CTSI Community Engagement Program (CE) eNews

May 2009

You are receiving this newsletter because you’re affiliated with the UCSF CTSI Community Engagement Program or have contacted us for consultation, training, or resources on community-engaged research. If you’d rather not receive this monthly eNewsletter, please reply to this email with a kind message to that effect.

Send us any information you’d like distributed next month. The deadline for submissions to the June 2009 (CE) eNews is Friday, June 5th. Now you can read archived Community Engagement Program eNewsletters.

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Click here to read about Community Engagement Program services (consultation, training, registry, linkage).

1. **Community Engagement Program Calendar**

**UPCOMING GROUP CONSULTATIONS**

- **Wednesday, May 27, 2009**
  
  SF General Hospital, Building 3, Room 505 (above Carr Auditorium)
Kevin Grumbach, MD  
*UCSF CTSI Community Engagement Program’s strategic plan for the UCSF CTSI renewal application*

Mike Potter, MD  
*Best practices for use of a cross-school community clinician registry in the development of a practice-based research network*

Angela Jenkins, Kaiser Permanente Northern California  
*Exploring strategies for measuring the impact of the Community Benefits small grants program*

☐ **Wednesday, June 24, 2009**  
*SF General Hospital, Building 3, Room 505 (above Carr Auditorium)*  

9:00  
**CE Business**  
CE program faculty, staff and community members

9:30 – 10:40  
**TBN**

10:50 – 12:00  
**TBN**

☐ **Wednesday, July 22, 2009**  

**No CE Consultations – All-Day CTSI Retreat**

**Reminder:**  
If you’d like to **request a consultation**, please use one of these links:

- For UCSF researchers: [http://ctsi.ucsf.edu/ce/request/](http://ctsi.ucsf.edu/ce/request/)
- For community members: [http://ctsi.ucsf.edu/ce/request/community.php](http://ctsi.ucsf.edu/ce/request/community.php)

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2. **CE Program News and Announcements**

☐ **CE Publications News**  
Recent publications by Community Engagement Program community partners and faculty.


**CE Grants News**
Margaret Handley received a grant from the California Program on Access to Care (CPAC) for a project entitled, “Diabetic Retinopathy Screening in California and Health Information Technology Applications- Status Review and Recommendations for Overcoming Barriers to Improving Access for Vulnerable Populations.”

**CE Training News**

**FOR COMMUNITY-BASED ORGANIZATIONS**
The CE program now offers an 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, these trainings are now available to individual community-based organizations and small groups of agency representatives. Email us to request training or learn more.

**CE Community and Faculty Members in the News**
Dean Schillinger was recently interviewed for an article released in Reuters Health. This article highlighted recent findings from the Improving Diabetes Efforts across Language and Literacy (IDEALL) [http://www.reutershealth.com/en/index.html](http://www.reutershealth.com/en/index.html)

**CE Community Clinician Registry News**
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 375 survey responses** from clinicians who have agreed to be included in a clinician registry, the first step toward development of a practice-based research network (PBRN). [Read more about the survey and learn how to participate here.]

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### 3. Partnership Snapshot

**Zero Breast Cancer: A CBO’s Experience with Research Partnership**

From the very beginning, research partnership has been at the heart of Zero Breast Cancer’s mission and programs. Alarmed by a 1995 report that documented the extraordinarily high incidence of breast cancer in Marin County, a small group of women formed this grassroots organization to study the problem. Originally called Marin Breast Cancer Watch, the goal of this San Rafael, CA group was to identify the causes of breast cancer and educate the public about what could be done to prevent it. They firmly believed that community participation in any research was essential, and they found a supportive academic partner at UCSF, epidemiologist Margaret Wrensch. In 1997 the partnership secured pilot funding from the innovative California Breast Cancer Research Program. Full funding followed in 1998, and in 2003 the Adolescent Risk Factors Study (2000-2002) was published in the scientific journal, *Breast Cancer Research*. At the time, the Adolescent Risk Factors study was one of only a handful of studies examining how the experiences of adolescents might impact their chances of getting breast cancer later in life.

That original study has since spawned additional studies and peer reviewed publications using the Adolescent Risk Factor study data. Those include:


In turn, that work has laid the foundation for fundraising and community participation in additional research:

- Personal Environmental Risk Factor Pilot
- Marin Environmental Data Study
- the Marin Women’s Study
- Cancer Clustering for Residential Histories

Community-academic partnership in research means the knowledge and experience of residents, including advocates, patients, and other stakeholders, is integrated into
every step of the science. “Community-based participatory research, or CBPR, is our gold standard,” explains Janice Barlow, Zero Breast Cancer’s Executive Director. “We aim to have the community at the table from the formation of the research question to the publication, dissemination, and application of the findings.” These days Zero Breast Cancer is a partner in the Bay Area Breast Cancer and the Environment Research Center (BABCERC), a collaboration funded by the National Institute of Environmental Health Sciences and the National Cancer Institute. BABCERC is conducting and coordinating several studies exploring how chemical, physical, and social factors in the environment interact with genetic factors to affect mammary gland development and the onset of puberty. BABCERC partners include researchers, scientists and advocacy groups from UCSF, Kaiser Permanente, California Department of Human Health Services, Lawrence Berkeley National Laboratory, and Zero Breast Cancer.

