

The shortest distance
between a human being
and truth is a story.

Anthony de Mello

PRESCRIPTION
FOR

health highlights

PROMOTING HEALTHY BEHAVIORS IN PRIMARY CARE RESEARCH NETWORKS

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Have a safe 4th!



Stories: A Powerful Tool for Advocacy

We are nearing the 12-month milestone of your 24-month RWJF [P4H](#) projects. Five site visits have been completed as of this week. You will find a brief report about those in this issue as well.

Maribel and Larry recently sent out a letter to get us thinking about ideas for making public findings and lessons learned, while testing your behavior change ideas in real world settings. In that letter there was a link to Smart Chart (<http://www.smartchart.org>), a tool recommended by RWJF to help us formulate our communication strategies. This mailing also included a table of manuscript ideas to give everyone a chance to join a writing team or suggest additional papers. Hopefully you've had a chance to review this material and are finding it useful as you think about and plan for your own dissemination efforts.

I love the Garrison Keillor quote, "Nobody ever marched on Washington because of a pie chart. Tell them a story." Stories are powerful tools that can strengthen an organization, engage an audience, and advance a mission. We're much more likely to make a convincing argument and bring the abstract and invisible to life with stories about real people. As Annette Simmons said in *The Story Factor*, "We don't need more information. We need to know what it means. We need a story that explains what it means and makes us feel like we fit in there somewhere." People relate to people and their stories, not to statistics. Policy makers often request testimony from individuals during legislative hearings to highlight health care legislation. Likewise, reporters rely on anecdotes to illustrate the particular health care issue that they are covering. So we need to look for and keep track of those compelling stories as we continue our efforts during the next 12 months. We should also be thinking about who, in our networks and programs, can best bring our stories to life. Because predictable stories tend to be less interesting, we should think of ways to

present the material that will hold the attention of our audience. As Andy Goodman says, "Stuff of storytelling is the gap between what we think will happen when we take action and what actually happens."

One idea for tracking and filing stories in our communities is the use of a story bank. FamiliesUSA has posted two storytelling guides on its web site (www.familiesusa.org) that you can download for free. Although maintaining a story bank can require some time, it is a powerful tool for advocates working on a particular issue. Some thoughts for collecting stories include:

- Interviewing patients, community members, practice staff, policy makers, etc.)
- Creating a web sight for recording stories
- Requesting stories through newsletters, surveys, other mailings

To make a story more compelling the information should be concise, memorable, credible, and relevant to your audience; perhaps using a script—and personal details are always important. A good collection of stories will help us create stronger ties between Prescription for Health and our allies.

We'd like to encourage you all to listen for and collect 1 to 2 human interest stories from your projects that can be submitted to the NPO with your final report July 2007 to help us tell the story that integrating behavior change in usual practice is possible and matters.

COMBO News Flash!

We have received baseline data on almost 1200 adult and adolescent patients from just three networks. This number is growing quickly as data continues to come in. We expect to have some preliminary findings in the fall.

[Doug Fernald](#)

Site Visits

Two-day visits to all 10 PBRNs from members of the NPO, A-Team, Resource Center, and RJWF have been scheduled. To date AAFP, OKPRN, CECH, ACORN, and NYC RING have welcomed the P4H site visit team. Goals for these visits include: assessing progress, learning from each other through our challenges and successes, and providing technical assistance when desired.



Useful site visit experiences cited include:

- Uncovered some technical glitches in the data sets.
- Our research team found the reports from our own practices to be useful.
- Larry brilliantly stated the importance of our PBRN & its CTSA application to our dean.
- It was suggested we begin to communicate more actively with NCFPRN (UNC). We have, and it may lead somewhere.
- Our own people now feel even better about OKPRN and our work.
- We recognized the need for changes in our clinician training and data collection.
- Provided a first opportunity to visit one of our long-time practices (AAFP).
- It was great having quality time/attention from the visiting team, and sensed that they are really pulling for us and want to help.

Unexpected outcomes resulting from the site visits were reported as:

- Visitors had a positive effect on the University leadership who attended (the dean, university VP of research, representatives of the Virginia Secretary of Health and of the Secretary of Technology).
- When we asked a variety of people from other organizations to come to hear about the project, many of them came; including our own VP of research.
- The MAs are doing a fair amount of informal (undocumented/non-reimbursed) counseling that we weren't aware of.

Advice for other networks preparing for their site visits included:

- Lay everything on the table so that you can get helpful feedback and direction. Site reviewers have a wealth of information that can greatly benefit you.
- Use the visit as a leveraging opportunity for building connections, enhancing visibility, expanding cachet, etc. at your institution and/or with your practices.
- Figure out how you're going to pay for the wine at dinner. 😊

P4H Calendar

July 31, 2006

Annual progress report due to RWJF and NPO

October 15-18, 2006

[North American Primary Care Research Group Mtg. Tucson, AZ](#)

November 9-12, 2006

[STFM/AAFP Annual Conference on Practice Improvement: Health Information and Patient Education, Denver, CO](#)

January 3, 2007

18-month progress report due to NPO

March 21-24, 2007

[Society of Behavioral Medicine Annual Meeting, Washington, DC](#)

May 23-25, 2007

Round 2 wrap-up Innovators' Meeting
[Cheyenne Mountain Conference Resort, Colorado Springs, CO](#)

June 15, 2007

Deadline for requesting a no-cost extension of your grant award (may be extended to 10/15/07)

June 30, 2007

Round 2 P4H grants end

July 31, 2007

Final project reports due to RWJF and NPO

[RefWorks](#)

Thank You Sue! Welcome Rosemary.



We are glad to welcome Rosemary Gibson as our new senior program officer of the Prescription for Health initiative at the Robert Wood Johnson Foundation. As many of you know, the idea of Prescription for Health was the brain child of Sue Hassmiller, who to date has worked hand-in-hand with us to lead the program to the success it enjoys today. We are so grateful for her leadership and vision over the years. Sue will continue as senior program officer at the Foundation where her focus will be devoted to leading RWJF's nursing initiatives. We wish her the very best in this important work.

As a member of RWJF's Quality Team, Rosemary Gibson has already learned a lot about the work that the networks are doing and has begun formulating ideas with the NPO for aligning the efforts of P4H with the Foundation's priorities. We welcome her creative and fresh perspective and willingness to join us on this adventure. Our warmest welcome, Rosemary, to Prescription for Health!

Annual Report

Due July 31, 2006

- Download RWJF reporting instructions.
- File [budget revisions](#) and get approval prior to submitting your Annual Report.
- Send two hard copies of your completed report to:
 - Fran Ferrera
 - Grants Administrator,
 - RWJF
 - Rte 1 & College Rd. East
 - PO Box 2316
 - Princeton, NJ 08543
- Send 1 hard copy plus an electronic copy of your Annual Report to the NPO.
- More instructions can be found in your 5/30/06 memo from [Michelle Shiver](#). Please contact Michelle at 303-724-9771 with any questions about the filing of your Annual Report.