CTSI Community Engagement Program (CE) eNews

June 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.

We want to know what you think! Here’s our eNews survey – just 8 easy questions to give us feedback. If you’re one of the first 10 respondents (and not funded by the UCSF CTSI CE Program), you’ll win a $25 Borders gift card! We want to hear from you! Thanks!

Send us any information you’d like distributed next month. The deadline for submissions to the July 2009 (CE) eNews is Monday, July 6th. Now you can read archived Community Engagement Program eNewsletters.

Clickable Contents
Click to jump to the content below.

1. **CE Program Calendar** – Consultations, CTSI Retreat
2. **CE Program News & Announcements** – Publications, Training, Registry
3. **Partnership Snapshot** – UCP / CTSI CE Grant Awards Announcement
4. **Workshops, Conferences & Training Opportunities** (6 items)
5. **Funding Announcements** (10 items)
6. **Publications of Interest** (4 items)
7. **Other Resources & Opportunities** – research help, listserv, web tools & more (7 items)

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

1. **Community Engagement Program Calendar**

UPCOMING GROUP CONSULTATIONS
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 – 12:00  Consultations

Wednesday, July 22, 2009

No CE Consultations – All-Day CTSI Retreat

Wednesday, August 26, 2009

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

9:30 – 12:00  Consultations

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

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

[back to the top]

2. CE Program News and Announcements

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

CE faculty member Tung Nguyen, who serves on the University of California Asian American Pacific Islander (AAPI) Multi-Campus Research Program Health Work Group, participated in a hearing on Asian American, Native Hawaiian, Pacific Islander health in Sacramento in November 2008. He also helped write the following report:

CE faculty member and Center for Vulnerable Population director Dean Schillinger helped develop a Living with Diabetes Guide with support from the American College of Physician (ACP) Foundation. Over 1 million copies of these guides have been distributed. There is also a video on the Guide webpage featuring Hilary Seligman of the UCSF Center for Vulnerable Populations. Special Communications Journal of American Board of Family Practice.

### 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](mailto:) to request training or learn more.

### 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 400 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](#).

[back to the top]

### 3. Partnership Snapshot - UCP / CTSI CE Grant Awards Announcement

In 2008 and again in 2009, the UCSF University Community Partnerships Program and Council (UCP), in partnership with Tides Foundation, has offered grant funding to support projects that strengthen partnerships between the San Francisco community and the UCSF. Large ($50K) and small ($2.5K) grants have been awarded each year to projects focused on service learning programs, educational outreach to the community, economic and employment development, and community-based research and evaluation.

For these two funding cycles, the CTSI Community Engagement Program has worked with the UCP to provide supplemental and additional funding for projects that involve research. We are proud to announce this year’s small grant awards that
were made possible with CTSI CE funds. Also listed below are two projects that received large grant awards. For these projects, the research or evaluation components were supported with CTSI CE funds. We congratulate these research partners and look forward to hearing more about their progress. We also are looking forward to offering ongoing technical support and consultation to these projects.

**Small Awards**

**Community Needs Focus Group on Internet Escorts and MSM Porn Stars**  
**Community Partner:** Brad Vanderbilt, St. James Infirmary  
**University Partner:** William Woods, UCSF Center for AIDS Prevention Studies  
This project is a small community-participatory assessment of the perceived needs of gay/bi-identified Men who have Sex with Men (MSM) who work as internet-based escorts and porn stars. The assessment consists of a focus group of five to ten community members, with a focus group guide crafted by the St. James Infirmary’s existing community advisory group for men in gay adult film work with additional input from MSM internet-based escorts.

**Senior Ex-Offender Program Evaluation Project**  
**Community Partner:** Eno Jackson, Bayview Hunters Point Multipurpose Senior Services, Inc.  
**University Partner:** Correctional Medicine Consultation Network, Department of Family & Community Medicine, UCSF  
This project is for planning an evaluation and needs assessment of services offered by the Senior Ex-Offender Program (SEOP) in the Bayview area of San Francisco. The SEOP is intended to aid the healthy reentry of senior ex-offenders into the community by providing pre-release planning and post release direct services. This project offers the opportunity to learn about the unique needs of this underserved population.

**The Living with Hepatitis C Project Support Group**  
**Community Partner:** Carla Wilson, Quan Yin Healing Arts Center  
**University Partner:** Maria Chao, University of California Osher Center for Integrative Medicine  
This project is an evaluation and assessment of an ongoing therapeutic support group for people living with HCV who seek help with the management of side effects, desire education on various treatment biomechanics, and wish to stay focused on the goals of the therapy. The Living with Hepatitis C Project is a five-year old project of Quan Yin Healing Arts Center. The Living with Hepatitis C Project Support Group (LHCP SG) is a treatment-based support group program within the project. Hepatologists and other western medical providers regularly refer their patients to the LWHPSG for emotional support and for education in self-care to help improve western Hepatitis C treatment adherence and outcomes. The funding requested through the UCSF UCPC Grants Program will be used to evaluate the program through the implementation of a survey tool that will measure the
attitudes, beliefs, and perceived health impact of the LWHP SG. Partners in the project, QYHAC and UCSF Osher Center, will collaborate in the development, implementation and evaluation of the project.