Barlow’s work includes her responsibilities as Director of BABCERC’s Community Outreach and Translation Core (COTC), which provides opportunities for community members, breast cancer and environmental advocates, public professionals and policy makers to increase their understanding of BABCERC’s studies, the research process, and the role environmental stressors play in the development of breast cancer. Likewise, the COTC provides opportunities for researchers to increase their understanding about community, environmental, and health issues related to breast cancer.

The COTC actively brings community perspectives to the table in BABCERC’s research studies and will translate research findings back to the community to keep them informed and up to date on research findings and plans. With liaisons to San Francisco’s Bayview Hunters Point, Alameda County’s Public Health Department, Marin County’s Department of Public Health, and other advocacy groups, the COTC offers a unique forum for strategic alliances between researchers and Bay Area community stakeholders.

From the Adolescent Risk Factor Study to today’s expanded list of research activities, Zero Breast Cancer staff and their research partners recognize that respectful relationships and trust are at the core of their innovative work together. Scientific meetings and community forums are productive only when the contributions of all parties are equally valued. BABCERC’s CBPR approach recognizes that research about a devastating disease in real world conditions without consistent and community input runs a significant risk of being irrelevant and impractical.

In fact, Zero Breast Cancer has been able to use their research findings to create award-winning educational programs and materials for adolescent audiences. On behalf of the community she serves, Janice Barlow is also proud that Zero Breast Cancer still has unexamined epidemiological and GPS data to draw on for new studies. This information rests in the community’s hands and the community will decide how it is used.
Creating a world without breast cancer, Zero Breast Cancer’s ultimate goal, seems more likely when everyone is contributing to answering the difficult questions that are so plentiful in breast cancer research. Janice Barlow offers this bit of wisdom to guide the work ahead:

“If you want to go quickly
   go alone;
“If you want to go far
   go together.”
   African Proverb

4. Workshops, Conferences and Training Opportunities

☐ ‘Ethnics’, Ethics and Equity: Increasing “Minority” Accrual to Cancer Clinical Trials
   Galen Joseph, PhD, Asst. Professor, Cancer Center, Medical Anthropology, UCSF
   UCSF Medical Anthropology Colloquium Series
   3:30-5:00 PM
   Wednesday, May 20th, 2009
   Laurel Heights, Suite 474

☐ Bringing Psychiatry to the Community: A Public Symposium on Mental Health
   Saturday, May 16, 2009
   9:00 AM - 11:00 AM
   401 Parnassus Avenue
   San Francisco, CA

Dr. Renée Binder, Interim Chair of the UCSF Department of Psychiatry, and Dr. Nada Stotland, President of the American Psychiatric Association (APA), have organized a Public Symposium on mental illness during this year’s 162nd Annual Meeting of the APA in Francisco. Raising public awareness about mental illness, providing community outreach and education, and decreasing stigma is a priority of the UCSF Department of Psychiatry and the American Psychiatric Association.

For more information, contact Anne Poirier, 476-7033 annep@lpipi.ucsf.edu
See the detailed schedule here: http://psych.ucsf.edu/events_ektid3254.aspx
Download the full flyer.

Presenters include:
Renée Binder, MD Interim Chair, UCSF Department of Psychiatry, Director,
Langley Porter Psychiatric Institute
Nada L. Stotland, MD, MPH, President, American Psychiatric Association
Dale Milfay, Vice President, National Alliance on Mental Illness San Francisco
Belinda Lyons, Executive Director, Mental Health Association of San Francisco
Gariane Gunter, MD, University of South Carolina, third-year psychiatry resident
Annelle Primm, MD, PhD, Director, Minority and National Affairs, APA
Petros Levounis, MD, Director, The Addiction Institute of New York
Chief, Division of Addiction Psychiatry, St. Luke's & Roosevelt Hospitals
Charlie Marmar, MD, UCSF Dept. of Psychiatry, Professor In Residence and Vice Chair; Chief of Mental Health Services, SFVAMC
Demian Rose, MD, Medical Director, Early Psychosis Clinic, UCSF Dept. of Psychiatry

Pathways to Careers in Clinical Translational Research (PACCTR)
Annual Fellow Research Symposium
Tuesday, May 19th 2009
10:00 am - 3:30 pm
UCSF, Millberry Union
http://ctsi.ucsf.edu/files/PACCTR_SymposiumSchedule09.pdf

