diabetes for Cancer Prevention and Public Health

Russell E. Glasgow, PhD

Friday, October 30, 2009

Time: 1:30 - 3:00PM

Bakar Auditorium (HD-160) Helen Diller Family Comprehensive Cancer Research Building
1450 3rd Street, located at Mission Bay

Dr. Glasgow is a renowned behavioral scientist specializing in the design and evaluation of practical and generalizable behavior change interventions, especially using interactive technologies for health care, worksite, and community settings. He and his collaborators have developed the RE-AIM framework for the planning and evaluation of programs intended to translate into practice.

Dr. Glasgow is Senior Scientist, Institute for Health Research and Director, Center for Health Dissemination and Implementation Research, Kaiser Permanente, Denver, CO

Sponsored by:

The UCSF Helen Diller Family Comprehensive Cancer Center Society, Diversity and Disparities Program

The UCSF Clinical Translational Science Institute (CTSI) Community Engagement Program

RSVP: to Kathy Chew, chewk1@cc.ucsf.edu ✉ or 415-514-9407

**The American Public Health Association
137th APHA Annual Meeting & Exposition
"Water and Public Health"
November 7-11, 2009
Philadelphia, PA**

The APHA special session, "Community-Based Participatory Research at the National Institutes of Health", will be held on November 11th. In all, over 100 sessions at the conference will report on community-based participatory research, many of them sponsored by the Community-Based Public Health Caucus (CBPHC), the "home" for CBPR within APHA. Learn more about the CBPHC at www.cbphcaucus.org.

Community-Campus Partnerships for Health is co-sponsoring the CBPHC learning institute, Building Bridges from CBPR to Policy, taking place from 1:30-5 pm on Saturday November 7. During the institute, participants who are familiar with and possibly have some experience in CBPR will learn how CBPR partnerships can promote policy change. It's possible to register just for a learning institute if you can't make the whole conference. <http://apha.confex.com/apha/137am/webprogram/Session26911.html>

"Implementation Science: Translating Evidence-Based Health Behavior Research to Practice."

American Academy of Health Behavior

10th Annual Scientific Meeting

February 7-10, 2010

Sheraton Sand Key Resort

Clearwater Beach, Florida

Conference information and on-line registration are available at www.aahb.org. Discounts available for registrations received by October 26th.

NIH 3rd Annual Conference on the Science of Dissemination and Implementation

March 15-16, 2010

Bethesda, Maryland

Call for Proposals

Proposals are due by 5 pm Pacific Time on Nov 6, 2009.

For details, visit <http://conferences.thehillgroup.com/obssr/DI2010/about.html>

There is a recognized need to close the gap between research evidence and clinical and public health practice, but how is this best accomplished? Although emerging as a field of research in health and medicine, dissemination and implementation science is as yet underdeveloped. A forum is needed to facilitate growth in the science of dissemination and implementation.

Researchers and evaluators who are interested in identifying opportunities and obstacles for dissemination and implementation research/evaluation are encouraged to attend this meeting. The goal is to engage in dialogue, exchange ideas, explore contemporary topics and challenge one another to identify and test research designs, methods and measurement that will advance dissemination and implementation science.

2010 Summer Institute On Evidence-Based Practice and/or Educators EBP Workshop®

Call For Abstracts

Conference Dates: July 8-10, 2010

Workshop Date: July 7, 2010

Hyatt Regency Riverwalk Hotel, San Antonio, Texas

Abstract Submission Opens: October 1, 2009

Be part of this leading national conference on evidence-based excellence. The Institute prepares healthcare providers from multiple disciplines for an increasing role in evidence-based practice to improve healthcare. National leaders present the latest in evidence-based practice.

<http://www.acestar.uthscsa.edu/institute/su10.html>

Academic Center for Evidence-Based Practice (ACE)

www.acestar.uthscsa.edu

School of Nursing

University of Texas Health Science Center at San Antonio

7703 Floyd Curl Drive, MC 7949

San Antonio, TX 78229-3900

PHONE: 210-567-1480

[Back to top](#)

5. Funding Announcements

For a listing of current funding opportunities for community-engaged and "T2" research, click [here](#). If you would like to add funding opportunities to this list, please email them to pfleisher@fcm.ucsf.edu ✉.

