

6. RENEWAL PROGRESS REPORT

The UAB T32 was initially funded in 2003 and was competitively renewed in 2008. This progress report covers the renewal period from July 01, 2008 (Yr6) through September 01, 2012 (beginning of Yr10) for the *UAB Health Services & Outcomes Research Training Program* (T32) newly renamed as the UAB Health Services, Outcomes, & Effectiveness Research (HSOER) Training Program (T32) to reflect our continued growth and expanded expertise in the areas of comparative effectiveness research (CER) and patient-centered outcomes research (PCOR). For the purposes of this progress report this T32 will be referred to as the HSOER T32.

6.A. Accomplishments of the Training Program

In our first competitive renewal (submitted fall 2007) we emphasized growing our training program by attracting and funding more trainees and through targeted enhancements to existing infrastructure and organization, strategically building on the strengths of UAB's environment and capacity in effectiveness and implementation research. We described a new overarching structure, the *UAB-VA Health Services Research Training Program* (HSRTP) (see 2.C.1). Since renamed the UAB-VA Deep South HSOER Training Program (HSOERTP), this umbrella program creates and guides ongoing synergies that occur between the AHRQ-funded *UAB Health Services & Outcomes Research Training Program* and the *VA National Quality Scholars Fellowship Program*, Birmingham, Alabama site. Through this umbrella program we successfully partnered the rich UAB HSOER training environment and mentoring talent with VA quality improvement training and HSR&D infrastructure and data resources to offer a combined fellowships mentoring program that bridges, builds on and strengthens existing infrastructures for supporting HSOER mentoring and research training, as well as encouraging peer-to-peer interaction between trainees and supporting diversity. As part of formalizing this partnership, we developed a coordinated program of enrichment activities that exposes fellows to methods and research development talks by UAB faculty and visiting scientists. We also organized a dynamic didactic career development core curriculum bringing together UAB and Birmingham VA trainees and faculty mentors from across multiple research training programs to interact and share their research activities. This core curriculum provides a common career development experience for the fellows and complements the fellows academic research training offered through formal degree programs and coursework provided by our academic partners.

In the remainder of Section 6.A. we describe our accomplishments toward achieving program growth and enhancements, emphasizing relevant impacts with respect to: training areas; core curriculum; recruitment and retention; evaluation; training partnerships; and relevant changes related to leadership and organizational structure, coordination and oversight within the HSOER T32 and the broader umbrella training program. We also emphasize important milestone strategies to expand the program, including our success in requesting additional slots for the HSOER T32 in program years 08, 09 and 10, our emphasis on strengthening institutional partnerships with other centers and programs to enhance infrastructure and support intramural fellowships in HSOER, and successful training grant submissions allowing us to temporarily support additional training slots and further develop program infrastructure in the areas of CER and PCOR.

6.A.1. Comparative Effectiveness Research (CER) and Patient-Centered Outcomes Research (PCOR) Training.

In January 2010, under the leadership of the UAB HSOER T32 Executive Committee (**K. Saag, MD, MSc, M. Morrissey, PhD, M. Safford, MD**) and our broader program leadership (Section 3.A.), we submitted a successful application to AHRQ's ARRA-funded limited competition for a T32 in CER which funded 2 cohorts of 2 postdoctoral trainees over 3 years for a total of 4 new postdoctoral positions. Drawing from this same effort, we also successfully competed for an ARRA-funded CER focused slot for the Infectious Diseases T32 from NIH. This area of training focus drew on existing strengths and interdisciplinary partnerships developed through the AHRQ HSOER T32 and our combined fellowships expanded infrastructure (Section 2.B.) and has been successfully integrated as an area of training focus. The successful funding of the T32 in CER, an ARRA-funded companion K12 in CER and a K12 in Patient Centered Outcomes Research (PCOR) awarded in 2012, also from AHRQ, led to many of the proposed new leadership structure and organizational changes we consider program enhancements for the HSOER T32 (below and Section 3.A. and Figure 1 of the main competitive renewal application). The CER focus, additional training slots funded through the CER T32 and

resulting organizational and program related enhancements have helped to strengthen our overall capacity in outcomes and effectiveness research training.

6.A.2. Expanded, Improved Coordination and Oversight.

As previously reported, in spring of 2009, the original leadership of this program experienced a transition with **K. Saag, MD, MSc**, replacing **C. Kiefe, PhD, MD**, as Program Director/PI. **M. Morrisey, PhD**, continued as the Program's Co-Director, assuming a major role in direction and oversight of the predoctoral program. Additional changes to the program leadership during this reporting period included the addition of **M. Safford, MD**, as a Co-Director, with oversight for the program's enrichment and career development curriculum. Also, former Co-Director, **N. Weissman, PhD, now emeritus**, transitioned to assume an advisory role within the program's new and expanded structure. In addition to an expanded program leadership, and in response to our expanded focus in CER/PCOR, in 2010 we formed an External Advisory Committee (EAC) that included outside expertise in methods training in CER/PCOR. We plan to continue this EAC with the next competitive renewal (see 3.A.2).

Under this new executive leadership structure and in response to program enhancements and growth in the number and diversity of trainees mentored by the HSOER T32 and the umbrella HSOERTP, we have recruited new internal and external faculty to serve as mentors for the program. Our pool of Primary Mentors has grown from 31 in 2007 to its current state of 37. We have also seen tremendous growth in our pool of Associate Mentors/Mentors in Training from 10 in 2007 to 24 in 2012. This includes Scholars through the AHRQ K12 in CER and the CCTS KL2 that we have been able to engage in substantive ways in the training program. Engaging our K Scholars has proven to be a great way to both extend the mentoring capacity available to the program by creating a pipeline for increasing our HSOER mentoring pool. We will continue this model of engaging our K12 Scholars with our new K12 in PCOR and emphasize this as an important ongoing part of our training program in our T32 renewal application (section 3.C.7). Overall, this growth has benefited tremendously from the infrastructure provided by the HSOER T32 and supplemented by the CER T32. Table E provides examples of some of our successful faculty recruitment as well as retention efforts.

Table E Additions to the UAB HSOER Mentoring Pool Since Last Submission

Faculty Member	Recruited and/or Career Development Award in HSOER	Previous Position	Current Position	Role on HSOER T32
Timothy Beukelman, MD	NIH CCTS KL2	Assistant Professor, Department of Pediatrics, Division of Rheumatology, UAB	Associate Professor, Department of Pediatrics, Division of Rheumatology, UAB	Associate Mentor
Todd Brown, MD, MSPH	NIH CCTS KL2	AHRQ HSOER T32 Postdoctoral Fellow, UAB	Assistant Professor, Division of Cardiovascular Diseases, UAB	Associate Mentor
Andrea Cherrington, MD	AHRQ CER K12	Assistant Professor, Division of Preventive Medicine, UAB	Associate Professor, Division of Preventive Medicine, UAB	Associate Mentor
Gareth Dutton, PhD	Recruited and NIDDK K23	Assistant Professor, College of Medicine, Department of Medical Humanities & Social Sciences, Florida State University	Associate Professor, Division of Preventive Medicine, UAB	Associate Mentor
Larry Hearld, PhD	Recruited and AHRQ CER K12	Graduate Student Instructor, Organizational Studies Program, University of Michigan	Assistant Professor, Department of Health Services Administration, UAB	Mentor in Training
Emily Levitan, ScD	Recruited and AHRQ CER K12	Research Fellow, Cardiovascular Epidemiology Research Unit, Beth Israel Deaconess Medical Center/ Harvard Medical School, Boston, MA	Assistant Professor, Department of Epidemiology, UAB	Mentor in Training

Paul Muntner, PhD	Recruited	Associate Professor of Medicine, Department of Community and Preventive Medicine, Mount Sinai School of Medicine, New York, NY	Professor of Epidemiology, Department of Epidemiology, UAB	Associate Director and Primary Mentor
Patricia Patrician, PhD, RN, FAAN	Recruited (Endowed Professor)	Assistant Professor of Clinical Nursing, Dept. of Anesthesia, University of Texas Health Science Center at Houston, Houston, TX	Associate Professor and Banton Endowed Professor, School of Nursing, UAB	Content Leader and Primary Mentor
Nicole Redmond, MD, PhD, MPH	Recruited	Chief Fellow, Harvard Medical School Fellowships in General Internal Medicine and Primary Care, Boston, MA	Assistant Professor, Division of Preventive Medicine, UAB	Mentor in Training
Joshua Richman, MD, PhD	VA Career Development Award	Assistant Professor, Division of Preventive Medicine, UAB	Assistant Professor, Department of Surgery, UAB and Investigator/Biostatistician, C-SMART, Birmingham VAMC	Mentor in Training
Jasvinder Singh, MD, MPH	Recruited	Assistant Professor, Department of Medicine, University of Minnesota, Minneapolis, MN	Associate Professor, Division of Immunology and Rheumatology, UAB	Associate Mentor
Henry Wang, MD, MS	Recruited	Associate Professor, Dept of Emergency Medicine, University of Pittsburgh, Pittsburgh, PA	Associate Professor and Vice Chair for Research, Department of Emergency Medicine, UAB	Primary Mentor
Amy Warriner, MD	AHRQ CER K12	Fellow in Endocrinology and Metabolism, UAB	Assistant Professor, Division of Endocrinology, Diabetes & Metabolism, UAB	Mentor in Training
Robert Weech-Maldonado, MBA, PhD	Recruited (Endowed Professor)	Associate Professor of Health Services Research, Management and Policy, University of Florida, Gainesville, FL	Professor & L.R. Jordan Endowed Chair, Department of Health Services Administration, UAB	Content Leader and Primary Mentor

In support of our more senior faculty, we have continued and strengthened our program's focus on mentoring our promising junior faculty for leadership roles as Associate Mentors as part of our successful Mentors In Training program, involving them in the our enrichment/career development core curriculum (e.g., HSRTF Fellows Meetings) and on mentoring teams. In addition to training the next cohort of HSOER mentors, we believe that it is important to create opportunities for our trainees to interact with junior faculty we have mentored who are successful early-stage investigators.

6.A.3. Increasing HSOER Training Slots.

For our last competitive renewal period (2008-2013) we primarily focused on a two-pronged approach to increasing our training capacity, one was the development of the umbrella HSOERTP combined fellowships mentoring program and the other was to increase the number of trainees we supported; therefore, one of our primary goals was to increase the number of T32-funded training slots from a steady state of 5 trainee slots (3 post; 2 pre) to a steady state of 7 (4 post; 3 pre) by July 2010. Additional postdoctoral training slots would continue to be filled by eligible doctoral-level clinicians and candidates with research doctorates from relevant disciplines. Pre-doctoral slots would continue to go to qualified students in the PhD program in Health Services Administration-Health Services Research; however, as a strategy for increasing the size and diversity of the predoctoral candidate pool, we expanded our selection process to other UAB doctoral programs in disciplines relevant to HSOER, including but not limited to the new DrPH in Outcomes Research from the Department of Health Care Organization and Policy, School of Public Health (below); the Epidemiology PhD program in the Department of Epidemiology, School of Public Health; and the Medical Sociology PhD program in the Department of Sociology, the College of Arts and Sciences.