Public Hearing and Scientific Workshop: Update to the NIH Women’s Health Research Agenda
Moving Into the Future: New Dimensions and Strategies for Women’s Health Research for the National Institutes of Health
The Office of Research on Women’s Health, NIH/DHHS
UCSF Department of Obstetrics, Gynecology and Reproductive Sciences
UCSF National Center of Excellence in Women’s Health
May 27–29, 2009
Robertson Auditorium
UCSF Mission Bay Campus
1675 Owens Street
San Francisco, CA

This event is the second in a series of four public hearings and scientific workshops to update the NIH Women’s Health Research Agenda for the coming decade. This three-day event will solicit input from a variety of stakeholder groups including researchers, clinicians, patients, advocacy groups, community organizations, and industry. Program officers and leaders from NIH Institutes and Centers will also participate. Stakeholder commentary regarding all areas related to women’s health research will be included.

All ideas and recommendations gathered during this conference will be used to formulate future Office of Research on Women’s Health and NIH funding priorities, including the development of new programs, grants, and requests for applications (RFAs). For additional information please view the event web site.

Map: http://campuslifeservices.ucsf.edu/conference/mb/map/
Registration and Testimony due: Friday, May 15, 2009, Midnight PDT
Download a PDF flyer

More information at: https://www.obgyn.medschool.ucsf.edu/orwh/index.aspx

2009 Addiction Health Services Research (AHSR) Conference
California-Arizona Node, National Institute on Drug Abuse Clinical Trials Network
UCSF Department of Psychiatry
Kaiser Permanente Division of Research
UCSF Institute for Health Policy Studies
BAART Programs
October 28-30, 2009
Sir Francis Drake Hotel
San Francisco, CA

Abstracts due June 1, 2009

The theme of this year’s AHSR conference is Health Care Reform, Parity, and Continuing Care Models: A Forum for a New Era in Addiction Services Research. Through plenary speakers, abstract presentations, symposia, and poster sessions, AHSR will provide opportunities to share research, promote discussion, and network with colleagues.

AHSR welcomes researchers, practitioners, trainees, policymakers, and other stakeholders interested in health services research as it relates to drug and alcohol dependence, mental health, and other behavioral healthcare issues. A limited number of travel awards for early stage investigators and substance abuse treatment practitioners are available.

Detailed information about registration, travel awards, abstract submission, CME units, and lodging is available at: http://www.ucsfcmecom/blast2010/MPS10005.htm

Symposium and Internet Broadcast on Research Methods for Conducting Comparative Effectiveness Studies
Agency for Healthcare Research and Quality (AHRQ)
June 1 and 2, 2009
John M. Eisenberg Building
AHRQ Conference Center
Rockville, Maryland

This symposium aims to provide a forum for scholarly deliberation of new and emerging research methods by scientists working in different disciplines and across settings on comparative effectiveness research. The symposium will feature presentations by more than 20 authors whose abstracts were selected through a blinded peer-review process. In addition to the scientific
presentations, AHRQ’s Director, Dr. Carolyn Clancy, and the Chair of the Institute of Medicine committee on CER priorities, Dr. Harold Sox, will offer introductory remarks on opportunities and challenges facing this field.

To expand access to the symposium proceedings, AHRQ will provide a live broadcast of the authors’ slides and audio presentations via the internet. If you are interested in viewing this broadcast, we invite you to register through the website below. Although there is no charge for registration, seats are limited and we ask that you register only when you are sure you can attend the full meeting on June 1 and/or June 2. Insofar as possible, we ask that individuals from the same organization gather together at one location for the broadcast to conserve seating. This will allow as many people as possible to view the presentations. Registration is on a first-come, first-served basis, so it is recommended that you commit early to ensure a reserved seat.

Attached to this email is the provisional agenda for the symposium and a listing of the Planning Committee members. The symposium is sponsored by AHRQ’s Effective Health Care program, through its DEcIDE research network. Proceedings from this symposium will be published in 2010 as an open-access journal supplement and on AHRQ’s website as we did for the first such symposium in Medical Care, October 2007 (available at http://tinyurl.com/decide-ehc).

This symposium will be a unique opportunity to hear about innovative research methods proposed for conducting comparative effectiveness studies. Should you have any questions regarding the event, please feel free to contact Scott Smith (Scott.Smith@ahrq.hhs.gov) or Kathleen Lohr (klohr@rti.org).

http://effectivehealthcare.ahrq.gov/

☐ CAHPS Clinician & Group Survey: Update on Instrument Design, Implementation, and Comparative Data

A Free Webcast Event
Tuesday, June 23, 2009
2:00 – 3:30 pm ET

The Consumer Assessment of Healthcare Providers and Systems (CAHPS) program is a public-private initiative to develop standardized surveys of patients' experiences with ambulatory and facility-level care. The Agency for Healthcare Research and Quality’s CAHPS User Network invites you to get the latest news about the CAHPS Clinician & Group Survey.

