HITTING THE NAIL ON THE HEAD: ALIGNING RESEARCH PRIORITIES WITH FUNDING OPPORTUNITIES

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Disclosures

• No conflicts of interest to disclose
• However, numerous unfunded grants!
THE RESEARCH LIFECYCLE

1. YOUR RESEARCH STRATEGY
2. DEVELOPING YOUR PROPOSAL
3. RESEARCH PROCESS
4. PUBLICATION
5. IMPACT

POST-AWARD

PRE-AWARD
Your research strategy

Priorities for research

Experiential and practice-based data?

Research evidence and knowledge gaps?

Patient and community perspective?
Research evidence and knowledge gaps

- Literature review
- Ongoing studies (clinicaltrials.gov)
- Your own research …
  - What didn’t we answer?
  - What new questions were revealed?
Experiential and practice-based data

- Unpublished data
  - Hospital data
  - Registries
  - Regional / state reports
- Clinical experience
  - Successes & frustrations!
  - Observations and best practices
- Quality improvement cycles
  - Pilot experience → Systematic evaluation / generalizability
Patient and community perspectives

- Patient experience
  - Anecdotes
  - Focus groups & surveys
- Community perspective
  - Chapter meetings, regional conferences
  - Representative bodies - Health boards, Agency Council
  - Community needs assessments
  - Community Health Workers
  - Social media
Your research strategy

- Priorities for research
  - Research evidence and knowledge gaps?
  - Experiential and practice-based data?
  - Patient and community perspective?
Identifying priorities for research: The key questions

- Are the key partners at the table?
- What are the key research priorities & needs?
- What is our collective capacity for research?
- Where are we in the knowledge process?
Identifying priorities for research: Moving toward study design

- Where are we in the knowledge process?

  - Formative exploration & understanding
  - Preliminary data & hypothesis testing
  - Pilot development and evaluation
  - Comparative evaluation
  - Evaluation of implementation & scale
  - Ethnographic research, systematic reviews
  - Observational research, e.g., epidemiology, mixed methods
  - Phase I clinical trial
  - Randomized controlled trial / Case-control study
  - Pragmatic trials, implementation science

- What is our collective capacity for research?

  *Research is both disruptive and synergistic with service…*
Developing your proposal

What else is happening?
- Other research studies
- Ongoing & new programs

Who’s doing what?
- Bandwidth
- Resources

What is missing?
- Preliminary data
- Local capacity

Collaborative Research Strategy
Aligning your proposal with funding opportunities

- Public health significance & innovation?
- Study duration?
- Career development or capacity building goals?
- Study design?
- Evaluation intensity? … is it research?

- Ethnographic research, systematic reviews
- Observational research, e.g. epidemiology, mixed methods
- Phase I clinical trial
- Randomized controlled trial / Case-control study
- Pragmatic trials, implementation science

- “Seed” funds, Career development awards
- Foundations NIH
- NIH, e.g. R03, R21
- NIH, e.g. R01 PCORI
- State & Federal funds, e.g. CDC, AHRQ, HRSA
Aligning your proposal with funding opportunities

- Internal funds
- K-award series
- Foundations (e.g. Ridge)

- HRSA
- State funds
- Foundations (e.g. NB3)
- PCORI

- All funders!

- AHRQ
- Foundations, e.g. Commonwealth, RWJF

Career development

Network or consortia, capacity building

Disease or population focus

Policy, Health Services Research
Key ingredient #1: Partnerships

- Shared knowledge base
- Knowing each other
- Exchange of ideas
- Consensus and discord
- Collaboration and roles
Key ingredient #2:
Time

- Trust, buy-in, true participation
- Don’t worry, most funding opportunities are recurring…
Example of COPE
Health disparity: diabetes

Percentage of adults with diabetes:

- Black
- White
- Southwestern US American Indians
- Navajo American Indians
Needs Assessment in Navajo Nation (2009-2010)

• Learn from the experts:
  • Community Health Representatives
    • Home visits with CHRs
    • Focus group
    • Interviews
    • Surveys

• Understand other stakeholders
  • Providers
  • DM Educators
  • Leadership (IHS, Navajo Nation)
... ok, so we all agree:

Diabetes & other chronic diseases are faced by many people in the Navajo community

CHR's and providers would like to work together to care for high-risk patients in Navajo
“COPE” intervention (2010-present)

Training
- Chronic disease management
- Motivational Interviewing
- Competency assessments