Youth LEAD (Let’s Evaluate and Decide) 
Community Partner: Tavi Baker, Boys & Girls Clubs of San Francisco (BGCSF) 
University Partner: Kristine Madsen, Department of Pediatrics, UCSF 
Youth LEAD is a pilot program that will teach teen members how to assess the nutrition environment of their Clubhouses and determine if they are receiving a sufficient level of healthy foods each day. Through this process, teens will gain valuable job-readiness skills, such as using evaluation tools, performing data analysis, public speaking, and facilitating groups. Teens will use information from their research to enhance and/or create new nutrition policies that will affect over 14,000 youth served by BGCSF.

Large Awards

Linking Community-Based Care and Clinical Training to Evolve the Provision of Health Services for Adults with Developmental Disabilities 
Community Partner: Alan Fox, The Arc of San Francisco 
University Partner: Clarissa Kripke, UCSF Department of Family and Community Medicine 
The purpose of this project is to develop a service-learning model whereby UCSF physicians and pre-doctoral students are trained to care for patients with developmental disabilities, a medically underserved population. This project will exist in a community-based research context, with key data and outcomes informing a larger effort to reform and model a system of care for adults with developmental disabilities. The Arc of San Francisco is a private, non-profit organization that provides the community-based linkage to client/patients who typically face tremendous barriers in accessing appropriate health services. Trained Health Advocates from The Arc will interface with a team at UCSF to connect adults with developmental disabilities to a new training and clinical service model being developed through the UCSF Department of Family and Community Medicine.

Assessment & Treatment of Young Survivors of Torture, War Trauma, and Gang Violence 
Community Partner: Winnie Chu, Survivors International 
University Partner: Stu Lustig, UCSF Child Psychiatry Training Program (CPTP) 
The overall goal of the project is to develop better practices for the assessment and treatment of young survivors of torture, war trauma, and gang violence. This project includes assessing the benefits of psychosocial asylum support and psychiatric and psychosocial treatment for improving mental health and asylum outcomes. The project will result in significant benefits for the traumatized youth and will increase our institutional capacity to better serve this population. It will also prepare
UCSF psychiatric fellows in the area of forensic psychiatry and increase their knowledge base in the field of child and adolescent psychiatry to include a deeper understanding of the development of family systems and the treatment modalities available for young survivors of torture, war trauma, and gang violence. Project deliverables include: procedural model for the assessment and treatment of youth clients, clinical measures for successful outcomes, and guidelines for the use of different intervention strategies.

4. Workshops, Conferences and Training Opportunities

☐ Eighth Annual Summer Institute on Evidence-Based Practice
   July 9-11, 2009; Pre-conferences July 8
   Crowne Plaza Riverwalk Hotel
   San Antonio, Texas

   2009 Theme: “Achieving Excellence with Evidence”

   The Summer 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 quality improvement. Pre-conference topics include Evidence-Based Practice for Educators, Achieving Quality through Teamwork, and Basics of Evidence-Based Practice.

   Highlights of the Institute include:
   - Showcase of successful improvements
   - Educators’ EBP Workshop for those teaching EBP, back by popular demand
   - Basics of EBP Workshop for first time attendees
   - Library skills to locate clinically useful evidence
   - Presentations of best practice projects
   - Graduate, pre and post-doctoral coursework

   See: http://www.acestar.uthscsa.edu/institute/su09.html

☐ 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.


National Conference on Health Communication, Marketing, and Media 2009
Center for Disease Control and Prevention (CDC)
National Center for Health Marketing
Office of Enterprise Communications
August 11 – 13, 2009
Omni Hotel
Atlanta, Georgia

The Substance Abuse and Mental Health Services Administration, the National Cancer Institute and the National Public Health Information Coalition are co-sponsors for this event. We are expanding on the success of past conferences and providing opportunities to learn about innovative health marketing techniques, the most recent research findings and theoretical developments, and new ways to engage partners. Come and be part of a rewarding 3 days and share insights, discuss challenges and meet with individuals representing academia, public health researchers, and practitioners from federal and state government and the private sector.

For more information: http://www.cdc.gov/healthmarketing/NCHCMM2009/
5th Annual Asian American Health Conference
“Reinvesting in Our Communities for Health Equity”
October 8-9, 2009
New York City
Call for Abstracts

The NYU Center for the Study of Asian American Health is currently seeking abstracts for the 5th Annual Asian American Health. In this time of unprecedented economic crisis and uncertainty, people who are poor, sick, uninsured and underinsured, and who do not know how to access resources are most severely impacted by economic downturn. The theme of this year's conference provides an opportunity to highlight the importance of making continuous investments in our communities to address issues of inequity and provide linkages to resources for healthier communities.

We encourage submissions from students, educators, advocates, health and social services professionals, and researchers that reflect innovative programs, initiatives, or recently completed/ongoing research and advocacy efforts that pertain to the following areas in the field of Asian American and Pacific Islander (API) health:

- Leveraging resources through partnership building
- Translating research to action
- Organizing and advocating for policy changes
- Fostering opportunities in research, training, and leadership

Visit www.med.nyu.edu/csaah for conference details and updates or email nyucaah@gmail.com.