With respect to additional AHRQ-funded HSOER T32 slots, we were successful in obtaining 2 additional slots (1 postdoctoral and 1 predoctoral) with our FY'10 (program year 8) renewal, the additional postdoctoral slot was continued in for FY'11 for a total of 4 postdoctoral slots in both FY'10 and FY'11. An additional predoctoral slot was approved for FY'12. Other strategies for increasing the number of training slots under the HSOERTP involved the umbrella program's ability to leverage partnerships with the Birmingham VA Quality Scholars Fellowship program, UAB research centers (e.g., COERE, CERTs, CFA, CFAR, MHDRC, CCTS, NORC) and various clinical fellowships interested in HSOER training for their fellows (e.g., Infectious Diseases,

Rheumatology, Neurology, Cardiovascular Diseases, Gastroenterology, Surgery), and with research faculty involved as primary mentors who have funding for postdoctoral fellows (e.g., **E. Delzell, ScD**, Epidemiology, T32 Mentor). In addition, as discussed above, we were able to support two separate cohorts of 2 CER focused postdocs through the ARRA-funded AHRQ T32 in CER (FY'10-FY'12).

Overall, through these strategies, we increased our training capacity within the umbrella HSOERTP from 5 trainees at the beginning of 2008 to 14 trainees at the beginning of 2012. Table F shows the diversity of trainees and fellowship sources for the FY'12 cohorts under the HSRTP. This table demonstrates that we have been successful in our multi-pronged strategies to grow our training program. We have built a successful research mentoring/training model with enhanced infrastructure and increased capacity to support a larger and more diverse group of trainees.

Table F. Current UAB-VA HSOER Training Program Trainees

Fellow	Fellowship	Slot	Current Year of Fellowship	Background/Discipline	Primary Mentor(s)
PREDOCTORAL					
Aswani, Monica, MS	HSOER T32	3 Yrs	1st	Health Care Org and Policy	Nir Menachemi, PhD
Ballard, Sarah, MA	HSOER T32	3 Yrs	2nd	Medical Sociology	Patricia Drentea, PhD
Tajeu, Gabriel, MPH	HSOER T32	3 Yrs	3rd	Health Care Org and Policy	Nir Menachemi, PhD
Cresse Campbell, MPH	COERE	1 Yr	4th	Health Services Admin	Maria Pisu, PhD
POSTDOCTORAL					
Albright, Karen, DO	HSOER T32	2 Yrs	1st	Neurology	Nita Limdi, PharmD
Buys, David, PhD	HSOER T32	2 Yrs	2nd	Medical Sociology	Julie Locher, PhD
Ruiter, Megan, PhD	HSOER T32	2 Yrs	2nd	Clinical Psychology	Larry Bradley, PhD
Hillegas, William, MD	CER T32	2 Yrs	2nd	Cardiovascular/Biostatistics	George Howard, PhD
Sobko, Heather, PhD	CER T32	2 Yrs	2nd	Nursing/Nursing Informatics	Monika Safford, MD
Mannion, Melissa, MD	COERE	2 Yrs	1st	Peds Rheumatology	Tim Beukelman, MD
Thigpen, Jonathan, PharmD	COERE	2 Yrs	1st	Neurology	Nita Limdi, PharmD
Holman, Katherine, MD	VAQS	2 Yrs	2nd	Infectious Diseases	Ned Hook, MD
Leslie, Kierstin, MD, MSHA	VAQS	2 Yrs	1st	General Internal Medicine	Carlos Estrada, MD
Shamburger, Tracy, PhD	VAQS	2 Yrs	1st	Nursing/Comprehensive Team Care	Patricia Patrician, PhD
Wilson, Natalie, DNP, MPH	VAQS	2 Yrs	1st	Nursing/HIV Care	Patricia Patrician, PhD

6.A.4. Core Curriculum and Enrichment Activities.

Over this renewal period as part of the targeted enhancements aimed at strengthening the training program we have focused on improving both the didactic and overall fellowship experience of the HSRTP trainees.

HSR/CER Fellows Meetings - With the expansion of the HS RTP through our combined fellowships mentoring program, which presently includes 14 trainees (8 AHRQ HSR & CER T32; 4 VA Quality Scholar; 2 non-federal), the program leadership has placed considerable importance on and efforts toward creating a common fellowship core curriculum and enrichment experience. This is being achieved through the *Fellows Group Meetings* (also referred to as fellows' conferences) (see 3.C.9) and through guided coursework offered by partnering academic programs. Having nearly tripled the trainees we support since FY'08, we have increased the duration of fellows conferences, which occur twice a month, to 1 ½ hours in order to accommodate more presentations by the fellows of their research works-in-progress and still continue to be able to include the previous focus on career development and methods topics offered by our faculty leadership and designed to both enrich degree-seeking trainee's academic coursework and create a common fellowship experience and curriculum for both degree and non-degree seeking. See **Appendix 8A** for a representative example of a rotating schedule of the core topics presented through the fellows' conferences. One topic area of note, and added in response to our fellow feedback, is the addition of two grant focused presentations to the schedule. One, held on August 6th, 2012, was a mock study section that provided trainees an opportunity to witness a review session and asks reviewers questions about what they look for when they review an application. A second session on December 17th, 2012, will be led by Melissa McBrayer, MEd from the UAB CCTS and Director of the Research Commons. Ms. McBrayer is a member of the Council of Postdoctoral Education and has an extensive history of advising early stage investigators on their career development awards and leads the CCTS Professional Skills Training Program session on career development plans. Her areas of focus include the development of personal statements, identifying career development goals, and crafting career development plans. Both sessions have been added to supplement existing grant based seminars and to address trainee feedback received on the latest program evaluation (see Table G)

The Fellows Meetings are scheduled at a time that does not conflict with trainees class schedule or other competing activities. This has allowed for near 100% attendance and participation by all trainees. Furthermore, each trainee presents their research a minimum of two times annually. In addition to providing trainees with feedback on their presentation skills, a key for effective dissemination of their findings, these presentations offer another way to measure a trainee's progress on their independent research projects.

Other Interdisciplinary Enrichment Activities - Through the partnership of interdisciplinary research centers that contribute to the training infrastructure, trainees continue to have access to a range of interdisciplinary enrichment activities. In addition to the Fellows meetings (above), the program specifically encourages our trainees to attend the HSOER faculty enrichment activities bulleted below which are considered part of their core training experience. As indicated with an asterisk, many of these activities have evolved during this training period as part of the program leadership's focus on creating greater synergies among partnering center's enrichment activities. We describe these activities in more detail in the program plan of the renewal application (see 3.C.9). See Appendix 8A, for a list of past presentations from these forums.

- *Coordinated Works-in-Progress Seminars**
- *Epidemiology Book Chapter Reviews**
- *Outcomes Research Breakfasts**
- *Annual Intermediate Methods in Epidemiology and Outcomes Research Workshops*
- *Lister Hill Center for Health Policy Methods Workshops*
- *DeCIDE Methods Center Webinar Series**

Visiting Professor Lectures – As another enhancement to the enrichment activities available to the HSOER trainees developed during this renewal period, the program periodically jointly sponsors visiting faculty that are at various stages of their careers. These visits offer trainees a chance to meet with the visiting professors in one-on-one and/or group meetings to discuss career development and research oriented, exposing them to the diverse career development paths of successful health services researchers from around the country. These sessions have been very well received by the fellows, as well as by the visiting faculty. Appendix 8A provides a list of previous visiting professors.

6.A.5. Degree Programs and Coursework.

Through our academic partnerships in the training program, and in response to the growth in diversity of the trainees involved with the program, the HSOERTP has facilitated several enhancements to the academic curriculums we offer to our trainees through the HSOER T32.

Under Dr. Morrisey's leadership the predoctoral training component has been strengthened by the launching of the DrPH in Outcomes Research (fall 2010). In addition, with the more recent emphasis on CER training and our successful application for the T32 in CER in 2010, we have continued to expand training infrastructure through curriculum development and CER data infrastructure involving additional leadership in the School of Public Health, Departments of Health Care Organization and Policy (**M. Kilgore, PhD**) and Epidemiology (**E. Delzell, ScD, P. Muntner, PhD**). More specifically, in addition to the new DrPH in Outcomes Research the academic curriculum has expanded from the MSPH in Outcomes Research and the PhD in Health Administration-Health Services Research to include the MSPH and PhD Programs in Epidemiology, the MSPH in Clinical Research, a new MSPH track in Pharmacoepidemiology/CER (fall 2011), and other health professions related disciplines such as the PhD in Medical Sociology (**P. Drentea, PhD, Director**). In addition, the MSPH in Outcomes Research recently revised one of its core course offerings, *Patient-Based/Centered Outcomes Research*. This course is now instructed by **J. Locher, PhD** a T32 Mentor (see **Appendix 4A** for course syllabus). Lastly, in 2011, the Department of Health Behavior in the School of Public Health introduced a new course *Dissemination and Implementation in Health* instructed by **W. Norton, PhD** (see **Appendix 4B** for course syllabus). This course is proposed as a new requirement for HSOERTP trainees.

With respect to the new emphasis on CER/PCOR data infrastructure, as another program curriculum enhancement the faculty within the Departments of Epidemiology and Health Care Organization and Policy have collaborated under the training program to develop a short, non-credit course in the form of a seminar series to expose trainees to methods used in large data base research with a specific focus on Medicare and Medicaid data. This course was designed as a short-term rotation option (below) for our CER trainees but is available to all HSOERTP trainees and particularly encouraged for all AHRQ supported T32s. This includes a 90-minute overview session on Medicare/Medicaid data that is fully integrated into the HSRTP as part of the program's core curriculum and which now provides an introduction to the short rotation in this area.

6.A.6. Innovative Short-Term Rotations.

As part of our successful applications for a CER T32 and K12, the leadership conceptualized a set of internal and external short-term rotation experiences (practicum) where trainees are offered an opportunity to work with a preceptor at an organization that is focused on addressing stakeholder relevant research and/or policy questions and/or providing a unique new research skill for trainees (see 3.C.4). To make the most of these opportunities, each trainee completes a Short-Term Rotation Contractual Agreement (see Appendix 5B). As part of this agreement, the trainee identifies learning objectives/core competencies and potential projects that might result from the rotation. While these experiences were originally developed for the CER T32 and CER/PCOR K12, we have made them available and promoted them to all of our trainees participating in the HSOERTP. Both **Greer Burkholder, MD, MSPH**, former T32 postdoc, and **Gabriel Tajeau, MPH**, current T32 predoc completed in the UAB Medicare/Medicaid Large Database Seminar Series onsite rotation during their T32 training and current T32 postdoctoral trainee, **David Buys, PhD** initiated an external rotation with Kaiser Permanente Georgia (see **Table C and Resources**). Although training related expenses (TRE) funds available to our trainees supported by this T32 have not been sufficient for T32 trainees to travel off-site for any extended period of time, the closer rotations and internal rotations are quite feasible and will continue to be encouraged for all T32 trainees to provide greater exposure to broaden and enhancement to their training experience, providing them with more exposure to data resources and tools not directly available to them at UAB that are valuable to addressing questions of interest to industry stakeholders and policymakers and alternative approaches to completing core competencies.

6.A.7. Improved Candidate Recruitment and Selection Process.

In response to our successes in developing increased training capacity through the umbrella HSOERTP we have implemented a more structured candidate recruitment, review and selection process. We have made progress in both areas.

