Summary of Previous Awards
ICTR-CAP Dissemination & Implementation Research (DnI) RFA
2013-2017

2017 Awards

PI: Carmen Valdez, PhD, School of Education
Title: Building the Capacity of Schools to Address the Social and Emotional Needs of Latino Students and Their Families: Implementation and Evaluation of the Fortalezas Familiares Program in Schools
- UW Program Partners: Wisconsin Center for Education Research
- Community Collaborators: 16th Street Community Health Center, Catholic Charities, Madison Metropolitan School District, Rogers InHealth, St. Anthony School Milwaukee, Sue McKenzie, Rogers Memorial Hospital/InHealth

Summary
Latino children face unprecedented challenges that exceed those of other low-income youth. Children of Latino immigrants experience acculturative and immigration stress, fear of parental deportation and family separation, prolonged food insufficiency, housing instability, and heightened economic hardship among other stressors. A notable threat to parent and family wellbeing is maternal depression, with Latina risk for depression increasing with length of residence in the United States. Given that Latino youth have lower rates of mental health service utilization than other racial or ethnic minority youth, it is also critical to reach and engage these youth and families in accessible and familiar environments, such as schools. This project builds on a strengths-based multi-family intervention, Fortalezas Familiares (Family Strengths) for Latina mothers with depressive symptoms, other family caregivers, and children ages 9–18. Guided by Dissemination and Implementation Research frameworks, this project partners with schools and community mental health clinics to develop, implement, and evaluate an implementation package for FF in schools.

PI: Douglas Wiegmann, PhD, College of Engineering
Title: Testing Novel Methods for Analyzing and Correcting Root Causes of Patient Harm
- Academic Collaborators: Jeff Pothof, Tosha Wetterneck, SMPH
- Community Collaborators: UW Health

Summary
Medical error is the 3rd leading cause of death in the United States. Root Cause Analysis (RCA) is a commonly used method to analyze events that impact quality and safety. Despite that, RCA has very limited utility in helping analyze the causes of human error or generating effective corrective actions. If healthcare is to become safer, more appropriate RCA methods for analyzing and correcting errors need to be deployed. The goal of this project is to test the feasibility of integrating the Human Factors Analysis and Classification System (HFACS) and Human Factors Intervention Matrix (HFIX) methodologies into UW-Health’s RCA program. Results will be used to develop an implementation toolkit, which could facilitate the widespread implementation of these new tools and positively impact patient safety at the state and national levels.
2016 Awards

Pls: Elizabeth Burnside, MD, MPH, MS, UW School of Medicine & Public Health – Radiology

Title: Clinical Implementation of Mammography Screening Shared Decision Making Co-Funding: UW Carbone Cancer Center

- Academic Collaborators: Dhavan Shah, L&S/College of Engineering; Sarina Schrager, SMPH; Liz Jacobs, SMPH; Lori DuBenske, SMPH
- Community Collaborators: UW Health Primary Care Clinics; Health Decisions, Patient Stakeholders

Summary

According to the National Center for Health Statistics 3906 women in Wisconsin received a new diagnosis of breast cancer and 757 women died of this disease per year between 2008-12. Breast cancer is the most common cancer among women in Wisconsin regardless of race, accounting for nearly one-third of all cancers diagnosed. Screening mammography plays an important public health role in reducing breast cancer mortality and contributes substantially to the national and statewide declines in breast cancer mortality over the past 30 years. Optimal utilization of mammography is one key to assuring optimal health and well-being of women and improved public health outcomes. Mammography for women ages 40-49 remains controversial and confusing. Development of clinical decision support tools (CDSTs) to support patients and physicians in this important decision are in their infancy. This multidisciplinary research team has developed an alpha version of the Breast Cancer Risk Estimator (B~CARE) embedded in the EHR at UW Health. With significant patient and other stakeholder engagement, the aims of this research are to (1) Determine core components of shared decision-making for mammography in women 40-49, and (2) Implement the EHR-embedded B~CARE guided using the RE-AIM theoretical framework for measuring implementation success. Our long term hypothesis is that B~CARE supported SDM will improve the well-being of women and improved public health outcomes.

PI: Michael Fiore, MD, MPH, MBA, UW School of Medicine & Public Health, General Internal Medicine

Title: Disseminating and Implementing a Smoking Cessation Program for Pregnant and Postpartum Women

- Academic Collaborators: Bruce Christiansen, SMPH; UW Center for Tobacco Research and Intervention (CTRI)
- Community Collaborators: Wisconsin Women’s Health Foundation; State of Wisconsin Department of Health Services; Health and Nutrition Service of Racine; Children’s Community Health Plan; County of Kenosha, Department of Human Services; Children’s Health Alliance of Wisconsin