Tools
- Flipcharts
- Technology
- Medical supplies

Clinic-community linkages
- Referral and care processes
- Electronic health record
- Inter-professional training
But how are we doing? (2011-2012)

- Consensus among partners to do research
- Need to build COPE research infrastructure
- Community-Based Participatory methods
  - Collaborative development of study aims & design
  - Mixed methods
  - Community Health Advisory Panel
- Agency and health board approvals
NIH Proposal (2012)

Applicant Organization: BRIGHAM AND WOMEN'S HOSPITAL

Review Group: ZRG1 DKUS-D (55)
Center for Scientific Review Special Emphasis Panel
PAR-11-346: Interventions for Health Promotion and Disease Prevention in Native American Populations

Meeting Date: 11/07/2012
Council: JAN 2013
Requested Start: 04/01/2013

RFA/PA: PAR11-346
PCC: HHCP N

Dual IC(s): NR

Project Title: Evaluating the Navajo Community Outreach and Patient Empowerment (COPE) Program

SRG Action: Impact Score: 49 Percentile: 48 #

- This is an evaluation study of an on-going, non-randomized patient education intervention; thus, its significance to the field on intervention research in American Indian/Alaska Native populations is very limited.
Strengths:

- Real-world program setting (COPE) within the Navajo Nation.
- Very high impact conditions are targeted: patients with diabetes/metabolic syndrome and cardiovascular disease outcomes.
- A seriously disadvantaged disparity population is the focus.
- Some potential of the flexible and adaptive multi-level model to inform other marginalized, especially American Indian/Alaska Native Indian Health Service (IHS) health activities in rural and reservation settings.
- This project is directed at levels of patients, Community Health Representatives/Workers (CHRs), clinics, and communities for maximum effectiveness of a combined clinical and public health socio-ecological model.
- The program has been tested, and evaluation is now proposed. This is good leveraging of a real-world intervention to provide a somewhat generalizable model to improve patient-centered outcomes (diabetes control, reductions in cardiovascular disease).
- Flexibility, ongoing evaluation, and program adaptation based on all levels of feedback will promote adoption and sustainability.
Conclusions

Designing your research strategy
• Take into account:
  ✓ The facts
  ✓ Emerging science
  ✓ The community!
• Partnership is key. This is an understatement.
• Take your time. Research takes years from beginning to award.

Developing your proposal
• Stick to your guns. Research drives funding, not vice versa.
• Don’t fight it. If it’s not the right fit & right time, you’ll know.
• A good match often results in a better proposal.
• Partnership is key. This is an understatement.
• Take your time. Research takes years from beginning to award.
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Navajo Nation Division of Health
Navajo Nation Department of Dine’ Education
All IHS and 638 facilities in Navajo Nation
Our dedicated Navajo Nation CHRs
The clients that we all serve

Thank you!
Ahéhee'
“REACH for healthy Navajo communities”

Broad Coalition across Navajo Nation, including national partners.

Goals:

• To increase access to healthy foods among individuals living in Navajo Nation;

• To increase access to chronic disease services through clinic-community outreach
Don’t rely on assumptions about what health inequities exist in your community:

- Burden of disease among children in Eastern Navajo seems to be much higher than what had been supposed
- Clear need for intervention early in the life cycle

Prevalence of overweight & obesity among 3-6 year olds, by age (N= 629)
Understanding health inequality: Community perspective

Learn from community members:
Economic & physical environment
- Navajo Nation classified as a food desert by USDA
- Average distance to grocery store is over an hour

Historical and cultural context
- U.S foreign policy x 200 years → current Navajo food system
- Food sovereignty movement
- Cultural traditions and connection to food
Evaluation approach: Mixed methods
Identify resources within the community as a starting point

- Navajo Stores CDC Epi-AID report 2013
- Tax-exemption for healthy foods & “Junk Food Tax” recently passed

GIS mapping of stores rated by CDC Healthy Stores Index
Healthy Navajo Stores Initiative!

Intervention design: Strengths-based approach

Small stores on Navajo Nation: Partners rather than “the problem”
Intervention design: Common ground among diverse partners

Navajo Fruits & Vegetable Prescription (FVRx) Program
Evaluation pearls: Why, how, who?

Program design → implementation success

What are the key factors?

- Stakeholder feedback
- Study successes and failures
- How does the intervention work?
- Who benefits most from the intervention?
- How is the intervention affected by scale?

Photo Credit: Chip Thomas