

The destiny of the world is determined less by the battles that are lost and won than by the stories it loves and believes in.

Harold Goddard

PRESCRIPTION FOR health highlights

PROMOTING HEALTHY BEHAVIORS IN PRIMARY CARE RESEARCH NETWORKS

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Prescription for Health Highlights
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Sparking the Will to Act

The value of our research is told not only in its statistical significance, but in its ability to be translated into improved health and health behaviors. Telling compelling stories about our work can change a person's 'frame of view' and help motivate him/her to act in new ways. Providing others hope for the future through experiential narrations is powerful. Because attention spans are shorter and more demanding, yet less able to independently imagine; people need more visual stimulation. This is why it's so important to take the story as close to the listener as you can, keep it brief and simple, stimulate the listeners' senses, and help them sympathize with the characters' feelings. Groucho Marx was famous for saying, "If you've heard this story before, don't stop me because I'd like to hear it again." Wouldn't it be great if our tales were that memorable—resulting in building will and spurring action?

As we near the homestretch of P4H, you have heard from us on several occasions about capitalizing on the effective strategy of storytelling to get our messages 'out there'—to better engage, educate and persuade our audiences. Recently, Maribel called your attention to another RWJF program that has used this communication vehicle quite effectively. Do take a look at this material for guidance as you think about, plan for and gather your projects' stories—<http://diabetesnpo.im.wustl.edu/index.html>. Another website I ran across with useful information is: <http://usinfo.state.gov/products/pubs/journalism/telling.htm>. Taking time to communicate our findings to interested audiences, the breakthroughs as well as hard lessons learned, makes our work count; and greatly increases the likelihood that it will influence and improve public health.

Because first impressions matter as they do, a story title can be the most important part of the story, especially if no one moves past it. Given that, here are some tips to consider when crafting your story title:

- Keep it short and catchy—no more than 4 or 5 words
- Go for something that evokes emotion—avoid broad, generalized titles
- Consider a short line of dialogue or memorable sentence from your story
- Consider a play on words or use a common phrase or expression
- Perhaps borrow a line from an established work
- Perhaps your title can be your setting or the main idea of your story
- Consider the story's action as the title, i.e. Chasing Rainbows

Our story time line requires that you submit 1 or 2 stories to Maribel via email by May 11, with the idea that you open your final presentation at the Colorado Springs meeting with your favorite. Ideally, your story will be accompanied by a photo or two.

Heads or "tales"? Tales—you win, we all win.



Linda Niebauer

Happy V Day



Inspiring Site Visits

Last year we visited all 10 project sites, and came away with the confirmed understanding that P4H is fundamentally about incorporating health behavior change services into the core business of new models of practice that are now emerging in primary care practices across the United States. We were impressed with the amount and quality of work we observed, usually being performed by small groups of dedicated individuals led by outstanding PIs. We were repeatedly inspired by the talent and work of our innovators to undertake this very complicated re-make of future frontline practice.

Themes we observed included:

- Infrastructure support for PBRNs appears fragile and erratic. At some sites we observed some support from a departmental entity but usually insufficient: (a) to ensure continuity of work from study to study for established research teams, (b) to bring on additional workers during high production times when multiple studies are taking place, and (c) resources for PIs and others to engage in professional development activities.
- PBRNs often lack sufficient PIs to lead projects and spearhead grants. While existing PIs overwhelmingly excel at their continuously mounting duties, they appeared overextended and reported having to continually take on more grants to sustain the financial structure of their network.
- Diverse stakeholders including department chairs, medical school deans, research heads, insurance groups, HMOs, local public health departments, professional associations, quality improvement organizations, and state government officials often participated in the site visits. Their presence and engagement confirmed widespread interest and support for the work of the networks and the P4H initiative.
- Practice members provided some of the richest opportunities for learning. Being on-site enabled a much deeper understanding of the interventions and how they are specifically tailored to fit each practice. Meeting the people who make it all happen was inspirational because of their obvious dedication to better care for their patients. When it matters to patients, it seems to matter to practices.

