

PROGRAM BRIEF



Dissertation Grants Focused on Priority Populations Projects Funded FY 2010 - FY 2012

The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care by:

- Using evidence to improve health care.
- Improving health care outcomes through research.
- Transforming research into practice.

Mission and Vision

The Agency for Healthcare Research and Quality (AHRQ) funds research to improve the quality, safety, efficiency, and effectiveness of health care and improve access to care for all Americans. Within AHRQ, the Division of Priority Populations leads the Agency's efforts to achieve measurable improvements in the quality, equity, and outcomes of health care for priority populations, including:

- Racial and ethnic minority groups.
- Low-income groups.
- Women.
- Children.
- Older adults, including individuals with disabilities and individuals who need chronic care or end-of-life care.
- Individuals who live in rural areas, including frontier areas.

AHRQ strongly encourages research applications to focus on the Agency's priority populations and areas specified as priorities in the Healthcare Research and Quality Act of 1999 (Public Law 106-129).

AHRQ's Division of Priority Populations leads the Agency in its efforts to accomplish the goals of improving health care quality and outcomes and reducing disparities in care for priority populations and areas. This mission is achieved by supporting research that has the potential to lead to significant advances in health care and health care quality for priority populations. The ultimate goals are to reduce inequities and disparities in the Nation's health care system.

Health Services Research Dissertation Grant Program

AHRQ is committed to fostering the next generation of health services researchers who will focus their time and expertise on some of the most important challenges facing our Nation's health care system. An important component of this effort is the Agency's Health Services Research Dissertation Grant Program (R36), which provides 1-year awards to full-time predoctoral students enrolled in accredited research doctoral programs



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in the United States, including Puerto Rico and other U.S. territories and possessions.

This program brief describes several R36 Health Services Research Dissertation Grants supported by AHRQ in FY 2010-FY 2012 that included a significant focus on priority populations and quality improvement. Many of these research projects have been completed, and others are in progress.

In FY 2012, the Agency funded 14 R36 dissertation grants; 53 percent of these funded grants focused on addressing health care disparities and specific priority populations, including minorities, low income individuals, children, and women.

In FY 2011, AHRQ funded 24 dissertation grants; 41 percent of these funded grants emphasized specific priority populations including urban residents, rural residents, children, minorities, and older adults, including individuals in need of chronic care or end-of-life care.

FY2010, AHRQ funded 16 dissertation grants; 31 percent of these funded grants focused on children, minorities, and quality improvement for priority populations.

Children

Central Venous Catheter (CVC)-Related Bloodstream Infections in Pediatric Cancer. Rita Lynne Secola, Principal Investigator/Doctoral Candidate. AHRQ grant HS19103; project period June 6, 2010-May 31-2011. The focus of this experimental research study was to implement a specialty team of nurses to provide evidence-based CVC care to pediatric oncology patients and determine the effectiveness of the specialty team in

reducing infections in pediatric cancer patients with CVCs. The goal of the research was to improve the nursing model of care to minimize infections in pediatric oncology patients and ultimately improve quality of care for children aged 2-16. This dissertation research project demonstrated that interventions to prevent CVC-related blood stream infections (BSI) should include targeted CVC nursing education, ongoing and active nurse participation in CVC BSI prevention research, and implementation of a CVC care bundle checklist. Further research with a larger cohort would be necessary to validate the CVC team's effectiveness in reducing CVC-related BSIs.

Providing Hospice Care for Children: An Organizational Study. Lisa C. Lindley, Principal Investigator/Doctoral Candidate. AHRQ grant HS20164; project period September 30, 2010-July 31, 2011. Children at the end of life often lack access to hospice care. This research project described hospices that provide pediatric hospice care and examined the institutional and resource factors that affect the provision of such care. Multiple data sources were used to examine the relationship between institutional and resource factors and the provision of pediatric care in California hospices from 2002 to 2008. Of all hospices studied, 34 percent provided pediatric care. The results of this study suggest that hospice administrators need to develop specific administrative strategies aimed at providing or expanding care for children. One potential strategy is to identify a pediatric hospice champion in the organization. The role of a champion is generally to shape organizational change by protecting those involved in the implementation of change, building organizational

support, facilitating the use of organizational resources, and encouraging growth of an organizational coalition that supports the implementation of the change. The importance of having a champion is well-documented in the quality improvement literature, and there is emerging evidence that champions may also be effective in fostering a change in health care practices.