What can you learn? What’s on the horizon for the Clinician & Group instruments?
- A version focused on patient experience with providers who are not physicians.
- Items about health literacy and the cultural competency of providers.
- Items about experiences with health information technology.

Who should attend?
Representatives of medical groups, clinics, health plans, health systems, hospitals, survey vendors, and other organizations interested in measuring and reporting the quality of medical groups and individual clinicians.

Get more information about the CAHPS Clinician & Group Survey and register for the webcast here.

If you have problems accessing the Web site or cannot register online, please contact the CAHPS User Network at 1-800-492-9261 or send an e-mail to cahps1@ahrq.gov.

☐ Comparative Effectiveness: An Evidence-based and Value-based Approach
June 25-26, 2009
Tufts University CTSI

The Recovery and Reinvestment Act includes funding to conduct comparative effectiveness research of medical interventions. It signals a new era in which this information will play an increasingly important role in medical, healthcare reimbursement and health policy decision making. Evidence-based medicine and value-based medicine are two essential components of comparative effectiveness research. This two-day course aims to provide participants with knowledge and hands-on experience in the nuts and bolts of the methods employed in these practices.

Course directors: Joseph Lau, M.D., Professor, Center for Clinical Evidence Synthesis and Peter Neumann, Sc.D., Professor, Center for Evaluation of Value and Risk in Health, Tufts Institute for Clinical Research and Health Policy Studies, Tufts Medical Center and Tufts CTSI.

For a program brochure, contact Jeanne Connolly, Tufts CTSI: jconnolly@tuftsmc.org.

☐ IV Summer Institute on Migration and Health
June 29 - July 3, 2009
Puebla, México
Medical School of the Benemérita Universidad Autónoma de Puebla
Health Initiative of the Americas, School of Public Health, UC Berkeley

This course, taught by high recognized professionals from the United States, Latin America and Europe, is a fantastic opportunity for academic and scientific researchers, graduate students and professionals working with migrant communities. It covers various aspects related to migration and health, in
particular emerging issues and trends in research. Click here for more information and to register.

2009 NIH Summer Institute on Community-Based Participatory Research Targeting the Medically Underserved
August 2-7, 2009
Renaissance Pere Marquette Hotel
New Orleans, Louisiana

The NIH Summer Institute will address essential conceptual, methodological, and practical issues inherent in planning and conducting research on health promotion, disease prevention, and health disparities that is conducted in partnership between communities and researchers and targets medically underserved areas (MUAs) and medically underserved populations (MUPs) as defined by the Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA). This research may include intervention research (i.e., quasi-experimental research projects that seek to influence preventive behaviors, treatment adherences, complementary behaviors, and related attitudes and beliefs). Natural experiments also may fall under the interventions rubric.

Examples include, and are not limited to promotion of physical activity-friendly neighborhoods; tobacco, alcohol and drug abuse prevention among youth; a community-led action plan for cancer, hypertension and cardiovascular disease prevention and control in minority populations; establishing safer work practices among agricultural workers in rural areas; nutrition and reducing childhood obesity; HIV/AIDS and STD prevalence among young adults; promoting infant mental health; and reducing health disparities.

The Institute is intended for investigators who wish to develop NIH grant applications for research targeting the medically underserved. Faculty will include established investigators from social work and other fields and who will provide instruction based on their expertise and own successful projects. The goal is for each participant to develop an NIH R21 or R01 under the above mechanisms.

Participation by both Investigators and the Community Partners is encouraged.


The American Public Health Association
137th APHA Annual Meeting & Exposition
November 7-11, 2009
Philadelphia, PA
The deadline for 2009 Abstract submissions has been extended to Feb 16-20, 2009. The theme of the meeting is: Water and Public Health: the 21st Century Challenge. http://www.apha.org/meetings/

5. Funding Announcements

Funding opportunities for T2 and community-engaged research also can be found on the CTSI Virtual Home.

- **Center for Aging in Diverse Communities: A Resource Center for Minority Aging Research**
  Pilot Studies on Health and Aging in Minority Communities by Minority Investigators
  Applications due June 15, 2009

  Established in 1997, the UCSF Center for Aging in Diverse Communities (CADC) is expected to enhance aging research in minority populations and increase involvement of minority investigators in the field. The ultimate goal of the CADC is to close the gap in health between minority and non-minority older people.

  The CADC is funding pilot studies led by minority investigators that focus on health and health care issues of minority populations. The CADC is now requesting applications for pilot studies to investigate issues of health and aging in African American, Latino, Asian American, Pacific Islander and American Indian populations. The CADC will fund up to four pilot studies for the year starting August 31, 2009. The CADC is committed to mentoring the funded scholars during and following the study period to support development of a successful research career.

  Completed original applications should be received no later than Monday, June 15, 2009 and sent to: Eliseo Perez-Stable, MD, UCSF Box 0856, 3333 California Street, Suite 335, SF, CA 94118. Attn: Cecilia Populus-Eudave and sent by email to Cecilia Populus-Eudave and Eliseo Perez-Stable. For more information and relevant forms, email Cecilia Populus-Eudave. Phone: 415-502-4088.

