

# ICTS NEWS

## CENTER FOR COMMUNITY-BASED RESEARCH: CULTURAL COMPETENCY

BY AMY HEPLER

### INSIDE THIS ISSUE:

<i>Program Highlight</i>	2
<i>Recruitment Funds</i>	2
<i>RFA Announcement</i>	3
<i>Last Month</i>	3
<i>Events/Announcements</i>	3
<i>In The News</i>	4
<i>Have You Met?</i>	4

### Special points of interest:

- BJHF/ICTS RFA Announced
- Bear Cub Funds Applications Due
- Local Physicians Join WU PAARC
- Have you met Betsy Thomas?

Embedded weblinks are designated by blue text and can be accessed in the online version of ICTS News on our website at [icts.wustl.edu](http://icts.wustl.edu).

"Cultural Competency" is increasingly recognized as an essential skill for medical providers and researchers. Sociocultural factors strongly influence beliefs surrounding health, wellness, illness, and delivery of health services. To be successful, researchers must approach research participants with respect and relevance to the health beliefs, practices and culture of the individual communities. This helps to eliminate barriers to research participation that underrepresented populations often face, such as discrimination, disrespectful treatment, and a lack of trust. Cultural competence enables groups of professionals to function effectively to understand the needs of groups accessing health information and health care or participating in research in an inclusive partnership where the provider and the user of the information meet on common ground.

Linda B. Cottler, PhD, MPH, Professor of Epidemiology in the Department of Psychiatry, is Director of the ICTS Center for Community-Based Research (CCBR) and its component HealthStreet, a project that links underrepresented populations to health information, physician referrals and clinical trials. HealthStreet utilizes a comprehensive approach to establish trust between the lay and medical communities with outreach workers contacting local populations at various community locations throughout the city, such as parks, beauty shops and bus stops. An actual storefront facility, HealthStreet, the hub of CCBR activity, will open in a few weeks, and will allow community members to receive free health screenings, referrals and information about WU clinical studies.

While the concepts of cultural competency can be taught in a classroom, there is no substitute for direct experience and interaction with diverse populations and cultures. The CCBR pairs seasoned, successful investigators with more junior staff to perform hands-on work in the community. Through this apprentice-style approach, others are guided in their learning of the key aspects of cultural competency. This informal mentoring program was launched in June 2008 and has already met with tremendous success.

Lisa Green, MSN, RN, Instructor from the Goldfarb School of Nursing at Barnes-Jewish College, learned about the CCBR's outreach model and sought opportunities to engage her students. Nursing students from Green's Community and Public Health Nursing class accompanied CCBR outreach workers and learned how to engage community members in discussions about research. Students were better able to recognize the necessity of cultural competency in building relationships and trust with diverse community members. One student said, "The experience was much different from the controlled atmosphere of the hospital... Overall, my experience was memorable and I wish that more students could have an opportunity to participate in this kind of functional research."

The CCBR encourages others to get involved through the CCBR programs to gain perspective on the importance of serving all people, from all walks of life, in the St. Louis community. Interested instructors, investigators, health care providers and students should contact Amy Hepler at (314) 286-2261 or at [hepler@epi.wustl.edu](mailto:hepler@epi.wustl.edu).

## MESSAGE FROM THE DIRECTOR

DR. KENNETH S. POLONSKY

Two funding opportunities are announced in this issue. The Barnes-Jewish Hospital Foundation/ICTS Funding Program supports clinical and translational research while the Bear Cub fund supports efforts to commercialize research results. The ICTS has also recently engendered support for some special focus funding, so we expect to announce 2 additional opportunities in the next few weeks.

Translating research results to patient, community and commercial application is the focus of the NIH CTSA program. By creating funding opportunities for our members, the ICTS supports both sides of that equation. Through Cores such as the Center for Community-Based Research (CCBR) described above, the ICTS also provides training and access to the resources investigators need to utilize those funding resources

most efficiently. Our Cores and services were specifically selected to support the full research cycle, from formation of the research idea to publication and application of results. I strongly encourage you to consult with ICTS Cores and take advantage of the free consultation services as you develop your protocol. We invite you to access our [website](#) or contact us to learn more.