[Back to top](#) ↑

6. Publications of Interest

Nursing Inquiry: Interdisciplinary Perspectives on Policy and Healthcare

Call for Papers on Participatory Health Research

Submissions Due: 1 October 2009

A special upcoming issue of Nursing Inquiry will be devoted to participatory health research. Submissions are invited that address conceptual, methodological, and pragmatic dimensions of participatory forms of health research. The goal of this special issue is to advance a better understanding of participatory health research across different disciplines and audiences (e.g. educators, students, health practitioners, policy makers, and researchers). Examples of areas of focus include (but are not limited to) the following:

- In what ideological and conceptual forms does participatory health research manifest? For example, participatory research, action research, community-based participatory research, etc?
- If and how conceptual variations of participatory health research influence research design and methodology?
- What are the advantages of conducting participatory health research? What are the challenges to engaging in it? For example, vis-a-vis community-academic collaboration, institutional ethical approval, research funding, PhD thesis dissertations, impact on practice and policy.
- How has participatory health research been applied in different places and settings, and with diverse populations? For example, community agencies, health care institutes (primary to tertiary), specific groups as well as population level health initiatives.

While reporting of specific research findings is not the intention of this special issue, the above areas of focus may be (and in fact are encouraged to be) elaborated through examples from completed or ongoing research.

Nursing Inquiry is an international peer-reviewed journal. All submissions should be made online at <http://mc.manuscriptcentral.com/nin>. For author guidelines and information on online submission, please see above journal website or contact nijournal.nursing@utoronto.ca ✉.

For inquiries on the special issue on participatory health research, please contact guest editor. The closing date for submissions is 1 October 2009. The intended publication date for the special issue is Fall 2010.

Nazilla Khanlou, RN, PhD

Guest Editor

nkhanlou@yorku.ca ✉

Kleinman, Michael S. and James W. Mold (2009) [Defining the Components of the Research Pipeline](#). *Clinical and Translational Science*. Volume 2 (4), 312-314. Wiley Periodicals, Inc.

The National Institutes of Health (NIH) has proposed that research moves from "bench to bedside" through a Pipeline consisting of distinct research categories bridged by bidirectional translation. The original NIH Pipeline has now been expanded to include practice- and community-based research. The authors developed operational definitions for the elements along the expanded NIH Pipeline. The proposed definitions were pilot-tested and refined using the Computer Retrieval of Information on Scientific Projects (CRISP) and the Secure Internet-Linked Web Technologies (SILK) database containing funding information for individual NIH awards. Using the author's definitions, two reviewers independently agreed on the categorization of 94% of 866 National Heart, Lung, and Blood Institute (NHLBI)-funded projects, and 99% of projects could be placed into a single research category.

"Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement" Institute of Medicine Subcommittee on Standardized Collection of Race/Ethnicity Data for Healthcare Quality Improvement

The mandate of this IOM subcommittee was to consider the benefits of standardization of categories for race/ethnicity and language to aid in healthcare quality improvement. This was interpreted to include both uses in provision of care (such as providing interpreter services or targeted culturally appropriate educational materials, and other action required to remedy identified disparities) and statistical uses (detecting and describing disparities). A major recommendation of the report is to collect race/ethnicity in conformity with broad categories prescribed by federal standards, and also to collect more specific ethnic categories.

The report also touches on issues in eliciting this information from patients in various settings and in coordinating collection of this information across settings.

Appendices to the report include detailed lists of race/ethnic categories and languages now or potentially in use for the purposes described in the report.

The link for the report itself is: <http://www.iom.edu/datastandardization>

The entire report can be downloaded in PDF (or purchased in print), including appendices.

Presentations made by experts and advocates to meetings of the subcommittee are posted at:
<http://www.iom.edu/CMS/3809/61110.aspx>

Violence Prevention: The Evidence

The World Health organization WHO and Liverpool John Moores University launched *Violence Prevention: The Evidence*, an eight-part series of briefings on the evidence for interventions to prevent interpersonal and self-directed violence.

Website: www.preventviolence.info

By spotlighting evidence for the effectiveness of interventions, Violence Prevention: The Evidence provides clear directions for how violence prevention funders, policy makers and programme implementers can boost the impact of their violence prevention efforts.