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

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. To learn more about the institute, visit http://apha.confex.com/apha/137am/webprogram/Session26911.html
5. Funding Announcements

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

- National Clinical Research Program
  American Heart Association
  Applications Due: July 22, 2009

  This award is designed to encourage early career investigators who have appropriate and supportive mentoring relationships to engage in high quality introductory and pilot clinical studies that will guide future strategies for reducing cardiovascular disease and stroke while fostering new research in clinical and translational science, and encouraging community- and population-based activities. This grant is not intended to fund basic science or to support senior researchers.

  This award is for health care professionals with a Masters, MD, DO or PhD degree. Individuals are not eligible to be the principal investigator if they hold or have held certain NIH awards (such as RO1, R21, PO1) or certain AHA awards (BGIA, SDG, EIA, GIA) or an award equivalent to any of the above (an independent investigator award) Interdisciplinary research teams are eligible. All principal investigators must also identify a mentor with an earned doctorate and a track record of high quality clinical investigation.

  Funding is available for research related to cardiovascular disease and stroke prevention or treatment, or to related clinical and public health problems, including multidisciplinary efforts. Proposals are encouraged on provider behavior, patient behavior, behavioral outcomes, risk factor outcomes, disease outcomes, cost benefit analyses, efforts to evaluate outcomes of patient care delivery and patient/provider and/or system compliance and adherence to recommendations, as well as pilot clinical research studies that may provide preliminary data for larger-scale investigation. Also, encouraged are studies utilizing existing databases. Applications related to obesity, women and heart disease, and resuscitation are particularly encouraged. Ancillary studies or a clearly defined sub-study of an ongoing clinical research study are also
encouraged. There must, however, be clear justification that the proposal is a sub-study and not a piece of an already funded project.

Awards are for up to two years and up to $50,000 for direct costs, plus $5,000 for indirect costs. Total maximum for both years is $110,000. See: [http://www.americanheart.org/presenter.jhtml?identifier=3065687](http://www.americanheart.org/presenter.jhtml?identifier=3065687)

## Legacy Pilot Projects

**B Free National Center of Excellence in the Elimination of Hepatitis B Disparities (CEED)**

Applications Due: Friday, August 14, 2009, midnight PST

Project period begins October 1, 2009

B Free CEED’s mission is to serve as a national resource and expert center for the development, evaluation, and dissemination of evidence-based best practices that contribute to eliminating hepatitis B-related disparities among Asian Pacific Islanders (API). The B Free CEED is allocating $500,000 to fund Legacy Pilot Projects over a five-year period to support community-based participatory research projects dedicated to eliminating hepatitis B disparities in API communities. Pilot awards range from $25,000 to $40,000 of support for a one-year period. There may be an option for additional year(s) of funding depending on demonstrated productivity and need. Grantees will have priority to access technical and consultation support of the B Free CEED coalition. Each year, the B Free CEED will fund two to four Legacy Pilot Projects.

The call for proposals is open to all community-based organizations, coalitions, health care organizations, social service organizations, health researchers, health professionals, and community advocates who currently work on or are interested in developing activities that address hepatitis B disparities in the API communities. Organizations and coalitions interested in applying must be non-profits with a 501 (c) 3 status. Interested applicants who are currently receiving funds through any REACH US program are NOT eligible to apply.

Activities that are eligible for funding include but are not limited to:

- Community needs assessments
- Community asset mapping
- Health impact assessments
- Conducting trainings and workshops for different stakeholders
- Initiation of relevant community-based or systems level activities
- Local start-up activities of a community coalition
- Synthesis of evidence or practice-based approaches in a specific area
- Develop or adopt culturally appropriate assessment instruments or methodologies
- Adapting B Free CEED local activities to other API groups

See: [http://hepatitis.med.nyu.edu/projects/legacy-projects](http://hepatitis.med.nyu.edu/projects/legacy-projects)
Any questions about the Legacy Pilot Projects should be directed to simona.kwon@nyumc.org or 212-263-3026.

**Quality of Life/Health Services/Outcomes Study Grants—Dermatology**

Applications Due: October 5, 2009

American Skin Association is accepting applications for support of research targeting Health Services/Quality of Life/Outcome Studies. One to two $15,000 grants will be given each year. A second year of funding may be requested upon receipt and review of a progress report and a re-application.

Applicants must be working actively in areas related to dermatology. Funds may be used for support of a new or ongoing research/clinical investigation project. Applicants without prior funding in formative stage of career, or undergoing a mid-career research change will be given preference.