## WU PEDIATRIC/ADOLESCENT AMBULATORY RESEARCH CONSORTIUM

BY AMY CONNELLY (REPRINTED FROM DOCTOR'S DIGEST, JULY 2008)

Established in 2002, the Washington University Pediatric/Adolescent Ambulatory Research Consortium (WU PAARC) is a practice-based research network of community pediatricians affiliated with the Washington University School of Medicine and St. Louis Children's Hospital. It provides a formal structure to develop research efforts that identify best practices and translate research findings into practice. Currently comprised of approximately 60 community pediatricians and five pediatric nurse practitioners, the consortium serves as a model for cooperative research between academic and community physicians.

Jane Garbutt, MD, WU PAARC's director, anticipates that the number of community pediatricians becoming members of the consortium will increase in coming months due to funding recently allocated from a Clinical and Translational Science Award granted to the Washington University School of Medicine.

"This funding has allowed us to hire a network coordinator and a research assistant.

It has also provided us with resources to support primary care physicians who want research training and opportunities to present research findings at academic meetings," she says. "It really gives us the ability to develop the infrastructure necessary to our research efforts."

Community pediatricians may participate in the consortium in different ways, from simply contributing ideas and receiving study updates to actually helping develop study protocols and recruit patients from their practices.

"Typically, physicians will bring forward problems, and then we develop studies to try and solve them. For instance, our Telephone Asthma Program, or TAP, resulted from physicians' frustration with patients not using their asthma maintenance medications," says Dr. Garbutt. "The intervention was a 12-month telephone coaching program delivered by nurse coaches in a nondirective way. The coaches helped parents better manage their child's asthma care. We recruited 362 families with asthmatic children from 95 community pediatric offices. Compared

with the control group, families receiving TAP had improved quality of life scores, and fewer children had poorly controlled asthma."

While TAP is a WU PAARC-sponsored study, community pediatricians also have opportunities to participate in other studies developed by Washington University researchers. An example is an MRSA prevalence study conducted by Stephanie (Lutter) Fritz, MD, pediatric infectious diseases, for which 1,300 children were recruited from 11 WU PAARC practices over an eight-month period to measure the prevalence of CA-MRSA. Those findings were published in the June issue of *Pediatrics*.

"This study provided valuable information about the prevalence of MRSA among the patients at each physician's office. And those pediatricians were acknowledged and thanked in the study report," says Dr. Garbutt. "TAP and Dr. Fritz's MRSA study are just two examples of how those involved in WU PAARC have a real opportunity to improve the health of children and adolescents in our community."

*Letters of Intent for the  
BJHF/ICTS RFA are  
due by 5 pm,  
Wednesday, October 15.*

*Bear Cub Fund  
applications due  
Wednesday, October 15.*

## ADVERTISING & RECRUITMENT FUNDS

BY CHARLES RATHMANN

Subject enrollment is a critical aspect of any clinical trial. Pharmaceutical and government sponsors recognize the various challenges that are inherent in the recruitment of study participants. To optimize the recruitment process, the Recruitment Enhancement Core (REC) of the ICTS Regulatory Support Center suggests in-

vestigators consider including funding for advertising and recruitment support in their proposal budget.

Most sponsors are willing to provide additional dollars for this increased focus on subject recruitment, and these funds generally come from a different pool of money than funds available for the clinical trial. Make the request in

your initial budgeting process so that sponsors recognize your commitment to recruitment and enrolling to the best of your study team's ability

For budget language templates or questions on this process, contact Charles Rathmann, Director, REC, at 314-362-0897 or [rathmann@wusm.wustl.edu](mailto:rathmann@wusm.wustl.edu).