With the increase in number and diversity of applicants to the umbrella training program over the last 3-4 years, it has become more and more critical with each T32 candidate pool that the program has a more formal and efficient selection process. The process implemented by the EC involves an annual window for the recruitment and application process limiting the time period during which applications will be considered eligible for the upcoming year's slots and an improved communication and tracking system for responding to inquiries and tracking applications which includes an application information packet to better communicate the goals of the training program and clearly outline the application process and timelines (see Appendix 7D). The application process, as before, still includes a 2-3 page letter of interest with CV, 2-3 letters of support, but now includes a more formal interview process with each candidate now completing individual interviews with each member of the selection committee who completes a feedback and rating form for more systematic data collection; additional interviews occur with potential mentors as deemed necessary to address program/trainee fit. For out-of-state applicants, members of the selection committee may conduct initial interviews by teleconference to determine potential fit before inviting these applicants to campus for face-to-face interviews. Promising applicants are invited to campus to meet with the selection committee and potential mentors. This modification has minimized applicant and committee burden and allows more promising candidates to visit the campus and meet with possible mentors to better assure a good match for the candidate and the program. Once interviews are completed, a final selection meeting is held to discuss and rank candidates. The entire interview and selection process typically takes 4-8 weeks. The process has been well accepted by the candidates, selection committee and internal advisors.

6.A.8. Program Evaluation.

As the program has grown, and our trainee/mentoring pool has become more diverse, the leadership deemed necessary to implement a more formal mentoring contract and systematic program evaluation system. Many of these innovations have been guided by the feedback we have received from our trainees and engaged junior faculty who offer us much needed perspective from their mentored research fellowship experiences. Through additional innovations developed first by our UAB CTSA training program that we then leveraged, several modifications and improvements have been made to the feedback/evaluation tools used by HSRTTP and this T32 for program evaluation.

Mentoring Contract – Since the program renewal in 2008 and as a result of expanded leadership involvement under the HSOERTP and increased linkages with our CTSA (UAB CCTS) training program during the CER T32 application process, the T32 and the overall program adopted a revised template for the mentoring contract in 2010. This revised contract includes a focus on plans for obtaining core competencies and plans for meetings with a biostatistician to discuss study design and analysis plans early in project planning to help make sure that the trainee is on track with their research which is essential for having a successful training experience. The mentoring contract is signed by the trainee and all mentors and provides a baseline understanding between the trainee, their mentors and the program directors for monitoring a trainee's progress. A copy of the mentoring contract template is provided as **Appendix 5A**.

Online evaluation system – In 2010, the program piloted a web-based trainee, mentor, and program evaluation system through E*Value. The online system has allowed for more systematic and timely program feedback and to reduce the paperwork burden on trainees, mentors and program administrators. This system has incorporated our former paper data collection system that included evaluations of the fellows meeting presentations and a twice a year progress report submitted by trainees, but revises and adds to these, putting a series of evaluation tools in electronic format via the automated online data collection system. These evaluations include a twice a year evaluation by the mentee of their mentor; a twice a year evaluation of the mentee by their mentor(s); and an annual anonymous program evaluation by the trainees. While the E*Value reduces overall burden and improves efficiency, some of the survey and report limitations and system problems have led us to explore other online alternatives. Starting with program year 10 ('12-'13) evaluations, we are planning a transition of all of our evaluation surveys to surveymonkey.com[®]. This will also allow for better completion of the annual Alumni Survey by alumni not currently at UAB. **Appendix 9** includes our current evaluation forms.

In addition to the online evaluation system, we added a mid-year and annual face-to-face review with the program directors for each of the trainees to review their mentoring contracts, training goals and overall

progress. This is conducted as a one-on-one meeting and timed to immediately follow the mid-year and annual progress reports and mentor/mentee evaluations. The fellow's mentoring contract/plan is also reviewed and updated annually with their mentors to assess a trainee's progress in meeting agreed upon training objectives and make appropriate modifications. This meeting is guided by an interview guide and feedback from the program directors after each meeting is collected on a written form. This feedback is considered by the program directors and carefully communicated to the mentors as needed. Internal advisors to the training program provide additional feedback and guidance on any trainee or mentor that is not meeting consistent progress on training goals.

Results of Annual Assessments – As part of the annual trainees' anonymous evaluation of the training program (see Appendix 9B), trainees are asked to assess if the program has appropriate expectations for their participation and production in the program. For 2012, 100% of trainees indicated that the expectations were appropriate. Furthermore, they all agreed that the current frequency of fellows meetings (2 per month) was an appropriate frequency. Table G provides additional results from the 2012 annual program evaluation.

Table G Current HSOER Trainee Evaluation of Training Program (n = 7 for program year 9 ('11-'12)

	Mean (Standard Deviation) (1=Lacking; 2=Fair; 3=Good; 4=Excellent)
How would you rate	
Your overall experience as a trainee?	3.7±0.5
School of Public Health Coursework	3.3±0.5
Formal UAB Mentoring	3.8±0.4
UAB/VA Training Program Fellows Meetings/Seminars	3.3±0.5
Enrichment Activities (WIP, other seminars and workshops)	3.2±0.4
To date, how would you rate your relationship with your mentor(s)?	4.0±0.0
To date, how would you rate the quality/content of the faculty presentations at the UAB/VA fellows meetings?	3.3±0.5
During your tenure as a HSRTP Fellow, how would you rate your EXPOSURE to research opportunities and expertise in your area of interest?	3.5±0.5
During your tenure as a HSRTP Fellow, how would you rate your ACCESS to research opportunities and expertise in your area of interest?	3.3±0.5
During your tenure as a HSRTP Fellow, how well did the program prepare you to	
Design a research study	3.2±0.4
Conduct research	3.5±0.5
Analyze data	3.4±0.5
Write papers	3.3±0.5
Write grant proposals (eg, career development award)	2.6±0.5
Obtain your desired job	3.0±0.0

We also ask for our T32 Alumni to complete an annual survey that provides feedback about the program. Table H provides the results from the 2012 annual Alumni Survey (see Appendix 9B). We also collect information about their current position and recent academic and research activity which are provided below in Section 6.B. Tables 12a and 12b and section 6.B provide additional information on all of our trainees.

Table H. UAB HSOER Alumni Survey Results (n = 18)

Question	Mean (Standard Deviation) (1=Not Very; 5=Very)
In comparing your health services research career development goals at the time you entered the UAB T32 in Health Services & Outcomes Research and your current career path, how important was each of the following in helping you achieve these goals?	

(1=not very important; 5=very important)	
Training you received in your fellowship (mentoring and core curriculum)	4.5±0.6
Core curriculum (i.e., fellows conferences, academic coursework or degree attained, if applicable)	4.6±0.5
Mentored research experience	4.7±0.5
With respect to your current position and your research career development goals how satisfied are you with your progress (1=not very important; 5=very satisfied)	4.0±0.8
In terms of the following key measures of success, how important do you think your T32 fellowship was in helping you achieve your goals in the following areas? (1=not very important; 5=very important)	
Publications	4.4±0.8
Grants obtained	4.6±0.5
Career advancement opportunities	4.3±1.2

6.A.9. Recruitment and Retention of Trainees from Diverse Groups.

General recruitment strategies - In the area of postdoctoral recruitment, the program continues to utilize a multi-pronged approach. In an attempt to take advantage of the high quality and diversity of postdoctoral trainees that are attracted to UAB through its nationally respected programs and subspecialty fellowships, the program sends both broad and targeted solicitations to the directors of these programs and fellowships to explore joint recruitment efforts to attract more outside applicants to UAB with an interest in HSOER training, and to identify and attract talented prospective candidates who have been recruited to UAB through other programs. This latter strategy also emphasizes retention of talented clinicians training in specialty programs with an interest in CER/PCOR, which has led to successful collaborations with several School of Medicine clinical specialty and sub-specialty residency programs (e.g., Infectious Diseases, Cardiovascular Diseases, Rheumatology, Gastroenterology, Neurology, General Surgery).

The program also continues to engage in joint recruitment strategies with the Birmingham site of the National VA Quality Scholars Fellowship Program and reaches out to residency programs and subspecialty fellowships regionally and nationally (e.g. Society of General Internal Medicine distribution list of internal medicine residency program directors).

In addition to local advertising through recruitment flyers and email listservs, we also utilize websites offering free career networking services that include postdoctoral employment and training opportunities (e.g., <http://cfusion.sph.emory.edu/PHEC/phec.cfm>) and promote the fellowship opportunities through networking at national meetings attended by program leadership. We also continue to promote through the AcademyHealth online service and targeted research collaborative networks such as the national CERTs program and national research meetings (e.g. AcademyHealth ARM, ISPOR, and APHA). We believe these multi-pronged efforts have resulted in an increase in inquiries and applications from outside UAB, as well as in the diversity of disciplines and trainees within the applicant pool.

Recruitment of diverse groups - The T32 benefits from UAB's institutional stance on equity and diversity and its position as one of the major research institutions in the Southeast, important foundations for minority recruiting efforts in graduate education and research training. UAB has a fundamental commitment to diversity including identification, recruitment, retention, and career advisement of students from underrepresented populations. As described in our competitive renewal, the UAB **Vice President for Equity and Diversity** leads an array of programs to promote diversity at UAB that attract and retain minority students to the university and its training programs. In addition, as a commitment to minority recruitment and retention, the UAB School of Medicine established the **Office of Diversity & Multicultural Affairs**. The office is devoted to recruitment and retention of minority medical students and also assists with recruitment and retention of minority house staff and faculty.

In addition to a broad institutional commitment (above), increasing the participation of under-represented minorities in HSOER is a personal commitment of our program leadership. The diversity of the faculty at UAB and the leadership's commitment to minority recruitment and career advancement has helped in recruiting

minorities to the T32 program and the umbrella VA-UAB HSOER Training Program: historically (over the life of the program), **8 of our 24 (33%) AHRQ-funded HSOER T32 trainees have been from under-represented minorities** (6 African-Americans, 1 Hispanic, 1 Asian-Pacific Islander) **and currently 2 of our 7 (28%) T32 fellows are under-represented minorities (see Tables 10 and 11). Each of the HSOER T32 trainees has fully completed the T32 training program**

Past efforts in minority recruitment to the T32 have included active promotion through program leadership's involvement in collaborative research and training activities with the Morehouse School of Medicine and Tuskegee University, which includes the COERE, UAB CERTs and the **UAB Minority Health and Health Disparities Research Center (MHRC)** leadership. The MHRC coordinates several consortium type training programs and activities in health disparities research and is a locus for minority faculty research training and retention. This includes the Health Disparities Training Program (HDRTP) that provides a network of senior health disparities researchers, including senior faculty in clinical, epidemiology, behavioral, bioethics, and outcome research, available at UAB to serve as program faculty and mentors for the HSOER T32. Furthermore, many of the postdoctoral scholars exposed to this short enrichment program would be natural candidates for participation in the HSOER T32. Funded through NIH, the MHRC also sponsors an annual summer education and research program in minority health for undergraduates at regional historically black college and university partner institutions. This program is a potential important pipeline for recruitment of T32 predoctoral students to the UAB T32.

Finally, through UAB's medical residency and subspecialty programs, the UAB T32 is able to reach out to a diverse population of clinicians. The Department of Medicine's residency and subspecialty programs attract a high percentage of underrepresented minorities and women.