American Skin Association
346 Park Avenue South - 4th Floor
New York, NY 10010
(212) 889-4858
(800) 499-SKIN
(212) 889-4959 (Fax)
E-mail: info@americanskin.org

**Clinical Trial Planning Grant Program (R34)**

National Institutes of Health (NIH)
National Eye Institute (NEI)
National Institute on Aging (NIA)
National Institute on Alcohol Abuse and Alcoholism
National Institute of Arthritis and Musculoskeletal and Skin Diseases
National Institute of Child Health and Human Development
National Institute on Drug Abuse (NIDA)
Office of Dietary Supplements (ODS)

Next Applications Due: October 16, 2009
Expiration Date: May 8, 2012

This Funding Opportunity Announcement (FOA) invites applications under the NIH Clinical Trial Planning Grant Program, the purpose of which is to provide support for the development of a Phase III clinical trial. This includes the establishment of the research team, the development of tools for data management and oversight of the research, the definition of recruitment
strategies, and the finalization of the protocol and other essential elements of the study included in a manual of operations/procedures. The Clinical Trial Planning Grant is not designed for the collection of preliminary data or the conduct of pilot studies to support the rationale for a clinical trial.

An NIH-defined Phase III clinical trial is a broadly based prospective clinical investigation, usually involving several hundred or more human subjects, for the purpose of evaluating an experimental intervention in comparison with a standard or control intervention or comparing two or more existing treatments. Often, the aim of such investigation is to provide evidence leading to a scientific basis for consideration of a change in health policy or standard of care. The definition includes pharmacologic, non-pharmacologic, and behavioral interventions for disease prevention, prophylaxis, diagnosis, or therapy. Community- and other population-based intervention trials also are included.

The planning grant is designed to permit early peer review of the rationale and design of the proposed clinical trial and to provide support for the development of a detailed Manual of Procedures (MOP), including all elements essential to the launching of a trial. Direct costs up to $100,000 may be requested for the one-year period. See: http://grants.nih.gov/grants/guide/pa-files/PA-09-186.html

☐ Academic-Community Partnership Conference Series (U13)
   National Institutes of Health (NIH)
   Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)
   Next Application Due Date(s): March 2, 2010, March 2, 2011
   Expiration Date: March 3, 2011

This announcement solicits NICHD Cooperative Agreement Conference (U13) applications to conduct health disparities-related meetings, workshops, and symposia. The objectives of these meetings will be to establish academic-community partnerships, identify community-research priorities, and develop long-term collaborative agendas. Areas of focus for these partnerships may include one or more of the following community-health issues infant mortality; sudden infant death syndrome (SIDS); violence prevention; techniques for outreach and information dissemination; childhood, adolescent, and/or adult obesity; health literacy; uterine fibroid tumors; and pediatric and maternal HIV/AIDS prevention.

The purpose of this project is for NICHD to assess the benefit of bringing community organizations and academic institutions/organizations together to identify opportunities for Community-Based Participatory Research (CBPR). “Community organizations” may include (but are not limited to) public schools, community-based organizations, faith-based organizations, and/or advocacy groups. The purposes of these partnerships (e.g.
workshops/symposia/meetings) are to identify important community partners, establish community research priorities, and to develop a long-term CBPR agenda. It is expected that the academic-community partnerships developed through this initiative will lead to grant applications for the support of CBPR projects designed to meet identified community needs. These projects can focus on one or more of the following areas: infant mortality; SIDS; techniques for outreach and information dissemination; pediatric and maternal HIV/AIDS prevention, childhood, adolescent, and/or adult obesity; health literacy; uterine fibroid tumors; and violence prevention.

NICHD also aims to build bridges for communities by employing the principles of Community-Based Participatory Research (CBPR) so that research priorities are met for the community’s health needs. CBPR is a collaborative process of research involving researchers and community representatives that (1) engages community members; (2) employs local knowledge in the understanding of health problems and the design of interventions; and (3) invests community members in the processes and products of research. Construction of these bridges must be thoroughly and carefully designed with foundations rooted in science, but firmly grounded in the communities to be served. Health disparities do not merely occur, they develop over time as natural biological and behavioral forces interacting with such factors as poverty and unequal opportunities, and are modified by a variety of community, social, educational, and economic influences. Closing the health disparities gap requires an in-depth understanding of these processes and mechanisms as they interact over time. Finally, it requires the conscientious design of educational and behavioral interventions, rooted in science, but first conceived through careful partnerships with communities by relevant academic institutions/organizations with an interest in improving the health of the individuals residing in these communities. See PAR-09-092.

☐ NIDA Research "Center of Excellence" Grant Program (P50)
National Institutes of Health (NIH)
National Institutes on Drug Abuse (NIDA)
National Cancer Institute (NCI)

Next application Due Dates: December 1, 2009, February 26, 2010
Expiration Date: January 8, 2010

This FOA is to provide support for research centers that conduct drug abuse and addiction research that have outstanding innovative science and that are multidisciplinary, thematically integrated, synergistic, and are/will be serving as national resource(s) for the NIDA research fields. NIDA research centers are expected to serve as national research resources in the drug abuse research field. They are expected to attract established and promising investigators into drug abuse research. The P50 and P60 center applications are expected to
provide opportunities for research training, career development, and mentoring, as well as for effective dissemination of research findings.

Through the Centers program, NIDA seeks to encourage outstanding scientists to bring a full range of expertise, approaches, technologies, and creativity to the study of problems related to drug abuse and addiction. Investigative efforts are expected to be broadly based and to encompass a variety of areas, including biological, biomedical, social, behavioral, and/or clinical sciences as well as dissemination sciences to address critical research issues. See: PAR-08-046.