- **American Diabetes Association Clinical/Translational Award**
  Applications due July 15, 2009

  The Clinical/Translational Awards are designed to support patient-oriented research in diabetes. For the purpose of this award, clinical research is defined as research directly involving humans, and includes educational, psychosocial, behavioral, epidemiologic, and health services research as well as studies of normal physiology and mechanisms of disease.
  Support: Awards are up to $200,000 per year for up to three years. Up to 20% of total costs for PI salary support and up to 15% for indirect costs may be...
requested.
Important Documents: Download, review, and/or complete these documents before online submission:
Easy Steps to Application Submission
Application Instructions
Access the Online Application

Pilot Intervention and Services Research Grants (R34)
National Institutes of Health (NIH)
National Institute of Mental Health (NIMH)
Next Application Receipt Date: June 16, 2009, October 16, 2009
Expiration Date: May 8, 2012

The purpose of this Funding Opportunity Announcement (FOA) is to encourage research on 1) the development and/or pilot testing of new or adapted interventions, 2) the adaptation and/or pilot testing of interventions with demonstrated efficacy for use in broader scale effectiveness trials, or 3) innovative services research directions that require preliminary testing or development. The R34 award mechanism provides resources for evaluating the feasibility, tolerability, acceptability and safety of novel approaches to improving mental health and modifying health risk behavior, and for obtaining the preliminary data needed as a pre-requisite to a larger-scale (efficacy or effectiveness) intervention or services study. NIMH intervention and services research is aimed at preventing or ameliorating mental disorders, emotional or behavioral problems, the co-occurrence of mental, physical and substance abuse problems, HIV infections, and the functional consequences of these problems across the life span. Innovative services research topics considered for this FOA include:

- Research on factors that impact services organization, delivery (process and receipt of care), and financing in specialty mental health, general health, and other delivery settings (e.g., schools, the workplace, the criminal justice system).
- Studies to develop novel service delivery models (e.g., aftercare services, rehabilitation, social setting, school or community-based, online/virtual communities) designed to target children, adolescents, adult or geriatric individuals with complex, comorbid and/or chronic conditions
- Studies to develop organizational or systemic interventions to ease administrative burdens, reduce provider turnover or burnout, increase consumer satisfaction or improve service engagement
- Research to identify effective dissemination and implementation processes and mechanisms to increase the uptake of scientifically informed treatments and services
Pilot studies to understand "real world" care delivery system characteristics that might facilitate or impede the integration of novel or adapted intervention techniques (e.g., reimbursing physicians for HIV risk reduction counseling during routine visits).

Studies to design or validate instruments to measure dissemination or implementation processes, changes in consumer functioning, or organizational environments.

See PAR-09-173.

Translational Tools for Clinical Studies of CAM Interventions (SBIR [R43/R44])
National Institutes of Health (NIH)
National Center for Complementary and Alternative Medicine (NCCAM)

Opening Date: July 17, 2009 (Earliest date an application may be submitted to Grants.gov)
Application Due Date(s): August 17, 2009
Earliest Anticipated Start Date(s): April 1, 2010
Expiration Date: August 18, 2009

This Funding Opportunity Announcement (FOA) solicits Small Business Innovation Research (SBIR) grant applications from small business concerns (SBCs) that propose to develop, enhance and validate translational tools to facilitate rigorous study of complementary and alternative medicine (CAM) approaches that are in wide use by the public. Recent data from the National Health Interview Survey [http://www.cdc.gov/nchs/nhis.htm] establish that Americans are utilizing CAM approaches to promote health and well-being, to treat or prevent disease, and for symptom relief. CAM approaches being widely used include massage and manipulative therapies, meditation, yoga, and acupuncture. Health conditions, particularly chronic pain, back pain and musculoskeletal pain, are the most commonly cited reasons for their use. This FOA focuses on encouraging the development of improved tools to study safety, efficacy, and clinical effectiveness of widely used CAM approaches, such as: mind-body interventions, manual therapies, yoga, and acupuncture. This FOA is not focused on tools for the study of natural products, such as herbal therapies.

Examples of Research Topics include but are not limited to the following:

- Development and feasibility assessment of standardized protocols (e.g. manualization of individualized or complex interventions) that will permit rigorous testing of the clinical effectiveness of CAM interventions and facilitate comparability of research results across studies
- Development of standardized, objective methods to assess patient adherence to specific CAM treatment interventions;
- Development of devices/tools to assess consistency and fidelity of practitioner approaches and other aspects of protocol implementation
- Development and validation of enhanced patient-reported outcome assessment tools for CAM (e.g. new user (clinician, researcher, and/or patient/study volunteer)—friendly interfaces, methods to improve compatibility with research and health informatics systems currently in use).
- Development of measurement tools for assessing expectancy for effects of CAM mind-body medicine, acupuncture, and manual therapy interventions;
- Development of tools for assessment of important contextual factors for CAM mind-body medicine, acupuncture, and manual therapy interventions (e.g. practitioner skill, patient-practitioner interactions, and patient experiences)
- Development of CAM specific electronic health and medical records or addendums to current systems for use by CAM practitioners, researchers, and other health care providers to permit consistent collection of data to facilitate effectiveness studies.