Retention of Fellows in Program – Overall, the training program continues to have an outstanding track record of retention with 100% of the trainees supported through the HSOER T32 completing their research training commitments. To date, all postdoctoral trainees that have completed two years in the program have obtained an advanced degree (13 MSPH, 1 PhD) and 3 of the 4 pre-doctoral trainees have successfully completed their doctoral program, defended their dissertation and been awarded their PhD. The fourth completed her third year of the program June 2012 and is scheduled to defend her dissertation in Spring 2013. She remains actively involved with the training program and continues to be mentored by her HSOER mentors as she completes her dissertation research and prepares her dissertation defense.

Efforts to maintain our excellent track record in recruitment and retention, and quality of our trainees have been focused on improving our selection process to assure a good match between the candidates and the program, and strengthening our program evaluation efforts (above) to catch problems early in a trainee's experience in the program so that early intervention may correct problems before they become major issues affecting the trainees success in the program and in their career development. Especially critical to this is the matching process for trainees and mentor teams, which has been an evolving focus with respect to improving our candidate selection process (see section 6.A.7). Also, as mentioned previously (section 6.A.8.), the modification of the "Mentoring Contract" to account for obtainment of core competencies and for meetings with a biostatistician to discuss study design and analysis plans early in project planning to help make sure that the trainee is on track with their research. Also, the addition of the mentor/mentee evaluations, help create a better understanding of expectations between the trainee, their mentors and the program and help make sure that trainees stay engaged and on track. Both of these program enhancements are essential for having a successful training experience.

6.B. Trainees

Required data on trainees supported by this grant are provided in **Tables 11, 12A and 12B** of the competitive renewal application. Of the 7 predoctoral trainees that have been directly supported by this T32 training grant (4 completed and 3 current), 4 came from the PhD program in Health Services Administration—Health Services Research track, School of Health Professions, 2 from the DrPH in Health Outcomes Research program in Health Care Organization and Policy, School of Public Health, and 1 from the PhD program in Medical Sociology, College of Arts and Sciences. Of the 4 predoctoral trainees that have completed three years of support, 3 have completed their doctoral training and received their PhD. They have been mentored by 10 unique mentors. The fourth has completed her doctoral training and is scheduled to defend her

dissertation in 2013. She is still actively involved with the training program and has continued to be mentored by her T32 mentor.

Of the 17 postdoctoral trainees that have been directly supported by this T32 training grant (14 completed and 3 current), 7 have come from Medicine, 3 from Surgery, 2 from Nephrology, and 1 each from Emergency Medicine, Geriatrics, Neurology, Nursing, and Psychology. They have been mentored by 18 unique Primary Mentors. Of the 14 postdoctoral trainees that have completed two years of support, all have completed an advanced degree as part of their training (12 MSPH, 1 MPH, and 1 PhD).

For the 18 trainees that completed the training program, 15 of 18 (83%) remain actively involved in research or academic training with 12 (67%) in faculty positions at academic institutions. On average our postdoctoral trainees have published 2.2 peer-reviewed manuscripts during their two-year T32 fellowship training and our predoctoral trainees have on average published 1.2 peer-reviewed manuscripts during their three-year T32 fellowship.

With respect to the training related expense funds provided to trainees, the program uses, on average, 45% of a trainee's TRE's to cover health insurance expenses for postdoctoral trainees and 40% percent to cover hospital insurance expenses for predoctoral trainees (predocs get free primary care though the university's student health plan). These expenses are based on UAB policies for providing health insurance to postdoctoral trainees and predoctoral trainees (considered students). Furthermore an overall percentage of the funds are used to cover training program coordination and administration support provided by the COERE Administrative Assistant (a total of 5% FTE) and the training program Deputy Director (a total of 2% FTE). The Administrative Assistant and the Deputy Director assist the trainees with local and national meeting preparation and assist the T32 program with planning and evaluation and the annual T32 candidate recruitment and selection process, as well as the day to day coordination of the program including the HSR/CER Fellows Meetings and other program-specific enrichment activities. The use of remaining funds varies by trainee, but is usually used to cover purchasing data related to independent research projects, books for academic coursework, and fees related to other professional and academic activities approved by the program directors. Also, trainee-specific computer hardware and software not otherwise provided by the training program or mentor's department but specific to the trainee's research activities.

Below we describe the research focus and activities of the previous and current trainee supported during this 5 year renewal period, program years 6-10 ('08-'12) (sections 6.B.1 and 6.B.2). We also highlight any special awards and other professional achievements received by a trainee during their tenure with the T32. All publications of trainees during the training period supported by this grant are listed in **Table 6A and 6B**. Recent representative publications and presentation and other career highlights related to the successes of program alumni since leaving the program are highlighted below. We also provide an update on trainees supported during the initial 5 year period, program years 1-5 ('03-'08) including recent grant support and publications for trainees (sections 6.B.3 and 6.B.4).

6.B.1. Research Activities and Accomplishments of Predoc Trainees Supported During Program Years 6-10 (FY'08-FY'12)

1) Candice Griffin (Prince), PhD, MBA (FY'07-FY'10) (Primary Mentors: J. Allison, MD, MS and J. Halanych, MD, MPH)

Current Position: Assistant Professor, Department of Health Science, Columbus State University, Columbus, GA

Research Conducted: Dr. Griffin's dissertation determined associations between the weight-related health behaviors of African American college women and their exposure to magazine advertisements. She used Bandura's social cognitive theory as the conceptual framework as a result of the self-efficacy psychosocial determinant and its commonness in weight-related literature. Dr. Griffin conducted a content analysis of Ebony, Essence, and Jet, magazines that target African-American women ages 18-49 and to conducted a web-based survey of approximately 500 African-American college students regarding their exposure to these

magazines. She collected height and weight to calculate BMI (the dependent variable), parent's zipcode (proxy for SES), physical activity, dietary behavior, exposure to advertisements. In her analysis, she performed multivariable analyses to determine the association between magazine advertisements and weight-related health behaviors.

Recent Grant Support

American Recovery and Reinvestment Act of 2009 Administrative Supplement to R21 Grant on Perceived Discrimination in Medical Care. 2009-2011
Role: Investigator, immediately following T32 training (2010-2011)

Association of University Programs in Health Administration (AUPHA) 2010
Curriculum Resource Development Grant
Role: Principal Investigator

Representative Presentations

Griffin, CP (2008) "A Review of Marketing Literature: The Role of Advertising and Marketing on the Health of Minorities." 25th Academy of Health Annual Meeting, Washington, D.C., June, 8, 2008.

Griffin, CP, Halanych, JH. (2008). "Do differences in magazine advertisements contribute to racial disparities in health behavior?" 14th Annual NRSA Trainees Conference, Washington, D.C. June 7, 2008.

Griffin, CP, Lathan, K. (2007). "Where's the Beef: Do disparities in media communications contribute to racial and ethnic disparities in health outcomes?" 7th Annual Hawaii International Conference on Business, Honolulu, HI, May, 2007.

2) Luceta McRoy, PhD, MBA (FY'08- FY'11) (Primary Mentors: R. Weech-Maldonado, MBA, PhD and K. Elder, PhD)

Current Position: Pursuing postdoctoral opportunities to continue research on health disparities

Research Conducted: Dr. McRoy primary research interest is health disparities with a focus on direct to consumer advertising (DTCA) and its impact on healthcare utilization. Her dissertation "The Effects of DTCA on Health Care Utilization among State Medicaid Children with Asthma" was successfully defended in Spring 2012. During her training, she also participated in her mentor's research project on minority men's health related to preventive health and hypertension management.

Representative Publications and Presentations

McRoy L, Saag K, Weech-Maldonado R, Bradford D, Menachemi N, Morrissey M, and Kilgore M. (2011). "The effects of DTCA on health disparities among state Medicaid children with asthma." Presented at the NRSA Trainees Research Conference, June 11, 2011 Seattle, Washington.

Elder KT, Wiltshire JC, **McRoy L**, Campbell D, Gary LC, Safford, M. Men and differences by racial/ethnic group in self advocacy during the medical encounter. *Journal of Men's Health*. 2010 7(2), 135-144.

Epané J, Ferdinand A, **McRoy L**, Menachemi N. (2012) "Community Benefit Provided By Faith-Based Hospitals." Presented at Academy of Health, Annual Research Meeting, June 24-26, 2012, Orlando, Florida.

Elder KT, **McRoy L**, Sykes-Horn W, Ahmed S, Hullett S, Allison J. (2010) "Relationship of trust with medication adherence among African American men with hypertension: The Alabama Collaboration for Cardiovascular Equality Project." Presented at the American Public Health Association (APHA) Conference, November 9, 2010, Denver, Colorado.

3) Careese Campbell, MPH (FY'10- FY'12) (Primary Mentors: M. Pisu, PhD and M. Morrissey, PhD)

Current Position: Doctoral student, Department of Health System Administration, School of Health Professions, University of Alabama at Birmingham

Research Conducted: Ms. Campbell's primary research interest is health care economics, patient reported outcomes, and decision analysis. The title of her dissertation is "Economic burden and cost-effectiveness of peer advisors for diabetes." This study is an economic evaluation to examine the cost-effectiveness of the ENCOURAGE program, a peer advisor intervention for diabetic patients living in rural Alabama. Her study will also assess the potential long-term costs and benefits of implementing this program to other communities and regions. She is currently analyzing the data and in the early stages of manuscript preparation. She is scheduled to defend her dissertation in Spring, 2013. Ms. Campbell has completed her official T32 predoctoral fellowship, but is still actively involved with the training program as she completes her dissertation work. After successful defense of her dissertation, she plans to apply for a research position at an academic institution.

Representative Publications and Presentations

Campbell C, Halanych JH, Safford MM, Pisu M. Racial disparities in medication underuse: The role of patient satisfaction with care. *Value in Health* 2011, 14(3) p. A109.

Campbell C, Pisu, M. (2011) "Opportunities for improvement in adherence: Switching from brand name to generic drugs." Poster Presentation, Minority Health Research Conference, April 2011.

4) Gabriel Tajeu, MPH (FY'10-present) (Primary Mentor: M. Kilgore, PhD and N. Menachemi, PhD)

Current Position: 3rd Year T32 Predoctoral Trainee, Department of Health Care Organization and Policy, School of Public Health, University of Alabama at Birmingham

Research Conducted: Mr. Tajeu primary research interest is in studying how organizational characteristics, policy, and community awareness/interventions can improve outcomes for vulnerable populations in our health care system. His dissertation project specifically focuses on debility and destitution following hip fracture. As part of the project, Mr. Tajeu is estimating the effect of hip fractures on the probability of requiring residential long-term care services as well as estimating the effect of hip fractures on the probability of becoming impoverished (i.e. eligible for Medicaid). He is scheduled to defend his dissertation in Spring 2013.

In addition to his dissertation work, Mr. Tajeu has collaborated on a project investigating whether lack of sleep is related to obesogenic behaviors and a project examining whether patient satisfaction is associated with the proportion of minorities served in a hospital. Finally, Mr. Tajeu is in the data collection phase of an investigation of whether health care staff shows implicit bias when helping minority patients. Upon completion of his T32 Predoctoral fellowship, he plans to write a K-Award application, which will help achieve his goal of obtaining a tenure track academic faculty position at a research institution.

Grants Funded during T32 Training (non-Federal)

UAB School of Public Health Back of the Envelope Award

Fall 2011 – present

Healthcare Staff Implicit Attitudes Study

Role: Primary Investigator

This grant was awarded by the School of Public Health to fund a research project. It did not provide salary/stipend support.