**Health Services Research on Practice Improvement Utilizing Community Treatment Programs within the National Drug Abuse Clinical Trials Network (CTN) (R01), (R21), (R03)**

National Institutes of Health (NIH)
National Institute on Drug Abuse (NIDA)

Expiration Date: September 8, 2009

This Funding Opportunity Announcement (FOA) solicits health services research in conjunction with NIDA’s Clinical Trials Network (CTN). The CTN is a research partnership between more than 150 community treatment programs (CTPs) and drug abuse researchers in multiple sites across the country. With its extensive network of providers serving diverse populations of drug users, the CTN provides an infrastructure for the investigation of (a) systems-level factors that facilitate practice improvement in community treatment programs, and (b) new research tools to facilitate higher quality health services research on practice improvement in drug abuse treatment.

NIDA encourages researchers to utilize the Community Treatment Programs and/or Regional Research and Training Centers established by the CTN as a “platform” for new health services research studies to (a) understand and facilitate practice improvement processes, including dissemination, adoption, and implementation of evidence-based treatment strategies; and (b) develop or refine research tools—including study designs, measurement instruments, and data analytic methods—to facilitate higher quality health services research on practice improvement in drug abuse treatment. Conducting this type of research using the CTN as a platform realizes goals for services research set forth in the report of the Blue Ribbon Task Force on Health Services Research (www.drugabuse.gov/pdf/despr/HSRReport.pdf). This report calls for an integration of services research intervention testing conducted by the CTN.

There are multiple aspects to practice improvement for drug abuse treatment. In community settings, adoption and implementation of evidence-based practices is a complex multidirectional process of continuous practice enhancement that involves interaction among multiple individual-, organizational-, and contextual-level factors. Key components of the practice improvement process include:
The target destination for practice improvement;
The source of evidence-based practices that can help to improve practice;
Communication processes between the destination and the source;
Monitoring and feedback systems to provide information about progress in improving practice;
Reflection and refinement process based on the monitoring information;
The sociopolitical context, including local, state, and federal policies, available resources and funding systems, interagency collaboration, community relations, etc.;
Implementation research in the field of drug abuse treatment has generally not fully considered the complexity of the practice improvement process.

Implementation research to date has focused largely on the second of these key components—the source of evidence-based practices—and has implicitly adopted the view of practice improvement as a one-time linear transfer of innovation from researchers and developers to providers. Research thus far has mostly neglected the extent to which practice improvement may begin with and be mitigated by providers. For example, treatment providers may be motivated to address specific shortcomings in their current practices or to improve the overall efficiency or effectiveness of their interventions. They may also be concerned with adapting their practices to increase their financial compensation, particularly in a health care management setting or reimbursement environment, or to respond to other pragmatic goals. Likewise, little is known about how and when the process begins with administrators and policymakers, who may promote the use of particular practices for a variety of reasons (e.g., improving general level of effectiveness, expanding populations served, reducing costs or increasing financial gains, adopting interventions that can be implemented by staff with lower levels of training or with reduced resources, etc.).

Research has also under-addressed the role of monitoring and feedback systems, the use of feedback information for self-assessment and refinement, and the sociopolitical context in which practice improvement takes place. Knowledge about the economics of practice improvement in community settings is crucial for provider organizations, funders, and policymakers alike. Yet, research on the resources needed to support practice improvement, viable financing mechanisms, and the cost-effectiveness of various practice improvement efforts is meager. See: PA-07-113 (R01), PA-06-496 (R21), PA-06-497 (R03)

Research Demonstration and Dissemination Grants (R18)
The purpose of this Funding Opportunity Announcement (FOA) is to encourage the scientific community to conduct Demonstration and Dissemination (D&D) studies to test the effectiveness of interventions in children, adolescents, and/or adults to: (1) promote healthful behaviors; (2) reduce risk factors for heart, lung, and blood diseases, and sleep disorders; (3) improve the prevention or management of heart, lung, and blood diseases, and sleep disorders, including the delivery of health care services; and (4) enhance understanding of the processes of intervention implementation and diffusion, or sustainability in a defined population, or defined clinical or community setting.

Demonstration and Dissemination (D&D) research involves extension or adaptation of generally accepted interventions to broader populations or settings. The NHLBI is particularly interested in encouraging high-quality applications in the area of D&D research that incorporate rigorous design and analysis. In issuing these guidelines, NHLBI intends to provide information to assist members of the scientific community interested in applying for D&D research grants in the cardiovascular, pulmonary, blood, and sleep areas.

Interventions tested in D&D research are based on strategies designed to promote healthful behaviors, to prevent disease, or ameliorate disease in defined populations. The intervention strategies include, but are not limited to, educational strategies, behavioral techniques, and environmental or organizational strategies that may improve the prevention or management of heart, lung, and blood diseases and sleep disorders, including the delivery of healthcare services.