See RFA-AT-09-004.

☐ **Researching Implementation and Change While Improving Quality (R18)**
Agency for Healthcare Research and Quality (AHRQ)
Next Application Due Dates: May 25, 2009, September 25, 2009
Earliest Anticipated Start Date(s): Generally three months after peer review date
Expiration Date: May 8, 2011

The Agency for Healthcare Research and Quality (AHRQ) announces the Agency’s interest in supporting grants to rigorously study the implementation of quality improvement strategies and provide generalizable scientific findings about the implementation of the quality improvement strategy, related organizational changes, and their impact. There is increasing evidence that success in achieving quality improvement goals is at least partially attributable to implementation processes and contexts and not just to the nature of the quality improvement strategy. The research funded through this announcement may be conducted by the team designing/implementing the quality improvement strategy or it may be conducted by a separate team. The quality improvement strategy must be one that is expected to result in major improvements in health care delivery that will enhance patient outcomes. Research design and execution will yield results providing AHRQ, providers, patients, payers, policymakers, and the public with contextual details and high level of confidence about what works and what doesn’t in improving health care in the United States.

The objective of this FOA is to support the study of implementation of quality improvement strategies focusing on the ways in which both the nature and the contexts of implementation affect the effectiveness of the strategies. Contexts include important organizational features such as, availability of resources; organizational culture; leadership commitment; support provided to quality
improvement implementation (staff support, technical support); and other factors that non-causal research has suggested are associated with variations in implementation of QIIs or with quality performance/outcomes. AHRQ is interested in funding studies whose findings will be generalizable to other systems and settings so that successful quality improvement strategies can be replicated or adapted.

Applicant institutions are expected to:

- Specify the QII that is being implemented now or that will be implemented as soon as an award is made; for the latter, describe readiness for implementation.
- Identify a set of clear quality measures and the data that will be used to support them in order to capture the level of improvement attained.
- Present a complete implementation research study plan that identifies the contextual and process variables to be analyzed and describes the method(s) of study and analysis. Use of the most rigorous research design for evaluation is required. The design should be clearly presented and approaches to dealing with threats to validity should be addressed. The analytic plan should be appropriate for the design. Valid measures of contextual variables should be used where possible. Use of explicit logic models is strongly encouraged.
- Identify the quality improvement implementation team(s) and the research study team. The QI implementation team and the research study team members could be the same; members of one could be members of the other; each could be completely separate. The research study team must include relevant experts in multiple fields (e.g., quality improvement implementation, engineering, behavioral science, social science, management science, business, economics, organizational theory) in the design, implementation and research evaluation of the QII.
- Include one or (preferably) more implementation sites as a full partner.
- Describe a clear dissemination plan that includes activities such as publishing in peer-reviewed journals, implementation through AHRQ’s rapid cycle networks, disseminating project findings through the use of other methods, and developing an implementation toolkit. The plan should also include submission to and participation in AHRQ’s Health Care Innovations Exchange, [www.innovations.ahrq.gov](http://www.innovations.ahrq.gov), if appropriate.

See [PAR-08-136](http://www.ahrq.gov).

**Minority-Based Community Clinical Oncology Program (U10)**

National Institutes of Health (NIH)
National Cancer Institute (NCI)

Release Date: May 1, 2009
Letters of Intent Receipt Date: June 8, 2009
Application Receipt Date: July 8, 2009  
Earliest Anticipated Start Date: June 1, 2010  
Expiration Date: July 9, 2009

The Division of Cancer Prevention (DCP), National Cancer Institute (NCI), announces the continuation of the established program known as “Minority-Based Community Clinical Oncology Program” (Minority-Based CCOP). This program allows practicing oncologists who serve large minority populations to participate in the NCI-sponsored clinical trials. The purpose of this program is to support, as a national resource, research activities of physicians involved in the care of minorities who are eligible to participate in NCI-sponsored cancer prevention, control, and treatment clinical trials. The NCI clinical trials program supports Minority-Based CCOP groups by providing access to clinical trials in cancer centers, major university centers, and community programs. The linkage of minority cancer patients/participants to the current clinical trials network facilitates the transfer of new research advancements in cancer prevention/control/treatment practices to minority communities and their physicians. See RFA-CA-09-023.