## BJHF/ICTS CLINICAL & TRANSLATIONAL RESEARCH FUNDING

The Barnes-Jewish Hospital Foundation (BJHF) and the ICTS have partnered to offer a joint Clinical and Translational Research Funding Program expected to award up to \$1.7M per year for new projects. This initiative combines the former ICTS Pilot & Novel Methodologies Program and the BJHF Clinical/Translational Research Grant Program.

All Principal Investigators applying for this funding must be members of the ICTS. Member eligibility information and registration are available at [www.icts.wustl.edu](http://www.icts.wustl.edu).

Awards will be made in two categories:

- Planning grants will provide up to \$25,000 direct costs for 1 year
- Research grants will provide up to \$100,000 direct costs per year for 1-2 years.

The specific aims of this program are:

- To facilitate the development and implementation of novel clinical and translational research methodologies into human studies
- To facilitate the development of multi- and/or interdisciplinary groups or teams of investigators working on different or

related aspects of important clinical or translational research problems

- To improve the quality of patient care, enhance patient safety and improve patient outcomes
- To help support the research activities of the Center for Clinical Research Training

Letters of Intent are due by Wednesday, October 15, 2008 and proposals are due on November 17, 2008. For more information see [Funding Opportunities](http://www.icts.wustl.edu/funding/) (<http://www.icts.wustl.edu/funding/>) on the ICTS website.

## WHAT HAPPENED LAST MONTH?

HIGHLIGHTS FROM SEPTEMBER

September 5: (8 AM–5 PM) *Center for Community-Based Research* hosted the CTSA Southern Regional Conference at the Eric P. Newman Education Center. The Conference offered collaborative opportunities for the nine CTSA sites in the Southern Region. Topics included best practices for: developing a

common language, identifying fundable roles, power sharing, and engaging the community in the research enterprise. See "In The News" on page 4 for more information.

- September 22: (3:30–4:30) The *Center for Clinical Research Ethics* Lecture, "Decision-making Capacity"

presented by James DuBois, PhD, DSc, was attended by approximately 75 people. Dr. DuBois is the Department Chair, Center Director and Mader Endowed Professor of Health Care Ethics at Saint Louis University and the Director of the ICTS Center for Clinical Research Ethics.

## EVENTS & ANNOUNCEMENTS

### Major ICTS Events

-October 14: (1-2:30 PM) *Center for Clinical Research Training* Career Development Seminar Series, "NIH Public Access Policy" by Cathy Sarli, MLS, and "Basic Functions of Endnotes" by Kim Lipsey, MLS. (See attached flyer).

-October 15: Letters of Intent due for BJHF/ICTS RFA. See the [ICTS website](http://www.icts.wustl.edu) for forms and application instructions or contact Jaimee Stagner at 314-362-6325.

-October 29: (12-4:30 PM) *Center for Clinical Research Training*, Research Symposium and Poster Session. Located in the Farrell Learning & Teaching Center, the symposium will include oral presentations and a poster session showcasing research projects performed by junior faculty, fellows, and students in the CRTS research training programs.

- October 31: Applications for the Goldfarb Patient Safety

and Quality Fellowship Program due. Appointments begin July 1, 2009. See the [Patient Safety](http://patientsafety.im.wustl.edu/content/index.php) website at <http://patientsafety.im.wustl.edu/content/index.php> for more information or contact Kerry Bommarito at 314-454-8221.

-November 17: Proposals are due for the BJHF/ICTS RFA. See the [ICTS website](http://www.icts.wustl.edu) for forms and application instructions or contact Jaimee Stagner at 314-362-6325.

Investigators using ICTS Cores & Services to support their research should acknowledge the CTSA Grant

UL1 RR024992

Scholars and Trainees should acknowledge the appropriate CTSA Linked Grant

KL2 RR024994 or  
TL1 RR024995

The funding acknowledgement [statement](#) is posted on the ICTS website.