Translational research such as those examining approaches to implementing prevention in clinical practice and approaches to translating proven therapies and evidence-based guidelines into clinical practice is also of interest to NHLBI. The interventions should be based on the application of valid theories and strategies drawn from the biomedical, behavioral and social sciences.

The goal of this FOA is to support "effectiveness" studies, that is, intervention studies that can be shown to be beneficial under real world conditions. D&D Research takes interventions that are generally accepted as beneficial and addresses their extension or adaptation to specific populations or settings. Examining the ability to implement interventions where the efficacy has been demonstrated is thus the focus of demonstration and dissemination research. See: PA-07-017.
Cancer Education Grants Program (R25)
National Institutes of Health (NIH)
National Cancer Institute (NCI)
Next Application Due Dates: September 25, 2009, January 25, 2010
Expiration Date: September 8, 2011

This Funding Opportunity Announcement (FOA), issued by the National Cancer Institute (NCI), encourages applications for the development of: (i) innovative cancer education programs; and (ii) cancer research dissemination projects that can be completed within 5 years. Specifically, the types of Cancer Education Grant Programs (CEGPs) that may be supported include: (1) innovative educational programs intended to motivate biomedical and other health science students to pursue cancer related careers; (2) short courses to update cancer research scientists in new scientific methods, technologies and findings; (3) training of cancer care clinicians and community health care providers in evidence-based cancer prevention and control approaches; and (4) development of effective innovative education (dissemination) approaches to translate knowledge gained from science (discovery) into public health, and community applications (delivery).

Examples of project themes that may be funded through the CEGP include (but are not limited to) the following areas:

- New curriculum development within an academic institution in areas of critical importance to cancer education (e.g., nutrition, pain management, palliative care, and genetics).
- New curriculum development within the Minority Institution/Cancer Center Partnership program (MI/CCP) to motivate college students at Minority Serving Institutions to focus their careers on reduction of cancer health disparities.
- Development of primarily short-term curriculum based educational programs in academic settings to encourage college science students, pre-doctoral biomedical and health sciences students to pursue careers in cancer research.
- Short term courses to educate community health care providers in evidence-based cancer prevention and control techniques including cancer screening programs, tobacco cessation techniques, nutrition education and clinical cancer genetics.
- Educational approaches to encourage community health care providers and community-based organizations to adopt evidence-based prevention and screening interventions.
- Research dissemination approaches to increase the adaptation of evidence-based preventive interventions to ethnically and linguistically diverse communities.
Research/practice partnership education programs that are directed to increase the utilization of evidence-based information in community settings.

See: PAR-08-120.

Behavioral and Social Research on Disasters and Health (R21)

National Institutes of Health
National Institute on Aging (NIA)
National Institute of Child Health and Human Development (NICHD)
National Institute of Nursing Research (NINR)
Office of Behavioral and Social Science Research (OBSSR)
Expiration Date: September 8, 2009

The purpose of this FOA is to stimulate research in the behavioral and social sciences on the consequences of natural and man-made disasters for the health of children, the elderly, and vulnerable groups, with an ultimate goal of preventing and mitigating harmful consequences and health disparities. Disasters include severe weather-related events, earthquakes, large-scale attacks on civilian populations, technological catastrophes or perceived catastrophes, and influenza pandemics. For the elderly and for children and youth, the health outcomes of greatest interest include mortality, disability and resilience, severe distress and clinically significant morbidity (as opposed to mild or transient symptoms and dysphoria), and economic hardship sufficient to harm health. For children and youth, long-term effects on development are also of interest.

The existing literature on disaster medicine and public health focuses primarily on immediate response and acute disaster-related needs. While the special needs of the elderly, chronically ill and disabled, and families with children are frequently mentioned in this literature, existing empirical research is insufficient to provide adequate guidance to public- and private-sector organizations for planning, prevention and mitigation. More research is also needed on the effects of disaster on vulnerable populations such as the homeless, incarcerated populations, non-English speaking populations, acutely ill persons in hospitals or other institutional settings, and children and adults with disabilities and chronic diseases. Research and translation efforts can help inform planning by drawing on lessons from disasters of multiple types and locations.

Examples of research topics and methods include but are not limited to:

- Characteristics of public health systems, acute care, rehabilitation and long-term care institutions affecting survival, successful evacuation or referral, and continuity of care for the frail elderly, disabled or chronically ill persons.
- The impact of neighborhood, household and family characteristics, including social cohesion and social networks, on survival, successful evacuation and resettlement or relocation of the elderly, children, the disabled, and the chronically ill; disruption and adaptation of caregiver relationships.
- Social, economic, and racial/ethnic disparities affecting access to vaccines and other preventive services; or affecting the survival, evacuation, resettlement or relocation of the elderly, children, the disabled, and chronically ill persons.
- The economic impact on health of disasters, using existing studies with high-quality pre-disaster assessments of income and assets.
- Cognitive and other factors affecting risk perceptions and communication, preparedness, and evacuation, relocation and resettlement decisions.
- Long-term health impacts of stressful events and factors affecting resiliency and recovery.
- Simulations and models of disasters and response, elucidating impacts on the elderly and children.
- Creation of data resources, including self-report data from affected families and persons, emergency responders, health and long-term care providers, and administrative data from medical and other organizations, to improve the infrastructure for behavioral, social and services research on the health impacts of disasters.