Representative Publications

Tajeu G, Sen B, Menachemi N, Allison D. Misuse of Odds Ratios in Obesity Literature: An Empirical Analysis of Published Studies. *Obesity*. 2012, 20(8), 1726-31. PMID: PMC3399983

Locher JL, Bonner JA, Carroll WR, Caudell JJ, Kilgore ML, Ritchie CS, Roth DL, **Tajeu G**, Yuan Y, and Allison JJ. Gastrostomy Tube Placement and Use in Patients with Head and Neck Cancer. *Head Neck*, 2012, 34(3), 422-8. PMID: 21604317

Locher JL, Bonner JA, Carroll WR, Caudell JJ, Keith JN, Kilgore ML, Ritchie CS, Roth DL, **Tajeu G**, and Allison JJ. Prophylactic Percutaneous Endoscopic Gastrostomy Tube Placement in Treatment of Head and Neck Cancer: A Comprehensive Review and Call for Evidence-Based Medicine. *Journal of Parenter Enteral Nutrition*, 2011, 35(3), 365-374. PMID: 21527598

Locher JL, Robinson CO, Bailey FA, Carroll WR, Heimbürger DC, Saif MW, **Tajeu G**, Ritchie CS (2010). Disruptions in the organization of meal preparation and consumption among older cancer patients and their family caregivers. *Psychooncology*, 19(9), 967-74. PMID: 19950254

5) Sarah Ballard, MS (FY'11-present) (Primary Mentors: P. Drentea, PhD and M. Morrissey, PhD)

Current Position: 2nd Year T32 Predoctoral Trainee, Department of Sociology, College of Arts and Sciences, University of Alabama at Birmingham

Research Conducted: Ms. Ballard is in the Medical Sociology PhD program. Her primary research interest is disability policy and its relation to healthcare. In particular, she is interested in how access to healthcare influences applications for and receipt of disability benefits (primarily Social Security). Building off this topic, the working title of her dissertation is "Access to Healthcare and the Timing of Applications for Social Security Disability Benefits." This study will use the cumulative advantage/disadvantage (CAD) perspective to examine whether periods of interrupted access to healthcare accelerate applications for Social Security Disability benefits (SSDI/SSI). From this perspective, periods of interrupted access to healthcare may result in health declines which speed up the onset of disability, exit from the labor force, and application for SSDI/SSI. She is scheduled to defend her dissertation proposal in Fall 2012.

Honors and Awards Received During Training

Outstanding Graduate Student, Sociology 2012

Representative Presentation

Ballard, S (2012). Access to Healthcare and the Timing of Applications for Social Security Disability Benefits." Poster presented at the Annual National Research Services Award (NRSA) Conference. Orlando, Florida, June, 2012.

6) Monica Aswani, MPH (FY'12-present) (Primary Mentor: N. Menachemi, PhD)

Current Position: 1st Year T32 Predoctoral Trainee, Department of Health Care Organization and Policy, School of Public Health, University of Alabama at Birmingham

Research Conducted: Ms. Aswani's research interests include leveraging concepts from behavioral economics to better design health policy and studying how to advance health care delivery processes to improve quality outcomes. She is currently conceptualizing her dissertation topic and finalizing her mentoring team. Ms. Aswani completed her MPH at UAB and received the Lister Hill Health Policy Fellowship in 2010. The fellowship funded her time at the Quality and Safety Research Group at John Hopkins University under the mentorship of Peter Provonost. While there, she conducted research addressing healthcare quality and patient safety involving methods to reduce diagnostic errors, hospital readmissions, and central-line associated bloodstream infections. This research led to 4 publications.

Representative Publications (pre-T32 training)

Pham JC, **Aswani MS**, Rosen M, Lee HW, Huddle M, Weeks K, Pronovost PJ. Reducing Medical Errors. Annual Review of Medicine. Volume 63. In press. PMID: 22053736

Makary M, **Aswani MS**, Ibrahim A, Reagan J, Wick E, Pronovost PJ. Variation in Surgical Site Infection Reporting by State: A Call for National Standards. Journal for Healthcare Quality. In press.

Aswani MS, Reagan J, Jin L, Pronovost PJ, Goeschel C. Variation in public reporting of central line-associated bloodstream infections by state. Am J Med Qual. Volume 26. Issue 5. pp 387-395. PMID: 21825038

Winters B, **Aswani M**, Pronovost P. Commentary: Reducing Diagnostic Errors: Another Role for Checklists? Academic Medicine. (2010) March 2011. Volume 86. Issue 3. pp 279-281. PMID: 21346432

6.B.2. Research Activities and Accomplishments of Postdoctoral Trainees Supported During Program Years 6-10 ('08-'12)

1) Joshua Argo, MD, MSPH (FY'07-FY'09) (Primary Mentors: M. Hawn, MD and M. Kilgore, PhD)

Current Position: Clinical Assistant Professor, Department of Surgery, College of Community Health Sciences, University of Alabama, Tuscaloosa, AL

Research Conducted: Dr. Argo's primary independent research project during his fellowship used secondary state-level data sets to address decreased access to acute surgical care in rural areas resulting from a surgeon shortage in a complex reimbursement environment. Other projects included a patient based outcomes project evaluating outcomes after undergoing pancreatectomy with islet cell autotransplant for severe chronic pancreatitis and a quality improvement project where all elective operation cancellations in the VA System were analyzed for a 1 year period, rates and reasons summarized, survey of physicians and OR staff conducted, and intervention piloted.

Honors and Awards Received During Training

Excellence in Research Award, UAB Resident Research Day 2009

Best Paper Award, Social and Behavioral Sciences, UAB Graduate Student Research Days 2009

Excellence in Research Award, UAB Resident Research Day 2008

James Glenn Donald, III, MD, FACS Memorial Best Resident Paper. Alabama Chapter of the American College of Surgeons Annual Meeting 2008

Representative Publications

Naftel RP, **Argo JL**, Shannon CN, Taylor TH, Tubbs RS, Clements RH, Harrigan MR. Laparoscopic versus open insertion of the peritoneal catheter in ventriculoperitoneal shunt placement: review of 810 consecutive cases. J Neurosurg. 2011 Jul;115(1):151-8. PMID: 21314272

Argo JL, Vick CC, Graham LA, Itani KM, Bishop MJ, Hawn MT. Elective surgical case cancellation in the Veterans Health Administration system: identifying areas for improvement. Am J Surg. 2009 Nov;198(5):600-6. PMID: 19887185

Argo JL, Yellumhanthi DK, Ballem N, Harrigan MR, Fisher WS 3rd, Wesley MM, Taylor TH, Clements RH.

Laparoscopic versus open approach for implantation of the peritoneal catheter during ventriculoperitoneal shunt placement. *Surg Endosc.* 2009 Jul;23(7):1449-55. PMID: 19083058

Argo JL, Contreras JL, Wesley MM, Christein JD. Pancreatic resection with islet cell autotransplant for the treatment of severe chronic pancreatitis. *Am Surg.* 2008 Jun;74(6):530-6; discussion 536-7. PMID: 18556996

2) Deborah Whisenant, RN, PhD, MSPH (FY'07- FY'09) (Primary Mentor: M. Kilgore, PhD)

Current Position: Associate Professor, Department of Nursing, Samford University, Birmingham, AL

Research Conducted: During her T32 training, Dr. Whisenant built on her background of organ donation and transplantation. Her research project dealt with understanding the barriers to organ donation among potential donor families. She collaborated with the Alabama Organ Center (AOC) to complete the project. The AOC employees offered the option of donation after cardiac death to families of brain dead patients who decline consent for traditional organ donation. After successful initiation in Alabama, the Mississippi Organ Recovery Agency (MORA) requested to participate in the project.

Recent Grant Support

Eutawah, Tennessee Church of Christ funded research project 2011
Role of Spirituality in Personal Health Management
Role: Principal Investigator

Rock Creek Church of Christ funded research project 2011
Health Education Needs of Rural Jamaicans
Role: Principal Investigator

Representative Publications and Presentations

Whisenant, DP, Woodring, B Improving Attitudes and Knowledge Toward Organ Donation Among Nursing Students. *International Journal of Nursing Education Scholarship*. In press.

Whisenant DP, Cortes C, Hill J. (2012). "Evaluating the role of spirituality in a weight loss program." NCFI Quadrennial International Conference, Santiago, Chile.

Whisenant DP, Cortes C, Hill J. (2012). "Rural Jamaican's Self Perception of Health and Health Education Needs." NCFI Quadrennial International Conference, Santiago, Chile.

Whisenant DP, Kilgore M, Taylor G. (2012). "Outcome of Offering Donation after Cardiac Death to Families Who Decline Traditional Organ Donation in Brain Death Cases." Poster Presentation. OPTN/UNOS Transplant Management Forum, Puerto Rico, Puerto Rico.

3) Janice Weatherspoon, MD, MPH (FY'08- FY '10) (Primary Mentors: J. Allison, MD, MS and A. Agarwal, MD)

Current Position: Practicing Nephrologist, Atlanta, GA

Research Conducted: Dr. Weatherspoon's research focused on health disparities in chronic and end-stage kidney disease. Her primary research assessed the presence of geographic variations in the prevalence and severity of Chronic Kidney Disease. The goal of the project was to determine if regional differences in ESRD are comparable to regional differences in CKD. During her training, she was involved in the *TRUST* Study (Guideline Adherence for Cardiovascular Disease Prevention, Trust, and Perceived Discrimination: The ACCE Project.), a collaborative research project with Birmingham Alabama's county indigent hospital, Cooper Green Mercy Hospital, under a parent grant funded by the NHLBI. She looked at the association of NSAID use with

physician-patient communication and perceived discrimination. Dr. Weatherspoon also participated in the UAB Minority Health and Research Center's Health Care Disparities Research Training Program during her T32 training.

Representative Presentations

Weatherspoon J, Allison JJ. (2009) "Association of Prescription Nonsteroidal Anti-Inflammatory Drug (NSAID) Use with Patient-Provider Communication and Perceived Discrimination. National Kidney Foundation Spring Clinical Meeting 2009, Nashville, TN

4) Charlotte Jones, MD, PhD, MSPH (FY'09- FY'11) (Primary Mentors: K. Saag, MD, MSc and M. Safford, MD)

Current Position: Assistant Professor, Division of Neurology, Department of Pediatrics, Ohio State University College of Medicine, Columbus, OH

Research Conducted: A Pediatric Neurologist, Dr. Jones research interests are quality assessment and improvement in health care for children with neurologic disabilities, including the development, implementation, and effectiveness of practice parameters and guidelines. Her primary research project examined occurrence of breakthrough seizures and the risk factors associated with their occurrence in hospitalized children with epilepsy. The project involved retrospective review of medical records for patients ages one-month to 16 years hospitalized at the Children's Hospital of Alabama using the Children's Hospital Data Warehouse to identify the charts of children who were on anticonvulsants at the time of admission and during hospitalization. Dr. Jones also participated in one of her mentor's research projects funded by NIAMS (Saag, PI) involving the development of a patient-activated intervention to improve physician's use of Bone Mineral Density Scans for patients at risk of osteoporosis. During her training, Dr. Jones co-founded the Quality and Safety Special Interest Group for the Child Neurology Society. The focus of this special interest group is on how to best alter or transform health care delivery to best deliver quality care for patients with pediatric neurological conditions. It also focuses on outcome and process measures, usefulness and implementation of practice guidelines and the overlap between implementation research and quality improvement. Through participation in the Group, members can share, discuss, and present their experience in implementation research, quality improvement and safety concerns.