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Translational Sciences

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## IN THE NEWS:

### Bear Cub Fund:

The University's Bear Cub Fund is soliciting grant applications from University researchers who want to move inventions from their laboratories toward commercialization. The fund supports innovative translational research not normally backed by federal grants. Any WUSTL faculty member, post-doctoral fellow, graduate student or other employee may apply.

Individual grants of \$20,000 to \$50,000 will be awarded in spring, 2009. Applications are due Oct. 15, 2008.

The Bear Cub Fund was established in 2002 and is administered through the WU Office of Technology Management. Earlier this year, 4 Bear Cub grants totaling \$150,000 were awarded to WUSTL scientists. For more information about the grants and to download an application, visit [otm.wustl.edu/bearcubfund/index.asp](http://otm.wustl.edu/bearcubfund/index.asp).

### ICTS Center for Community Based Research (CCBR)

The CCBR hosted a CTSA Southern Regional Conference on community engagement on September 5<sup>th</sup>. Dr. Linda Cottler, PhD, MPH, Professor of Epidemiology and Director of the CCBR, along with team members from the Community Retention and Recruitment arm of the CCBR, coordinated the event, which offered collaborative opportunities for the 9 CTSA sites in the Southern Region. Conference topics included best practices for: developing a common language, identifying fundable roles, power sharing, and engaging the community in the research enterprise. Remarks were made by Larry J. Shapiro, MD, Executive Vice Chancellor for Medical Affairs & Dean, WU School of Medicine; Mark S. Wrighton, PhD, Chancellor, WU; and Kenneth S. Polonsky, MD, Adolphus Busch Professor of Medicine & Principal Investigator, WU CTSA, & Chairman, Department of Medicine.

## HAVE YOU MET? BETSY THOMAS

The title "Nurse Specialist" doesn't begin to capture the influence and expertise Betsy Thomas, RN, brings to the Human Imaging Unit (HIU). The HIU is an integral part of the Mallinckrodt Institute of Radiology Center for Clinical Imaging Research (CCIR) and Betsy is an integral part of the HIU.

A graduate of the Barnes School of Nursing, Betsy began her career with 10 years in general surgery and pheresis at Barnes Hospital. Betsy worked as a clinical research coordinator and team-leader for the WU Center for Clinical Studies (CCS) starting in 1995. She then gained experience in clinical research in the Department of Anesthesiology on an NIH grant with Principal Investigator Dr. Charles Hogue and then in the Department of Radiology working with Dr. Daniel Schuster.

This combination of experience contributes to her proficiency in multiple areas:

**Nurse Specialist:** The HIU is equipped to support clinical imaging research for both inpatient and outpatient studies. Betsy serves as the Nurse Specialist for the Core and is assisted by Darain Mitchell, a Research Patient Coordinator. Together they provide monitoring services for patients in the CCIR. Betsy also ensures that the floor is properly stocked and equipped with supplies and monitoring devices that investigators may need for their research studies and participants.

**Protocol Consultation & Development:** Betsy meets with investigators to evaluate ways imaging may be beneficial and can be incorporated into their research protocol. In doing so, she may research background information through publication searches; consult with the CCIR faculty to review the needs of



the study; consider the efficient use of the facilities; and even develop a quote of estimated cost for implementation. By serving as a facilitator, Betsy provides an invaluable, expert service to assist the investigator in considering the most efficient use of imaging resources.

"I work with a great group of people. We all have our areas of specific responsibility and we come together as a group to assist PIs with their studies". Her free time is spent involved in the sports and school activities of her three children.

For more information about the HIU or to discuss protocol ideas with Betsy, you can contact her at 314-747-1707 or [thomasb@mir.wustl.edu](mailto:thomasb@mir.wustl.edu).

*Comments about ICTS News, suggested articles or questions should be directed to [ICTS@im.wustl.edu](mailto:ICTS@im.wustl.edu) or by contacting Jae Allen at 314-362-9331.*