- **Community Clinical Oncology Program (U10)**
  National Institutes of Health (NIH)  
  National Cancer Institute (NCI)

  Letters of Intent Receipt Date: June 8, 2009  
  Application Receipt Date: July 8, 2009  
  Earliest Anticipated Start Date: June 1, 2010  
  Expiration Date: July 9, 2009

This funding opportunity announcement (FOA) solicits applications from institutions/organizations that propose to contribute to the mission of the NCI-supported Community Clinical Oncology Program (CCOP) Network, established in 1983 to develop and conduct state-of-the-art cancer prevention, control, and treatment clinical trials with significant involvement of community oncologists and populations they serve. The CCOP Network mission includes: (1) accelerating development of interventions to prevent and treat cancer and its symptoms by increasing accrual to trials; (2) fostering quality care in the community through adoption of results from clinical trials; and (3) increasing the involvement of minority and underserved patient/participant populations in cancer clinical trials and associated research. The CCOP Network consists of two types of components, CCOP Groups (also referred to as CCOPs) and CCOP Research Bases. A CCOP Group encompasses community oncologists who accrue patients/participants to NCI-approved clinical trials. These trials are designed and conducted by the CCOP Research Bases, which also manage and analyze the data, and report the results. CCOP Research Bases must be located...
either at an NCI-supported Clinical Cooperative Group or at an NCI-designated Cancer Center. See RFA-CA-09-022.

☐ Mental Health Consequences of Violence and Trauma (R03)
National Institutes of Health (NIH)
National Institute of Mental Health (NIMH)
Next Application Deadlines: June 16, 2009, October 16, 2009
Expiration Date: November 17, 2009

The National Institute of Mental Health (NIMH) invites research grant applications for investigator-initiated research to enhance scientific understanding of the etiology of psychopathology related to violence and trauma, as well as studies to develop and test effective treatments, services, and prevention strategies in this area. Areas of particular interest to the NIMH include interdisciplinary approaches combining multiple levels of inquiry (e.g., psychological, neurobiological, genetic) and scientific tools (e.g., ecological assessment, neuroimaging, microarrays) for psychopathology risk modeling, identification of highly predictive markers of pathology, and improved diagnostics; translation of basic behavioral and neuroscience findings on resiliency and risk for intervention development and testing; and strategies for effective service provision, particularly where non-specialty systems (i.e., primary care) may be required to provide mental health services.

NIMH is encouraging applications for research along a continuum of scientific and clinical needs. Topics of interest include the following:

- Studies of the organization, delivery, outcomes, and financing of care in nontraditional mental health settings (e.g., school, faith-based, primary care, criminal justice, shelters) and systems that become default providers in times of crisis (e.g., after disasters, school shootings, and other types of mass trauma)
- Studies to identify the decision-making, provider-client interaction, organizational, and systems level factors that may enhance or detract from effective service delivery.
- Intervention studies that explore patient and treatment parameters relevant to optimizing interventions for trauma-exposed children and adults.
- Studies related to the identification and treatment of PTSD in trauma-related anxiety and depression among high-risk and vulnerable populations (e.g., incarcerated and homeless populations, victims of domestic violence or sexual assault) across all age groups.
- Studies to evaluate the effectiveness, safety and costs of efficacious interventions that have not been adequately tested in practice settings.
▪ Research to elucidate factors that promote or impede the implementation of evidence-base practices related to identification and/or treatment of mental health consequences of trauma and violence.
▪ Studies to determine how economic factors (e.g., at the patient and community organization levels) affect the provision and receipt of services and pharmaceuticals.
▪ Studies to test the effectiveness of evidence-based care for populations with subsyndromal or comorbid conditions, including alcohol and other forms of substance abuse.

See PA-07-313.

6. Publications of Interest


Within the health services research community there is a growing strength of feeling that ongoing partnerships between researchers and decision-makers are critically important to effective transfer and exchange of knowledge generated from health services research. A body of literature is emerging around this idea that favors a particular model of partnership based on decision-maker involvement in research. This model is also gaining favor among health research funding bodies internationally. We argue that it is premature for the health services community to privilege any particular model of partnership between researchers and decision-makers. Rather a diversity of models should be conceptualized, explored in theory and practice, and evaluated. We identify seven dimensions that could be used to describe and differentiate models of partnerships for knowledge exchange and illustrate how these dimensions could be applied to analyzing partnerships, using three case studies from recent and ongoing health services research partnerships in Australia.


Public health is moving toward the goal of implementing evidence-based interventions. To accomplish this, there is a need to select, adapt, and evaluate intervention studies. Such selection relies, in part, on making judgments about the feasibility of possible interventions and determining whether comprehensive and multilevel evaluations are justified. There exist few published standards and guides to aid these judgments. This article describes the diverse types of
feasibility studies conducted in the field of cancer prevention, using a group of recently funded grants from the National Cancer Institute. The grants were submitted in response to a request for applications proposing research to identify feasible interventions for increasing the utilization of the Cancer Information Service among underserved populations.