See: PA-06-452.

[back to the top]

6. Publications of Interest


- Health and Medicine research at the National Academies focuses on issues affecting the health of the public, including population-based public health measures and the public health infrastructure. It also ensures that there is adequate attention to the science base underlying health and health care, as national and international needs evolve and change. The public and private policies and institutional relations that shape health sciences research and policy or that facilitate application of new knowledge are of particular concern.

Our Common Ground provides an overview and examples of community-based research (CBR) processes with a focus on girls’ and women’s health and gender and health related issues. Although not an exhaustive guide, Our Common Ground is intended to give the reader a solid understanding of CBR. Our Common Ground was developed to enable people interested in girls’ and women’s health, and gender and health, to:

- ask clear, relevant, and important questions;
- design appropriate studies that are participatory at various stages of the research;
- reflect upon the relationships, roles, and responsibilities of each member of the research team;
- generate results that are meaningful for a broad spectrum of participants and stakeholders; and
- develop and implement actions that serve the people who participate in the study.

Because CBR is applicable to many different research endeavors, we worked to make this Primer relevant and accessible to a range of potential community based researchers. People from different backgrounds and experiences can use Our Common Ground, including:

- local public health nurses, social service non-profit organizations, school-based employees;
- civil servants who need to do research or who are required to conduct or use research to determine best practices;
- community workers who wish to gather evidence for improving and refining programs, and for expanding their agency’s effectiveness and ability to attract and retain funding for programs;
- students, graduate students, and faculty at universities or colleges who wish to engage meaningfully with community members through CBR;
- any person interested in better understanding how to apply CBR in the context of girls’ and women’s health and gender and health research; and
- any person or group who wishes to tackle an issue of vital importance to their community.


Failure to reconcile patient preferences and values as well as social norms with clinical practice guidelines (CPGs) recommendations may hamper their implementation in clinical practice. However, little is known about patients and public involvement programs (PPIP) in CPG development and implementation. This study aims to identify what it is about PPIP that works, in which contexts PPIP are most likely to be effective, and how PPIP are assumed to lead to better CPG development and implementation. The proposed research project will be among the first to explore the PPIP in CPG development and implementation based on a wide range of publications and key informants interviews. It is anticipated that the results generated by the study will significantly contribute to the improvement of the reconciliation of CPGs with patient preferences and values as well as with social norms.

7. Other Resources and Opportunities

- Master of Public Health students are available for placement with community organizations from January – December 2010 to plan and implement a community assessment and produce a program plan. Because this experience is grounded in principles of Community-Based Participatory Research, these students are interested in projects in which there can be active participation of organization staff as well as some community engagement in the development and implementation of the assessment and the program design.

There is no cost to an organization to have the students do this work, although there may be a small amount of resources needed for aspects of the assessment including incentives for participants, etc. In addition, organizations need to be willing and able to work with graduate students who are learning and doing at the same time and provide them with guidance and support. That being said, many of our student teams have done high level work that has resulted in presentations at APHA and other conferences, published journal articles, and most importantly, products which organizations can actually use.

If you are interested in talking about having a team work with your organization, please contact Jessica Wolin (contact information below) to discuss the possibilities. Jessica can work with you to come up with specific project ideas and talk about partnering organizations’ needs.

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Overview and Timeline
The SFSU MPH program consists of a rigorous year-long team practice experience. Over the course of a year, working in teams of between 3 and 5 people, students work with a community-based organization to plan and conduct a community assessment and develop a program plan.

- Plan Community Assessment - End of January through May
- Conduct Community Assessment - June through August
- Develop Program Plan - September through Mid-December
- Final Presentations - Mid-December

☐ Ruth L. Kirschstein National Research Service Awards for Individual Predoctoral Fellowships to Promote Diversity in Health-Related Research (F31)
Opening Date: July 13, 2009
Applications Due: August 8, 2009, December 8, 2009
Expiration Date: September 8, 2012

The objective of NIH-supported Ruth L. Kirschstein National Research Service Awards programs is to help ensure that a diverse pool of highly trained scientists are available in adequate numbers and in appropriate research areas to address the Nation's biomedical, behavioral, and clinical research needs. The purpose of the F31 predoctoral fellowship to promote diversity in health-related research is to provide up to five years of support for research training leading to the PhD or equivalent research degree, the combined MD/PhD degree; or another formally combined professional degree and research doctoral degree in biomedical, behavioral, health services, or clinical sciences. These fellowships will enhance the diversity of the biomedical, behavioral, health services, and clinical research labor force in the United States by providing opportunities for academic institutions to identify and recruit students from diverse population groups to seek graduate degrees in health-related research and apply for this fellowship.

The goal of this program is to increase the number of scientists from diverse population groups who are prepared to pursue careers in biomedical, behavioral, social, clinical, or health services research. The NIH recognizes a unique and compelling need to promote diversity in the biomedical, behavioral and clinical sciences research workforce. The NIH expects that efforts to diversify the workforce to lead to:

- The recruitment of the most talented researchers from all groups;
- An improvement in the quality of the educational and training environment;
- A balanced perspective in setting research priorities;
- An improved capacity to recruit subjects from diverse backgrounds into clinical research protocols;
- An improved capacity to address and eliminate health disparities.