Summary

There is a compelling need to disseminate and implement effective programs that help pregnant women quit smoking and stay quit postpartum. Smoking during pregnancy results in unequalled risks to the mother and newborn, (placental abruption, preterm birth, SIDS) and markedly increased healthcare costs (NICU admissions). While prenatal smoking cessation interventions do help women quit, postpartum relapse rates can be as high as 85%. This proposal will test whether a smoking cessation intervention for
pregnant women that extends postpartum (Striving to Quit) can be implemented and disseminated outside of the research environment that established its effectiveness (40% maintained biochemically verified 6-month abstinence). Research aims include: (1) Can Striving to Quit, a cessation program for pregnant women who smoke, be implemented effectively to low-income pregnant and postpartum women in Northeast and Southwest Wisconsin communities (including Milwaukee) outside of a rigorous research protocol? (2) Is Striving to Quit more effective in achieving postpartum smoking cessation than “First Breath,” the current standard of care for pregnant women in Wisconsin who smoke? (3) What barriers exist to dissemination of Striving to Quit throughout Wisconsin, and how can these barriers be addressed?

Co PIs: (1) Nancy Pandhi, MD, MPH, PhD, UW School of Medicine & Public Health, Family Medicine & Community Health; (2) Sarah Davis, JD, MPA, UW Law School and School of Pharmacy, Center for Patient Partnerships

Title: Patient engagement in care redesign: Identifying effective strategies for measuring and scaling the intervention

- Academic Collaborators: Maureen Smith, SMPH; Nora Jacobson, SON; Rachel Grob, SMPH & Law; Andrew Quanbeck, College of Engineering
- Community Collaborators: Wisconsin Collaborative for Healthcare Quality, UW Health

Summary

National health reform efforts have mandated patient engagement as a critical component of primary care practice transformation ahead of an evidence-base about effective methods for training teams to do this engagement. Clinical practices report being ill-prepared to engage patients in improving care quality. This research team has developed, implemented, and evaluated an intervention that successfully increased primary care teams’ involvement of patients in quality improvement work at a single academic health system. This project expands on prior research to: (1) Identify measurable outcomes that primary care stakeholders value as a result of patient engagement in quality improvement; (2) Assess the feasibility, acceptability and accuracy of various measures of clinic and team context that may be associated with intervention effectiveness, and (3) Assess the feasibility of different implementation strategies for teaching primary care teams to involve patients in quality improvement work. This pilot will lay the foundation for a future proposal that will be a randomized hybrid effectiveness-implementation clinical trial of different training methods for patient engagement in quality improvement.

2015 Awards

PI: Betty Chewning, PhD, UW School of Pharmacy

Title: Improving Balance for Older Adults: Disseminating Tai Chi Fundamentals Through Community Organizations

- Academic Collaborators: Jane Mahoney, UW SMPH; Kristi Hallisy, UW SMPH

UW ICTR Partners

School of Medicine and Public Health • School of Nursing • School of Pharmacy • School of Veterinary Medicine • College of Engineering • Marshfield Clinic

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Community Collaborators: La Crosse County Aging Unit, Goodman Community Center, Milwaukee County Department on Aging, Safe Communities

Summary
Falls are the leading cause of injury and related deaths among older adults in Wisconsin, which ranks 3rd in the US in number of deaths due to falls. The greatest effects on fall rates are seen in exercise programs that offer balance exercises such as Tai Chi. The Centers for Disease Control recognized Tai Chi modified for older adults as an evidence-based program to reduce falls, unfortunately few Wisconsin community sites have implemented Tai Chi programs for older adults. This study will implement and evaluate a 6-week session of Tai Chi Fundamentals (TCF) in three community organizations (LaCrosse, Milwaukee, Madison). This pilot will evaluate the effectiveness of the 6-week TCF program, study the barriers and facilitators to TCF implementation in community organizations serving older adults, and prepare a package of TCF with recommendations for dissemination and use.

PI: Roseanne Clark, PhD, UW School of Medicine & Public Health
Title: Addressing Postpartum Depression in Wisconsin Home Visiting Programs: Dissemination/Implementation of the Evidence Based Mother-Infant Therapy Group

Summary
Postpartum Depression is a significant public health issue, with a prevalence rate of 10-15% in the general population, and as high as 35-58% for women living in poverty. Screening, early identification, and treatment are necessary to reduce the suffering of mothers experiencing depression, to enhance parenting capacity, and improve infant developmental, health and mental health outcomes. This project partners with WI Department of Children and Families’ Home Visiting Programs serving families living in poverty, and will evaluate the effectiveness of integrating the evidence-based Mother-Infant Therapy Group for Postpartum Depression (M-ITG) developed at UW, into these trusted, community based programs. ICTR is funding a Dissemination & Implementation pilot component of this project to investigate the feasibility and acceptability of sustained integration of this therapeutic group into Home Visiting models to improve the capacity of home visiting and public health providers in Wisconsin to address mental health needs in underserved populations.