The news media are often criticized for exaggerated coverage of weak science. Press releases, a source of information for many journalists, might be a source of those exaggerations. Press releases from academic medical centers often promote research that has uncertain relevance to human health and do not provide key facts or acknowledge important limitations.

http://www.annals.org/cgi/content/abstract/150/9/613

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7. Other Resources and Opportunities

Now available on the UCSF Center for Vulnerable Populations website: a fact sheet with key findings of the IDEALL (Improving Diabetes Efforts across Language and Literacy) and SMART STEPS studies. The new fact sheet highlights the efficacy of automated telephone support management as both effective and cost-effective for diabetes symptom management, especially among patients with limited English proficiency and limited health literacy. The IDEALL and SMART STEPS studies are affiliated with the Collaborative Research Network, which in turn is affiliated with the CTSI Community Engagement Program.

UC Berkeley Kaiser Permanente Community Health Scholars Program
The University of California, Berkeley announces the Kaiser Permanente Community Health Scholars Program, an ambitious initiative designed to meet the increasing need for highly educated public health workers. Funded by a $5 million grant from a fund established in 2004 by Kaiser Permanente at the East Bay Community Foundation, the program – to be based in UC Berkeley's School of Public Health – is expected to expand California's public health workforce, with an emphasis on recruiting students from underserved communities and placing them in health departments and other organizations that serve vulnerable populations. The first class of 20 Kaiser Permanente Community Health Scholars will be enrolling this fall at the university. The funds will be used to provide scholarships that will help recruit top students from underserved populations to the School of Public Health and provide additional teaching support to UC Berkeley faculty.
The CDC announces a new Community Guide to Preventive Services, a free resource to help service planners and providers choose programs and policies to improve health and prevent disease in their communities. Systematic reviews are used to answer these questions:

- Which program and policy interventions have been proven effective?
- Are there effective interventions that are right for my community?
- What might effective interventions cost; what is the likely return on investment?

More than 200 interventions have been reviewed and the Task Force on Community Preventive Services has issued recommendations for their use. The Task Force hopes those who use the Community Guide will:

- Use more interventions that have been shown to work
- Use fewer interventions that have been shown not to work
- Research interventions for which there is not enough evidence to say whether or not they work

See [http://www.thecommunityguide.org/uses/research.html](http://www.thecommunityguide.org/uses/research.html) for a research agenda for each topic the Guide reviews to point out where more, or better, studies are needed to address questions about effectiveness, applicability and harms.

Until Friday, May 29, 2009, The X PRIZE Foundation is seeking public comment to develop a $10 million prize to “create an Optimal Health paradigm that engages and empowers individuals and communities in a way that will dramatically improve health value.” Click [here to access a PDF](http://www.thecommunityguide.org/uses/research.html) of the initial design for the prize. The X PRIZE Foundation is soliciting public feedback and engaging the public in the conversation to help the foundation create the best prize possible. Comments and input will be used to test and refine the prize objectives and design. By June 2009 the Foundation anticipates having a final prize design to move into a planning phase and formally launching a RFP by the end of 2009.

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**CE Services**

The CTSI Community Engagement Program provides core consultation, training and networking services. Our work is closely coordinated with our partner, Kaiser Permanente of Northern California, and our affiliates, the University Community Partnership Program, Community Partnership Resource Center, and UCSF’s Practice-Based Research Networks.

- **Consultation**
We offer **individual** and **group consultations** by CE faculty and community experts for community-engaged research projects that are looking for input on community research methods, partnership strategies, dissemination, evaluation goals, advisory board development, or any issue that will further a current or prospective translational research project. Our CE Navigators triage each request, decide whether it would best be met in an individual or group consultation format, and make consultation arrangements.

**Group consultations** take place on the 4th Wednesday morning of every month. Look for regular announcements about our monthly group consultation meetings. To request a consultation, please complete an online consultation request form. Note: the online request process requires a quick login / account set-up procedure, and then you can fill out your electronic request.

- **Training**
  
  Our **trainings** serve both UCSF and community audiences and focus on community-university collaborative research or developing translational research skills. Over the next several months look for announcements about our trainings!

- **Registry**
  
  The CE Community Clinician Registry Survey has been distributed electronically to members of the Collaborative Research Network, as well as volunteer faculty of the Schools of Medicine, Nursing, Dentistry and Pharmacy. We now have over 375 responses from those cohorts. Community clinicians interested in filling out the survey and becoming part of this network can them complete the survey here or contact Sachini Bandara (Bandaras@fcm.ucsf.edu) or Michael Potter at (PotterM@fcm.ucsf.edu).

- **Linkage**
  
  If you work at UCSF or in a community clinic, community agency, or other community health effort and are looking for a partner for a UCSF-community research project, contact the Community Engagement Program. Our Navigator will help you to identify a potential partner through our linkage service. To request a linkage, please complete an online consultation request.

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