Honors and Awards

Co-founded the Quality and Safety Special Interest Group for the Child Neurology Society.

Representative Publications and Presentations

Jones C, Missanelli M, Dure L, Funkhouser E, Kaffka J, Kilgore M, Saag K, Yu F, Safford MM. Anticonvulsant Medication Errors in Children With Epilepsy During the Home-to-Hospital Transition. J Child Neurol. 2012 Jun 29. PMID: 22752478

Jones CT, Missanelli M, Kilgore M, Funkhouser E, Yu F, Saag K, Kaffka J, Dure L, Safford M. (2011) "Anticonvulsant Medication Administration Errors (AMAEs) and Seizures in Children with Epilepsy Admitted for Reasons other than Epilepsy." Academy of Health Annual Meeting, Seattle, 2011. Presented both in the primary meeting and special interest group in child health meeting.

Jones CT, Yu F, Kaffka J, Saag K, Safford M. (2010) Development of A conceptual Model for the Study of Breakthrough Seizures in Hospitalized Children with Epilepsy and Associated Risk Factors. American Epilepsy Society San Antonio Dec. 6, 2010.

5) Kendra Sheppard, MD, MSPH (FY'09-FY'11) (Primary Mentor: C. Ritchie, MD, MSPH, FACP)

Current Position: Assistant Professor, Division of Gerontology, Geriatrics, and Palliative Care, Department of Medicine, School of Medicine, University of Alabama at Birmingham

Research Conducted: Dr. Sheppard's main area of research interest involves transitions of care, particularly in the nursing home setting. Her primary research project idea examined re-hospitalization rates of residents in long-term care as an indicator of failures in care transition support using Medicare claims data to identify risk factors that may lead to non-elective re-hospitalizations. Other mentored research activities included a project called "Life-Space Mobility Predicts Nursing Home Placement Over Six Years". This project used existing data from the Center on Aging data to assess life-space mobility as a predictor of nursing home placement among community dwelling older adults over a six-year follow-up.

Honors and Awards

Hartford/American Federation of Aging Research Scholar 2009-Present – Provides training and support for senior Geriatric Medicine fellows to facilitate their success in academic Geriatric Medicine

Advanced Illness and Multimorbidity (AIM) Scholar – Provides training for fellows with research interest in older individuals with multiple medical conditions and/or advanced illness

Current Grant Support (All post T32 Training)

R01 AG015062 (Allman)

National Institutes on Aging

UAB Study of Aging (Phase II) Mobility Among Older African Americans and Whites

Role: Diversity Supplement Awardee

1 UB4HP19045 (Brown)

HRSA

UAB Geriatric Education Center (UAB GEC)

Role: Preceptor

None (Allman)

The John A. Hartford Foundation

Southeast Center of Excellence in Geriatric Medicine

Role: Research Scholar

Representative Presentations

Sheppard KD, Ford CR, Foley KT, Mitchell L, Harada C, Rothrock AG, Sawyer P, Ritchie CS. ICE: Introducing First-Year Medical Residents to Interprofessional Team Meetings. JAMDA 2012 13(3) B11-B12

Sheppard KD, Ford CR, Rothrock AG, Sawyer P, Hays C, Ritchie CS. (2012) "ICE: Introducing Interprofessional Team Meetings to Trainees in a Nursing Home Setting." American Medical Directors Association Annual Meeting (Long Term Care Medicine) (Honorable Mention in Education Category) March 13-17, 2012.

Sheppard KD, Sawyer P, Ritchie CS, Allman RM, Brown CJ. (2010) Life-Space Mobility Predicts Nursing Home Placement Over Six Years. Poster presentation. American Geriatrics Society Annual Scientific Meeting May 12-15, 2010, Orlando FL.

Sheppard KD, Hovater MK, Roth DL, Brown CJ, Allman RM, Ritchie CS. (2010) "Does Illness Burden Independently Predict Nursing Home Admission?" Poster Presentation. 16th Annual National Research Services Award (NRSA) Trainees Research Conference June 26, 2010, Boston MA.

6) Greer Burkholder, MD, MSPH (FY'10-FY'12) (Primary Mentors: M Saag, MD and M Mugavero, MD, MHSc)

Current Position: Assistant Professor, Division of Infectious Diseases, Department of Medicine, School of Medicine, University of Alabama at Birmingham

Research Conducted: Dr. Burkholder's primary research area is HIV outcomes with a focus on aging and co-morbidities. Her primary research project examined aspirin prescription as a primary prevention of cardiovascular disease in HIV-infected patients. This cross-sectional study was nested within the UAB 1917 HIV/AIDS cohort, a prospective observation cohort with 1,882 patients treated at the 1917 clinic. The specific aims of this project included: 1) Quantify cardiovascular risk among men age 45-79 and women age 55-79 at the UAB 1917 HIV/AIDS Clinic using Framingham risk scores; 2) Determine the proportion of patients qualifying for primary prevention with aspirin who have been prescribed ASA; and 3) Determine which socio-demographic, biomedical and psychosocial factors are associated with ASA prescription. She found that aspirin was underutilized as primary prevention for cardiovascular disease in HIV patients. In addition to her primary project, Dr. Burkholder was principal investigator on an ongoing project examining colorectal cancer screening in HIV-infected patients and collaborated on a project looking at the impact of the menstrual cycle on antiretroviral pharmacokinetics in HIV-infected women.

Honors and Awards

Semifinalist J. Claude Bennett Award for Excellence in Research University of Alabama Department of Medicine 28th Annual Trainee Research Symposium 2012

National Institutes of Health Clinical Loan Repayment Funding via National Cancer Institute 2011 - 2013

Semifinalist J. Claude Bennett Award for Excellence in Research University of Alabama Department of Medicine 27th Annual Trainee Research Symposium 2011

Infectious Diseases Society of America Fellows Travel Grant 2011

Grants funded during T32 Training (non-Federal)

Bristol-Myers Squibb Virology Fellows Research Training Grant
Identifying Barriers to Colorectal Cancer Screening in HIV-infected Patients
Role: Principal Investigator

Bristol-Myers Squibb Virology Fellows Research Training Grant
Aspirin for Primary Prevention of Cardiovascular Disease in HIV-infected Patients
Role: Principal Investigator

Both of the above grants provided pilot funds and not salary support.

Current Grant Support (All post T32 training)

R24 AI067039-06 (Saag, M)
NIH/NIAID
Unsolicited R24 for the CFAR-Network of Integrated Clinical Systems, CNICS – UAB Site
Role: Investigator, Clinical Core

P30 AI027767-23 (Saag, M)
NIH/NIAID
UAB Center for AIDS Research - Administrative and Clinical Core
Role: Co-Investigator, Clinical Core

U01 AI069918 (Willig)
Johns Hopkins University – NIH/NIAID
North American AIDS Cohorts Collaboration on Research and Design (NA-ACCORD)
Role: Investigator

U01 AA020793 (Kitahata/Mugavero)
University of Washington-NIH/NIAAA
ARCH-ERA: Alcohol Research Consortium in HIV-Epidemiological Research Arm
Role: Investigator

1U01AA020802 (Saag, M)

NIH/NIAAA

Integration of Evidence Based Alcohol Interventions into HIV Care

Role: Investigator

Representative Publications and Presentations

Burkholder GA, Tamhane AR, Salinas JL, Mugavero MJ, Raper JL, Westfall AO, Saag MS, Willig JH. Underutilization of aspirin for primary prevention of cardiovascular disease among HIV-infected patients. *Clinical Infectious Diseases*. In press. PMID: 22942209

Burkholder GA, Tamhane A, Salinas JL, Mugavero MJ, Willig JH, Westfall AO, Saag MS. (2011) "Prescription of aspirin for primary prevention of cardiovascular disease in HIV-infected patients." *Infectious Diseases Society of America Annual Meeting*, Boston, MA. October, 2011.

Burkholder GA, Tamhane A, Appell LE, Mugavero MJ, Willig JH, Saag MS. (2012) "Low rate of colorectal cancer screening among a cohort of HIV-infected patients." 16th *International Workshop on HIV Observational Databases*, Athens, Greece. March, 2012.

7) Laura Altom, MD, MSPH ('10-'12) (Primary Mentor: M. Hawn, MD, MSPH)

Current Position: Surgical Resident, Department of Surgery, School of Medicine, University of Alabama at Birmingham

Research Conducted: Dr. Altom's primary interest is surgical outcomes research with a focus on different surgical techniques to guide best practice and prevent surgical complications. Her primary independent research project in her first year examined hernia repair outcomes. Using administrative databases from 1998-2002 from 10 VA medical centers, Dr. Altom examined outcomes based on type of repair, type of mesh used, recurrence, patient self-assessment of recurrence, concomitant procedures and emergent versus elective repair. Her primary independent research project during her second year looked at the association between surgical care improvement program venous thromboembolism measures and postoperative events. This retrospective cohort study of national Veterans Affairs (VA) SCIP data with venous thromboembolism (VTE) measured and matched outcome data from the VA Surgical Quality Improvement Program (VASQIP) database from 2006-2009. The objectives of this study were to determine the rates of adherence to SCIP-VTE guidelines, to identify factors for non-adherence in this population, and to analyze the relationship among VTE events, SCIP guideline adherence and other patient and procedure factors. Closely connected to her primary projects, Dr. Altom is working with her mentor (Mary Hawn) on an ongoing project that examines urinary retention after hernia repair and hemorrhoidectomy. Specifically, they are assessing urinary retention symptoms pre and post hernia repair or hemorrhoidectomy to see if it is possible to predict which patients will experience significant retention symptoms. She was also involved on projects that examined complications related to timely administration of blood thinners, timely administration of antibiotics, and timely administration of DVT prophylaxis and rates of DVT/PE. She is currently completing her surgical residency training. After completing her training, Dr. Altom plans to obtain a position as an academic surgeon to continue her research in surgical outcomes.

Honors and Awards

Most Outstanding Clinical Research Abstract Presentation, Fourteenth Annual Resident Research Day, Department of Surgery, UAB. 2012.

Best Overall Paper, 36th Annual Meeting of the Association of VA Surgeons, Miami, FL, 2012

Most Outstanding Clinical Research Abstract Presentation. Thirteenth Annual Resident Research Day, Department of Surgery, UAB. 2011.

Gold Medal Award for Outstanding Research, Southeastern Surgical Congress (SESC), Chattanooga, TN. 2011

Representative Publications (selected from 5 publications)

Altom LK, Snyder CW, Gray SH, Graham LA, Vick CC, Hawn MT. Outcomes of emergent incisional hernia repair. Am Surg. 2011 Aug; 77(8):971-6. PMID: 21944508

Altom LK, Graham LA, Gray SH, Snyder CW, Vick CC, Hawn MT. Outcomes for incisional hernia repair in patients undergoing concomitant surgical procedures. Am Surg. 2012 Feb; 78(2):243-9. PMID: 22369837

Altom LK, Hawn MT. (2012) "Adherence to SCIP Venous Thromboembolism Performance Measures Does Not Improve Rates of Postoperative Events." Oral Presentation at the 36th Annual Meeting of the Association of VA Surgeons, Miami, FL, Apr 1-3, 2012.