Overview

http://www.who.int/violence_injury_prevention/violence/overview.pdf

This website provides an evidence-based resource for policy makers, practitioners, and others working to prevent violence. It includes a searchable data base of abstracts from published studies that measure the effectiveness of interventions to prevent child abuse, elder abuse, intimate partner violence, sexual violence and youth violence; key publications and resources on violence and its prevention; news and updates from the field of violence prevention; and links to relevant organizations.

[Back to top ↑](#)

7. Other Resources & Opportunities

CES4Health.info

Call for Research Products

Fall 2009

Do you -- faculty, students or community partners -- have products from service-learning, community-based participatory research or other community-academic partnership efforts that are in forms other than journal articles?

CES4Health.info is being launched this fall as a new web-based mechanism for peer-reviewing, publishing and disseminating products of community-engaged scholarship that are in forms other than journal articles.

We are looking for innovative products of health-related community-engaged scholarship to be included in the public launch of CES4Health.info this fall. We define "health-related" broadly to include, for example, health care, public health, health policy and the social determinants of health. We are also recruiting peer reviewers from diverse settings, including community, academe, government and philanthropy.

Products can be submitted at any time. We accept products in English from anywhere in the world. For instructions on how to submit a product or apply to be a reviewer, contact CES4Health.info Editor Cathy Jordan at editor@ces4health.info ✉.

Visit the place holder homepage at <http://ces4health.info>.

Download the Commission report from the CCPH website at http://depts.washington.edu/ccph/pdf_files/Commission%20Report%20FINAL.pdf

The Kellogg Health Scholars Program

2010 Call for Applications

New Website Launch

Applications Due: Wednesday, December 2, 2009 (5:00 p.m. ET)

The application is available at our new website: www.kellogghealthscholars.org

The Kellogg Health Scholars Program develops new leadership in the effort to reduce and eliminate health disparities and to secure equal access to the conditions and services essential for achieving healthy communities.

Through this two-year post doctoral fellowship program, scholars gain:

- competence to undertake research adding to our knowledge about the nature of social disparities in health and about interventions to reduce those disparities,
- capacity to partner with communities in carrying out research and building policy advocacy, and
- skills to inform and support policy makers who seek to reduce and eliminate health disparities.

The program consists of two tracks at eight different training sites. The Community track highlights community-based participatory research (CBPR), and relationships between academic health disparities research and public health practice in communities. The Multidisciplinary track highlights a multidisciplinary approach to studying the determinants of health inequalities and inequities. Both tracks emphasize the translation of research to policy.

For information regarding specific tracks, contact:

Community Track - Barbara Watson, 734-936-1226, bjwatson@umich.edu ✉

Multidisciplinary Track - Marie Briones-Jones, 202-387-2829, mbjones@cfah.org ✉

Agency for Healthcare Research and Quality

Informed Consent and Authorization Toolkit for Minimal Risk Research

AHRQ has a free toolkit to help researchers obtain potential research participants' informed consent and authorization to use their health data in accordance with the Privacy Rule of the Health Insurance Portability and Accounting Act (HIPAA). The toolkit provides information on how to ensure that people of all health literacy levels understand what studies entail and to what they are consenting when they agree to participate. AHRQ developed the toolkit because researchers often use long consent forms that potential study participants can find difficult to comprehend. Research also shows that a large proportion of study participants did not understand what they had consented to when they joined a study. There is evidence that Institutional Review Boards often fail to meet their own standards for the reading level of consent and data-use forms. The AHRQ Informed Consent and Authorization Toolkit for Minimal Risk Research, which was developed by AHRQ and tested by researchers from Boston University, includes recommendations for improving the informed consent and authorization process; sample consent and HIPAA authorization documents in English and Spanish; recommendations for adapting and testing the documents; statutory requirements and exceptions; and a tool for researchers' certification of consent and authorization. Access the toolkit [here](#).

[Back to top](#)

8. Feedback

We want to know what our readers think! [Here's our quick eNews survey](#) – just 7 easy questions to give us feedback on this newsletter. We want to hear from you! Thanks!

Now you can read [archived Community Engagement Program eNewsletters](#).