- Variations of the RE-AIM framework have been applied, with a blended approach to the use of individuals and practices as the units of analysis for the five components. To date, the RE-AIM core group has applied Reach at the individual level, and Adoption and Implementation primarily, if not exclusively, at the setting/practice level. Findings from the P4H projects could likely yield important insights about the usefulness of the RE-AIM framework and possible need for adaptations to offer a better fit into primary care practice settings.

Enhanced qualitative assessments to gain further insight into the implementation process by the practices were recommended for many of the projects, particularly for those whose patient accrual numbers will be lower than projected. Suggestions included developing a qualitative data analysis strategy that can be used to identify emerging themes and areas for further data collection along the way, and if necessary enlisting additional qualitative analysis expertise from other schools and departments (e.g. anthropology, sociology, psychology, nursing).

Based on what we learned, three particularly promising areas of opportunity for further investigational work for PBRNs might be:

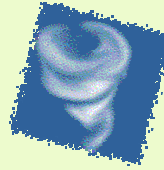
1. Use of the cooperative extension service agent model to incorporate behavior change services in primary care settings (OKPRN and NCFMRN)
2. Development of new practice roles to incorporate behavior change services in primary care settings, such as the re-designed MA, PEA, CHERL, Lifestyle Counselor (OKPRN, PRENSA, GRIN, NY-CRING)
3. Use of technological tools and strategies to incorporate behavior change services in primary care settings (CECH, ACORN, CaReNet, AAFP NRN, RAP)

Many thanks to all for making these site visits a success!

(Pictured: the GRIN team and site visitors)



COMBO Flurry



All 10 projects have contributed to the baseline dataset for COMBO. The patient dataset includes more than 4400 adult patients and more than 300 adolescent patients. We're working to produce a clean analytical dataset, a data handling guide, and manuscripts for others to enhance. We'll start work soon on follow-up data. Stay tuned!

[Doug Fernald](#)

Housekeeping 'To Dos'



Unfunded Extensions

In the course of your work, it is possible that you will need additional time to complete your project and fulfill a Foundation reporting requirement.

- *What to Do*
Contact [Maribel Cifuentes](#) – Maribel.Cifuentes@uchsc.edu or (303) 724-9772, if you need additional time to complete your project and submit your final narrative and financial reports to the Foundation.
- *What to Provide*
Letter on your institution's letterhead explaining the amount of additional time needed, the reason for the additional time, and the date the final material will be submitted to the NPO. The letter should be sent to Maribel.Cifuentes@uchsc.edu
- *Important Reminder*
The NPO will approve unfunded extensions through October 15, 2007. All extension requests must be received by **May 30, 2007**.

Budget Revisions

When changes in your grant project result in the need for additional line items, and/or when you anticipate spending in excess of any approved budget category by more than 5%; you will need to request a revision to your approved grant budget. These budget categories are personnel, other direct costs, and purchased services.

- *What to Do*
Follow the [Grant Budget Revision Guidelines](#) found on the RWJF website <http://www.rwjf.org/publications/annualgrantreporting.jhtml>
- *What to Provide*
Revised budget narrative and line-item budget worksheet. These documents should be submitted to Michelle.Shiver@uchsc.edu
- *Important Reminder*
If changes to your approved budget, as described above, have already occurred; you must submit a budget revision **before** filing your final financial report. Budget revisions must be received **30 days prior** to the end of your project.

P4H Calendar

March 1-4, 2007

AAFP Convocation, Virginia-Beach, VA

March 21-24, 2007

Society of Behavioral Medicine Annual Meeting, Washington, DC

May 11, 2007

Slide presentations for Innovators' Meeting, including favorite story, due to NPO

May 22, 23, 2007

Partners' Meeting, Colorado Springs, CO

May 23, 2007

NAC Meeting, Colorado Springs, CO

May 23-25, 2007

Round 2 wrap-up Innovators' Meeting, Cheyenne Mountain Conference Resort, Colorado Springs, CO

May 30, 2007

Requests for unfunded extensions due to NPO.

June 30, 2007

Round 2 P4H grants end

July 31, 2007

Final project reports due to NPO

RefWorks

P4H behavior change references

Innovators Meeting

May 23-25, 2007

A time to celebrate the culmination of a terrific 5-year program at picturesque Cheyenne Mountain in Colorado Springs, CO

Plan to Join Us!