Altom LK, Snyder CW, Gray SH, Graham LA, Vick CC, Hawn MT. (2011) "Outcomes of Emergent Incisional Hernia Repair" Gold Medal Forum Oral Presentation at Southeastern Surgical Congress (SESC), Chattanooga, TN, Feb 12-15, 2011.

8) David Buys, PhD (FY'11-present) (Primary Mentor: J. Locher, PhD)

Current Position: 2nd Year T32 Postdoctoral Trainee, Division of Gerontology, Geriatrics, and Palliative Care, Department of Medicine, School of Medicine, University of Alabama at Birmingham

Research Conducted: A sociologist, Dr. Buys' primary interest is in the effects of neighborhood and more specifically, the notion of place, on individual health outcomes and on health services utilization. His research has focused on the effects of neighborhoods on likelihood of nursing home placement, using the UAB Study of Aging. His primary project for the training program is examining neighborhood variation in hospital readmissions using UAB Hospital medical records. Dr. Buys T32 project will be a first-step at examining variation in hospital readmissions rates based on these neighborhood characteristics. He is currently in the data collection phase of the project. Dr. Buys is also interested in research on nutrition-related processes and outcomes for older adults in community and hospital settings. He has worked very closely with his primary mentor (Locher) in this research area to design a study examining nutritional status and factors impacting said outcome on the Acute Care for Elders Unit at Highlands Hospital. As a part of this experience, Dr. Buys is mentoring an undergraduate Early Medical School Acceptance Program student. He is also developing a manuscript from the UAB Study of Aging that examines nutrition risk as a predictor of hospitalization and mortality among community-dwelling older adults.

Representative Publications (selected from 7 publications)

Buys DR, Marler ML, Robinson CO, Hamlin CM, Locher JL. Recruitment of volunteers for a home-delivered meals programme serving homebound older adults: a theoretically derived programme among faith communities. Public Health Nutr. 2011 Aug;14(8):1473-8. Epub 2010 Oct 19. PMID: 20955644

Buys DR, Mohan RP. Social capital and structural challenges in health services delivery: A comparative case study. International Journal of Contemporary Sociology. In press.

Buys DR, Borch CA, Kilgore M, Zizza C, Locher JL. A state-level examination of the association between home and community-based services and rates of nursing home residency with special attention to nutrition programs. *Journal of Nutrition in Gerontology and Geriatrics*. In press.

Buys DR, LaGory ME, Borch CA, Drentea P, Sawyer P, Allman R, Locher JL. Physical impairment predicts nursing home admission for older adults in disadvantaged but not other neighborhoods. *The Gerontologist*. In press.

9) Megan Ruitter, PhD (FY'11-present) (Primary Mentor: L Bradley, PhD)

Current Position: 2nd Year T32 Postdoctoral Trainee, Division of Immunology and Rheumatology, Department of Medicine, School of Medicine, University of Alabama at Birmingham

Research Conducted: A clinical psychologist, Dr. Ruitter primary research interest is on sociodemographic disparities in sleep health and their relationships to rheumatic illnesses, and cardiovascular/metabolic disorders with the ultimate goal of translating research findings to develop treatment and prevention interventions to reduce these disparities. Her primary research project for the T32 focuses on ethnic disparities in knee osteoarthritis pain and sleep. The primary aim of the project is to evaluate the biopsychosocial mechanisms underlying ethnic differences in objective and subjective pain and sleep outcomes in a sample of individuals (ages 45-85 years) with knee osteoarthritis (OA) compared to comparable (age, sex) individuals without knee OA. The hypothesis is that ethnic group differences between African Americans and non-Hispanic whites pain sensitivity and pain inhibition, in combination with biopsychosocial variables (i.e. objectively-recorded sleep, sleep behaviors, perceived discrimination, and ethnic identity) will mediate ethnic differences in sleep disturbance, clinical pain and disability, and quality of life at baseline and predict poorer outcomes over time among patients with knee osteoarthritis. Related to her primary research interest, Dr. Ruitter has submitted a manuscript using data from the Reasons for Geographic and Racial Differences in Stroke (REGARDS) Study. Specifically, she examined if sleep duration is predictive of self-reported stroke symptoms amongst persons with low risk for sleep-disordered breathing. She recently presented her findings at the American Academy of Sleep Medicine and her results were reported through many national media outlets. She has also prepared a manuscript using data from the Coronary Artery Risk Development in Young Adults (CARDIA) study to investigate the cross-sectional and longitudinal relationships between sleep behaviors and cardiovascular risk factors in early middle-aged adults. Finally, Dr. Ruitter is using data from the UAB Study of Aging to examine hypnotic medication use, sleep quality, daytime sleepiness and their individual, predictive effects on mobility and functional outcomes in rural and urban older adults. She is preparing a manuscript based on her findings.

Honors and Awards

Abstract highlighted at SLEEP 2012 meeting by American Academy of Sleep Medicine Public Relations office (2012)

The University of Alabama at Birmingham Minority Health and Health Disparities Research Center (MHRC): MHRC Charles Barkley Health Disparities Investigator Poster Presentation Awardee at The 2012 Health Disparities Research Symposium (2012)

Society of Behavioral Sleep Medicine Student Member Research Award (2011)

Major USA News Organizations media coverage of research: CBS, Christian Broadcasting Network, Forbes.com, FOXNews, HealthDay, The Huffington Post, Medscape Medical News, MSNBC, TIME, US News & World Report, and Yahoo! News,

Television:

- NBC Nightly News with Brian Williams (http://vitals.msnbc.msn.com/_news/2012/06/08/12127560-too-little-sleep-stroke-risk-spikes-in-healthy-adults?lite),
- CBS Morning News with Arianna Huffington (<http://www.cbsnews.com/video/watch/?id=7411366n>)
- 171 LOCAL TV NEWS BROADCASTS of (<http://www.khou.com/news/health/Study-Too-little-sleep-can-put-older-people-at-risk-for-stroke-158490285.html>)

Newspapers: August Chronicle, Detroit Free Press, Minneapolis Star Tribune blog, New York Daily News, Toronto Sun, USA Today (front page 6-11-2012, <http://www.usatoday.com/news/health/story/2012-06-11/sleep-stroke-risk/55506530/1>)

Radio: CBS Radio News Desk KCBS San Francisco (live), and WTOP (Washington)

Magazines: Prevention

International News Organizations: Courier Mail (Australia), Daily Mail (UK), HeraldSun.com (Australia), IANS (India news service), Press Association (UK news service), United Press International

Newsletters/Websites: About.com, American Scientist, Bottom Line/Health, Calgary Sun.com, Cincinnati Enquirer.com, Clinical Neurology News, Daily Rx, Edmonton Sun.com, Examiner.com, Ivanhoe News Service, KBOI.com, KCEN.com, KGO-AM.com, KSDK.com, KSL.com, Post Chronicle.com, Psychology Today online, Rheumatology Morning Wire for the American College of Rheumatology, WBIR.com, Winnipeg Sun.com

Representative Publications and Presentations

Ruiter ME, Lichstein KL, Nau SD, Geyer J. Personality disorder features and insomnia status amongst hypnotic-dependent adults. *Sleep Medicine*, In press. PMID: 22938862

Ruiter ME, DeCoster J, Lichstein KL, Jacobs L. Normal sleep in African-Americans and Caucasian-Americans: A meta-analysis. *Sleep Medicine* 2011;12:209-214. PMID: 21317037

Geyer JD, Lichstein KL, **Ruiter ME**, Ward LC, Carney PR, Dillard SC. Sleep education for paradoxical insomnia. *Behav Sleep Med*. 2011;9(4):266-72. PMID: 22003980

Ruiter ME, Letter AJ, Howard VJ, Kleindorfer D. Short Sleep Predicts Stroke Symptoms in Persons of Normal Weight. *Sleep* 2012;35:A279.

10) Karen Albright, DO, MPH (FY'12-present) (Primary Mentors: N. Limdi, PharmD and V. Howard, PhD)

Current Position: 1st Year T32 Postdoctoral Trainee, Department of Neurology, School of Medicine, University of Alabama at Birmingham

Research Conducted: Dr. Albright is a stroke neurologist with a background in vascular neurology. Her research has focused on stroke systems of care, availability of diagnostic and treatment services, and access to acute stroke care. Since moving to UAB and the "stroke belt", she has become particularly interested in racial disparities and how these disparities relate to stroke outcome. She is currently working with the REGARDS (Reasons for Geographic And Racial Differences in Stroke) cohort found that only 15% of stroke patients living in the "stroke belt" were evaluated at a certified stroke center. She is also currently serving as a consultant on a large AHRQ grant examining ways to optimize the current US acute stroke care system.

Representative Publications (selected from 11 publications, including pre-T32 activities)

Siegler JE, Boehme AK, **Albright KC**, Martin-Schild S. Ethnic Disparities Trump Other Risk Factors in Determining Delay to Emergency Department Arrival In Acute Ischemic Stroke. *Ethnicity and Disease*. 2012. *In press*.

Ward MJ, Shutter LA, Branas CC, Adeoye O, **Albright KC**, Carr BG. Geographic Access to US Neurocritical Care Units Registered with the Neurocritical Care Society. *Neurocrit Care*. 2011:1-9. PMID: 22045246

Jones EM, **Albright KC**, Fossati-Bellani M, Siegler JE, Martin-Schild S. Emergency department shift change is associated with pneumonia in patients with acute ischemic stroke. *Stroke*. 2011;42:3226-30. PMID: 21903956

Albright KC, Martin-Schild S, Bockholt HJ, Howard G, Alexandrov A, Alexandrov A, Sline MR, Grotta JC, Savitz SI. No Consensus on Definition Criteria for Stroke Registry Common Data Elements. *Cerebrovasc Dis Extra.* 2011;1:84-92. PMID: 22566986

6.B.3. Recent Research Activities and Accomplishments of Predoctoral Trainees Supported During Program Years 1-5 (FY'03-FY'08)

1) Anthony Goudie, PhD (FY'05-FY'08) (Primary Mentors: N. Weissman, PhD and R. Shewchuk, PhD)

Current Position: Assistant Professor, Department of Pediatrics, School of Medicine, University of Arkansas for Medical Sciences, Little Rock, AR

Current Grant Support

KL2 Career Development Scholar Award 8/1/2012 – 7/31/2014
Identifying Systematic Barriers to the Translation of Best Practice Prevention Procedures for Reducing Pediatric Healthcare-Acquired Infections.
Role: Principal Investigator

Arkansas Biosciences Institute 9/1/2011 – 8/31/2014
Startup funds for research support and pilot projects as part of new faculty appointment at the University of Arkansas for Medical Science.
Role: Co-Principal Investigator

Marion B. Lyon New Scientist Development Award 5/1/2012 – 4/30/2014
Toward Understanding Patient and Hospital Characteristics Associated with Pediatric Serious Safety Events
The goal of this study is to test novel measures of severity and chronic complexity to risk-adjust for pediatric serious safety events and by doing so permit a fair comparison of hospitals on which to study the characteristics associated the variation in hospital-level rates of pediatric serious safety events.
Role: Principal Investigator

Children's University Medical Group (CUMG) 6/4/2012 - 7/3/2014
Improving Well-Being for Parents and Families of Children with Medical Complexity Seen in a Medical Home.
This project will conduct a qualitative study with focus groups of parents of children with medical complexity seen at a medical home clinic at Arkansas Children's Hospital.
Role: Principal Investigator

Ohio State University Government Resource Center 1/1/2012 - 12/31/2012
Ohio Developmental Disabilities Council
The goal of this project is to provide recommendations on data and policy research priority setting.
Role: Academic Consultant

Department of Defense
U.S. Army Medical Research and Materiel Command
Congressionally Directed Medical Research Programs 6/15/2012 - 6/14/2014
Henry M. Jackson Foundation
The goal of this project is to provide methodological guidance to study risk factors, comorbid conditions, and epidemiology of autism in children."
Role: Academic Consultant

Representative Publications (selected from 10 publications)

Dynan L, **Goudie A**, Smith R, Fairbrother G, Simpson, LA. Differences in Inpatient Pediatric Quality of Care Among Non-Safety-Net, Safety-Net and Children's Hospitals. *Pediatrics* 2012 (in press)

Muething SE, **Goudie A**, Schoettker PJ, Donnelly LF, Goodfriend MA, Bracke PM, Brady PW, Wheeler DS, Anderson JM, Kotagal UR. Quality improvement initiative to reduce serious safety events and improve patient safety culture at an academic children's hospital. *Pediatrics* 2012 (in press). PMID: 22802607

Goudie A, Carle AC. Ohio study shows that insurance coverage is critical for children with special health care needs as they transition to adulthood, *Health Affairs* 2011;30(12):2382-2390. PMID: 22147867

Lannon C, Peterson LE, **Goudie A**. Informing the use of measures for the care of children with otitis media with effusion. *Pediatrics* 2011;127(6):e1490-7.