Accordingly, the NIH continues to encourage institutions to diversify their student and faculty populations and thus to increase the participation of individuals currently underrepresented in the biomedical, clinical, behavioral, and social sciences.

This announcement seeks to stimulate the participation of individuals from the following groups:
- Individuals from underrepresented racial and ethnic groups;
- individuals with disabilities; and
- individuals from socially, culturally, economically, or educationally disadvantaged backgrounds that have inhibited their ability to pursue a career in health-related research.

See: PA-09-209

The U.S. Agency for Healthcare Research and Quality's Health Care Innovations Exchange is a comprehensive program designed to accelerate the development and adoption of innovations in health care delivery. This program supports the Agency's mission to improve the safety, effectiveness, patient-centeredness, timeliness, efficiency, and equity of care—with a particular emphasis on reducing disparities in health care and health among racial, ethnic, and socioeconomic groups.

The Innovations Exchange aims to increase awareness of innovative strategies and activities among health care providers in a timely manner. Every day, health care practitioners find better and more effective ways of delivering health care. However, the diffusion of their innovative ideas is slow and rarely reaches beyond institutional walls or across health care settings (e.g. from hospitals to nursing homes, or from private physician practices to community health clinics). As a result, health care providers unnecessarily duplicate each other's efforts.

The Linking Clinical Practices and the Community for Prevention page was created to promote healthy patients, families, and communities by helping readers learn how to better integrate the delivery of clinical and community-based prevention and health promotion interventions. Specifically:
- Learn how other organizations developed and implemented innovative integrated programs. Go to Profiles
- Learn about tools available to assist you in developing linkages. Go to QualityTools
Share your experiences and lessons learned.
Ask questions. Go to About Posting Comments

This page was created in response to a request from the participants of the 2008 AHRQ Linking Clinical Practice and the Community for Health Promotion Summit. You are invited to share your innovative work on linking evidence-based clinical practices and community-based/public health interventions for health promotion.

The National Center for Environmental Research (NCER) is one of seven research organizations that comprise EPA’s Office of Research and Development (ORD). NCER’s mission is to support high-quality research by the nation’s leading scientists and engineers that will improve the scientific basis for national environmental decisions. EPA’s Human Health Research Program (HHRP) has a long-term goal to understand how cumulative exposures affect human health. Additionally, HHRP has an objective to understand more about community risk from exposure to both chemical and non-chemical stressors. Community-based cumulative risk assessment (CBRA) is an approach to investigate multiple chemical and non-chemical stressors (e.g., psychosocial stress, violence, poverty, poor nutritional status) faced by a community and work in partnership with the community to instill confidence and trust among the public.

Community-based risk assessment brings in multiple frameworks, such as: community-based participatory research; risk assessment, management, and communication; community environmental health assessment; community mobilization; and collaborative decision-making. Here are links to organizations, toolkits, online modules, presentations, and more organized in the following topics:

- Risk Assessment and Community-Based Risk Assessment (CBRA)
- Community Environmental Health Assessment (CEHA)
- Community Collaboration – “Process” (e.g., collaborative decision-making, meeting facilitation, etc.)
- Educational Outreach on Environmental Health
- Community and University Partnerships
- Resource Guides/Resource Web Pages

New Routes to Community Health, a national project that supports partnerships between immigrant organizations and media makers to improve immigrant health, now presents online videos. Issues covered by New Routes projects include mental health, reducing domestic violence, hypertension, and patient-doctor communication. An example of New Routes’ video work can be seen here: How to Access a Translator (Mandarin): Navigating the Healthcare System for Chinese Seniors.
The National Registry of Evidence-based Programs and Practices (NREPP) is a searchable online registry of mental health and substance abuse interventions that have been reviewed and rated by independent reviewers. The purpose of this registry is to assist the public in identifying approaches to preventing and treating mental and/or substance use disorders that have been scientifically tested and that can be readily disseminated to the field. NREPP is one way that SAMHSA is working to improve access to information on tested interventions and thereby reduce the lag time between the creation of scientific knowledge and its practical application in the field.

NREPP publishes a report called an intervention summary on this website for every intervention it reviews. Each intervention summary includes:

- Descriptive information about the intervention and its targeted outcomes
- Quality of Research and Readiness for Dissemination ratings
- A list of studies and materials submitted for review
- Contact information for the intervention developer

The Dissemination, Implementation, and Translation Research in Health listserv is co-established and supported by the National Institute of Mental Health (NIMH) and the Center for Health, Intervention, and Prevention (CHIP) at the University of Connecticut. To subscribe, send an email to listserv@listserv.uconn.edu with the body of the message stating: Subscribe Translation-L your name. You should receive a message from the listserv with instructions for how to complete your subscription. Questions/comments should be directed to Wynne Norton: wynne.norton@gmail.com.

[back to the top]

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 400 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.