2014 Awards

PI: Kimberlee Gretebeck, PhD, RN, UW SON
Title: Adapting the Physical Activity for Life for Seniors (PALS) program for Older African Americans

Summary
This project partners with North/Eastside Senior Coalition (NESCO) in Madison; Milwaukee County Department on Aging, Safe Communities.
Summary

Being physically active is essential for healthy aging. Fewer than one-fourth of African Americans (AA) seniors participate in the recommended levels of physical activity, contributing to disability and poor health outcomes. Importantly, older AAs have the highest disability rates of any racial/ethnic group. It is essential to find ways to increase physical activity among AA seniors. Culturally tailoring interventions is recommended to enhance recruitment and participation and improve health outcomes for racial/ethnic groups. Our goal is to take an effective physical activity program shown to improve physical function, and culturally adapt it for older AAs. By culturally adapting this program, we can improve AA recruitment and participation, increase maintenance of long term physical activity, and ultimately, help to delay or limit disability in this high-risk underserved group.

PI: Todd Molfenter, PhD, UW COE

Title: Implementing Successful Detoxification Continuing Care

- Academic Collaborators: David Gustafson, UW COE; Nora Jacobson, UW SON; Randall Brown, UW SMPH & VA
- Community Collaborators: Access Community Health Centers; State of WI Department of Health Services; Genesis Behavioral Services; Ministry Behavioral Health; North Central Health Care; Sauk County Department of Human Services; Tellurian; Rock Country Human Services

Summary

“Without detoxification and continuing care services, I would be dead right now.” Alcohol and drug abuse disorders tax the healthcare system, fracture families, and cause death. The first line of defense in addressing harmful substance use disorders is detoxification services. Research has shown that those receiving continuing (follow-up) care after treatment are more likely to remain sober or drug free. Unfortunately, only 11-52% of those receiving detoxification services receive continuing care in Wisconsin. Previous work at the UW has led to development of a package of three post-detoxification practices that when implemented achieve continuing care rates of 44-72%. This research will look at how these practices can be disseminated and implemented with fidelity and consistency to achieve the goals of more effectively and sustainably providing continuing care services throughout Wisconsin.

PI: David Zimmerman, PhD, UW COE

Title: The Wisconsin Coalition for Collaborative Excellence in Assisted Living as a Quality Improvement Dissemination and Implementation Vehicle

- Academic Collaborators: Jay Ford, UW COE; Jane Mahoney, UW SMPH; DaRae Coughlin, UW-Milwaukee, Nursing
- Community Collaborators: State of WI Department of Health Services-Divisions of Quality Assurance and Long Term Care; WI State Board on Aging and Ombudsman Program; WI Assisted Living Association; Leading Age Wisconsin; Residential Services Association of Wisconsin; WI Center for Assisted Living
Summary
The Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) is the first standardized quality improvement data set for Assisted Living Centers (ALCs) in the country. WCCEAL’s primary goal is to make it feasible and sustainable for ALCs, under the stewardship of their provider associations, to undertake more systematic, information-driven programs to internally assure and improve their quality of care and the quality of life of their residents. The WCCEAL is an evidence-based initiative, and more than 300 ALCs in Wisconsin have become members. This project will evaluate the capacity for the WCCEAL collaboration to disseminate, implement, and sustain a program that is of significant interest to its members—falls prevention. WCCEAL feedback mechanisms will increase the speed and efficiency of disseminating falls prevention quality improvement methods and tools to the ALC community in general, which in turn accelerates knowledge translation into community health outcomes. This project will demonstrate how the WCCEAL model can improve resident quality of life in a specific care area. Insights gained will also help inform falls prevention efforts throughout the community.

2013 Awards

PI: Jane Mahoney, Professor, SMPH/Medicine
Title: “Stepping On” to Pisando Fuerte: Adapting an evidence-based falls prevention program for Latino Seniors

- Academic Collaborators: Elizabeth Jacobs, SMPH/Medicine; Sarah Esmond, CCHE
- Community Collaborators: Latino Health Council, United Community Center, Centro Hispano, North/Eastside Senior Coalition (NESCO), JCS Consulting, Greater Wisconsin Agency on Aging Resources, United Translators

Summary
The number of older Hispanic Americans is growing dramatically in Wisconsin. One third of seniors fall each year in Wisconsin, resulting in 463,000 hospitalizations. While hip-fracture rates are going down for non-Hispanics, they are going up for Hispanics. The Institute of Medicine emphasizes that cultural tailoring of interventions is important to improve ethnic minority health outcomes. While there are effective community-based falls prevention programs for non-Hispanic seniors, none are culturally and linguistically adapted for Hispanics. To remedy this health disparity, we will develop and test a fall prevention program that is adapted to Hispanic culture and language—Pisando Fuerte. Our research goal is to ensure that Pisando Fuerte effectively reduces falls and is feasible to implement in Hispanic communities across Wisconsin and the U.S. We will disseminate Pisando Fuerte working with state and national advocacy, funding, and service organizations including State of Wisconsin Injury Prevention Program and Office on Aging; Greater Wisconsin Agency for Aging Resources; National Council of La Raza; and National Hispanic Council on Aging.