6.B.4. Recent research activities and accomplishments of Postdoctoral trainees supported during program years 1-5 ('03-'08)

1) Britt Newsome, MD, MSPH ('03-'05) (Primary Mentor: J. Allison, MD, MS)

Current Position: Nephrologist, Denver Nephrology PC, Denver, CO

Current Grant Support

Genzyme Inc. (Newsome)

Start date pending

Risk of Stroke Associated with Hyperphosphatemia

Role: Principal Investigator

Representative Publications (selected from 17 publications)

Griffiths RI, **Newsome BB**, Leung G, Block GA, Herbert RJ, Danese MD. Impact of hemodialysis catheter dysfunction on dialysis and other medical services: an observational cohort study. *Int J Nephrol*. 2012;2012:673954. PMID: PMC3299278

Griffiths RI, Newsome BB, Block GA, Herbert RJ, Danese MD. Patterns of Hemodialysis Catheter Dysfunction Defined According to National Kidney Foundation Guidelines As Blood Flow <300 mL/min. *Int J Nephrol*. 2011;2011:891259. PMID: PMC3236458

McClellan WM, Warnock DG, Judd S, Muntner P, Patzer RE, Bradbury BD, McClure LA, Newsome BB, Howard G. Association of family history of ESRD, prevalent albuminuria, and reduced GFR with incident ESRD. *Am J Kidney Dis*. 2012 Jan;59(1):25-31. PMID: 22078058

McClellan WM, Warnock DG, Judd S, Muntner P, Kewalramani R, Cushman M, McClure LA, Newsome BB, Howard G. Albuminuria and racial disparities in the risk for ESRD. *J Am Soc Nephrol*. 2011 Sep;22(9):1721-8. PMID: 21868498

2) Feliciano Yu, MD, MSHI, MSPH ('03-'05) (Primary Mentor: E. Berner, ED and T. Houston, MD, MPH)

Current Position: Chief Medical Information Officer, St. Louis Children's Hospital Medical Director, Washington University Pediatric Computing Facility Assistant Professor, Department of Pediatrics, Washington University School of Medicine, St. Louis, MO.

Representative Publications (selected from 15 publications)

Jones C, Missanelli M, Dure L, Funkhouser E, Kaffka J, Kilgore M, Saag K, **Yu F**, Safford MM. Anticonvulsant Medication Errors in Children With Epilepsy During the Home-to-Hospital Transition. *J Child Neurol*. 2012 Jun 29. [Epub ahead of print]. PMID: 22752478

Ford, E.W., Huerta, T.R., Menachemi, N., Thompson, M. A. and **Yu, F.** Health Information Technology Vendor-Selection Strategies and Total Factor Productivity. Health Care Management Review. (Accepted for publication March 23, 2012). In press. PMID: 22543825

Menachemi N, Shin DY, Ford EW, **Yu F.** Environmental factors and health information technology management strategy. Health Care Manage Rev. 2011 July/September;36(3):275-285. PMID: 21646886

Yu FB, Menachemi N, Houston TK, Hospital Patient Safety Levels among Healthcare's "Most Wired" Institutions, Journal for Healthcare Quality, 2010 March/April; 32(2):16-23. PMID: 20364646

3) Phillip Moyer, MD, MSHI, MSPH ('04-'06) (Primary Mentors: T. Houston, MD, MPH and C. Kiefe, PhD, MD)

Current Position: Family Practice, Loganville, GA

Representative Publications

Moyer PK, Pesik N, Terndrup T, Roe J, Weissman N, Kiefe C, Houston TK. Bioterrorism training in U.S. emergency medicine residencies: has it changed since 9/11? Acad Emerg Med. 2007 Mar;14(3):221-7. PMID: 17264202

4) Joseph Gerald, MD, PhD ('04-'07) (Primary Mentor: N. Weissman, PhD)

Current Position: Chair, Section of Public Health Policy and Management, Assistant Professor, Dept. of Community, Environment and Policy, Mel and Enid Zuckerman College of Public Health, University of Arizona, Tucson, AZ

Representative Publications (selected from 11 publications)

Gerald JK, Stroupe N, McClure LA, Wheeler L, Gerald LB. Availability of Asthma Quick Relief in Five Alabama School Systems. Pediatr Allergy Immunol Pulmonol. 2012 Mar;25(1):11-16. PMID 22454787.

Gerald JK, McClure LA, Harrington KF, Moore T, Hernandez-Martinez A, Gerald LB. Measurement Characteristics of Pediatric Asthma Health Outcome Measure. Asthma. 2012 Apr;49(3):260-6. Epub 2012 Feb 16. PMID 22335297.

Levine DA, Funkhouser EM, Houston TK, **Gerald JK**, Johnson-Roe N, Allison JJ, Richman J, Kiefe CI. Improving Post-Myocardial Infarction Care using a 2-Year Internet-Delivered Intervention: the VA MI-Plus Cluster-Randomized Trial. Arch Int Med. 2011;171(21):1910-1917. PMID: 22123798

Nuño T, **Gerald JK**, Harris RB, Martinez ME, Estrada A, and García F. Comparison of breast and cervical cancer screening utilization among rural and urban Hispanic and American Indian women in the Southwestern United States. Cancer Causes Control (2012) 23:1333–1341. PMID 22710745

5) Stephen Gray, MD, MSPH ('05-'07) (Primary Mentors: M. Hawn, MD, MPH and T. Houston, MD, MPH)

Current Position: Assistant Professor, Department of Surgery, School of Medicine, University of Alabama at Birmingham

Representative Publications (selected from 15 publications)

Snyder CW, Graham LA, Vick CC, **Gray SH**, Finan KR, Hawn MT. Patient satisfaction, chronic pain, and quality of life after elective incisional hernia repair: effects of recurrence and repair technique. Hernia. In press. PMID: 21072550

Hawn MT, Snyder CW, Graham LA, **Gray SH**, Finan KR, Vick CC. Hospital-level variability in incisional hernia repair technique affects patient outcomes. *Surgery* 2011 Feb; 149(2):185-191. PMID: 21238712

Snyder CW, Graham LA, Gray SH, Vick CC, Hawn MT. Effect of mesh type and position on subsequent abdominal operations after incisional hernia repair. *J Am Coll Surg* 2011 Apr; 212(4):496-502. PMID:21463777

Hawn MT, Gray SH, Snyder CW, Graham LA, Finan KR, Vick CC. Predictors of mesh explantation after incisional hernia repair. *AmJ Surg* 2011 Jul;202(1):28-33. PMID: 21741517

6) Nathaniel Winstead, MD, MSPH ('05-'07) (Primary Mentor: C. Wilcox, MD)

Current Position: Director of Gastroenterology Research and Medical Director of the Inflammatory Bowel Disease Center, Ochsner Health System, Clinical Assistant Professor, Department of Internal Medicine, Tulane University Health Sciences Center, New Orleans, LA.

Representative Publications (selected from 11 publications)

Winstead N. The Challenges of Chronic Nausea and Vomiting and Normal Gastric Emptying. *Clinical Gastroenterology and Hepatology*. 2011 Vol. 9(7),534-5. PMID: 21440667

Portalatin M, Winstead N. Medical Management of Constipation. *Clinics in Colon and Rectal Surgery*. 2012 25(1),12-19.

Wysocki J, Srivastav S, Winstead, N. A Nationwide Analysis of Risk Factors for Mortality and Time to Endoscopy in Upper Gastrointestinal Hemorrhage. *Alimentary Pharmacology and Therapeutics* In press. PMID: 22577955

Winstead N, Wilcox CM. The use of pancreatic enzyme supplements in painful chronic pancreatitis – a review, *Pancreatology*,2009 9(4) 344-50. PMID: 19451744

7) Todd Brown, MD, MSPH ('06-'08) (Primary Mentor: M. Safford, MD and V. Bittner, MD)

Current Position: Assistant Professor, Division of Cardiovascular Diseases, Department of Medicine, School of Medicine, University of Alabama at Birmingham

Current Grant Support

5KL2RR025776-02 (Brown) 05/01/09-4/30/14

NIH-Funded UAB CCTS (Kimberly)

Variations in Cardiovascular Risk Among Different Clinical Presentations of Metabolic Syndrome in Young Adults.

Role: KL2 Scholar

No number assigned (Brown) 07/01/12-06/30/13

NIH National Loan Repayment Program

Loan repayment as part of the NIH National Loan Repayment Program.

No number assigned (Muntner) 03/01/12-12/31/12

Amgen Pharmaceuticals

Cardiovascular Disease Prevention, Treatment, and Outcomes.

Collaboration between Amgen Pharmaceuticals, UAB, and Mount Sinai School of Medicine to conduct observational research estimating and describing the population of adults in the US with high levels of LDL cholesterol, trends in cardiovascular disease and its treatment, and the costs and resource implications of cardiovascular events, in the Medicare population as well as in other groups.

Role: Investigator

Representative Publications (selected from 22 publications)

Brown TM, Parmar G, Durant RW, Halanych J, Hovater M, Muntner P, Prineas RJ, Roth D, Samdarshi TE, Safford MM. The relationship between quality of care indicators and an area measure of access to primary care: The REasons for Geographic and Racial Differences in Stroke (REGARDS) Study. *J Health Care Poor Underserved* 2011;22:1179-1189. PMID: 22080702.

Sherwood M, **Brown TM**. The role of cardiac rehabilitation in heart failure patients. *US Cardiology* 2012;9:61-65.

Brown TM. Non-alcoholic fatty liver disease and cardiovascular disease risk. *Clin Gastroenterol Hepatol* 2012;10:568-569.

Brown TM, Voeks JH, Bittner V, Safford MM. Variations in prevalent cardiovascular disease and future risk by metabolic syndrome classification in the REasons for Geographic And Racial Differences in Stroke (REGARDS) Study. *Am Heart J* 2010;159:385-391. PMID: 20211299