The Effect of Risk and Side-Effect Communication on Asthma Medication Adherence. Christopher M. Gillette, Principal Investigator/Doctoral Candidate. AHRQ grant HS20534; project period July 1-2011-April 30, 2012. Asthma is the most common chronic health condition affecting children in the United States, and the benefits of appropriate use of asthma controller medications have been well-documented. The goal of this project was to identify communication attributes that impact asthma medication adherence and thereby provide researchers with the information they need to design specific communication interventions to increase adherence. This researcher analyzed transcripts of audiotaped asthma visits to examine how physicians in general pediatric clinics discuss the risks, side effects, and benefits of asthma controller medications with primary caregivers and children. This was the first study to examine the actual content of the discussions as well as predictors of the discussions. The findings from this research should help to improve interventions that focus on children, caregivers, and providers. A valuable lesson learned from this dissertation project is the importance of developing interventions to increase a child's participation in the primary care visit.

Older Adults, Individuals with Disabilities, and Individuals with Chronic Illness

Conceptualizations of Cancer Among Chronically Ill Older Adults. Susan Marie Hannum, Principal Investigator/Doctoral Candidate. AHRQ grant HS20177; project period June 1, 2011-May 31, 2013. The goal of this research project is to describe how chronically ill older adults (age 80+) conceptualize a new cancer diagnosis and the impact of this diagnosis on later life. The results of this research should increase established knowledge of the illness experience and how older individuals deal with multiple, concurrent illnesses.

Geographic Inequities in Kidney Transplantation: Investigating Possible Solutions. Ashley E. Davis, Principal Investigator/Doctoral Candidate. AHRQ grant HS21078; project period September 30, 2011-August 28, 2013. This research will examine geographic disparities in the median waiting time for patients with end-stage renal disease who are on a waiting list to receive a kidney transplant. In addition, this research will investigate current kidney organ allocation policy from an engineering perspective to facilitate development of alternate, optimized kidney organ sharing strategies that will improve geographic equity in kidney organ allocation with minimal modifications to the present policy. The goal of this project is to improve fairness throughout the transplantation process by lessening the geographic differences in patient experiences.

The Impact of Coordinating Medicare and Medicaid Benefits for the Dually Eligible. Hye-Young Jung, Principal Investigator/Doctoral Candidate. AHRQ grant HS20756; project period July 1, 2011-November 30, 2012. This research focused on dually eligible beneficiaries—i.e., those who qualify for both Medicare and Medicaid—who generally are sicker and have fewer financial resources compared to other Medicare enrollees. They have a greater need for comprehensive health services but often encounter a lack of continuity of care, inadequate administrative coordination between Medicare and Medicaid, no clear accountability for needed care, and a lack of smooth transitions between services. The goal of the project was to demonstrate the influence of coordinating Medicare and Medicaid benefits through an integrated managed care program to promote higher quality and more efficient care for this vulnerable population.

Depressive Symptoms and 30-Day Unplanned Hospital Readmission in Older Americans. Jennifer Albrecht, Principal Investigator/Doctoral Candidate. AHRQ grant HS21068; project period September 1, 2011-February 28, 2013. This research focused on the independent association between depressive symptoms and unplanned 30-day hospital readmission in adults aged 65 and older. The goal of the project was to develop and evaluate interventions designed to reduce hospital readmissions by identifying and treating depression and depressive symptoms in the hospitalized elderly.

Quality Improvement

Exploring Organizational Mechanisms for Success in Quality Improvement. Sean Michael O'Neill, Principal Investigator/Doctoral Candidate. AHRQ grant HS18799; project period March 1, 2010-February 28, 2011. The goal of this research project was to compare determinants and patterns of quality improvement interventions (QII), both successful and unsuccessful, across acute, chronic, and preventive domains of care and across more integrated and less integrated care delivery organizations. The study demonstrated that more successful QIIs monitored and evaluated performance more frequently than less successful QIIs. Nine archetypes emerged, including five of failure (The Squelched Idea, The Bad Idea, The “Best and the Brightest,” The Tragic Hero, Couldn't Roll with the Punches) and four of success (Pounding the Pavement, The Lucky Strike, The Great Idea, The Complete Package). These can be used to explain how QII results are generated and inform replication of QII success. For both producers and consumers of the QII literature, these archetypes can be used to help explain the “how” of QII results. For evaluators and journal editors, using these archetypes to explain a project's results, whether good or bad, will help to correctly set expectations for what will be required to replicate successful (or avoid unsuccessful) results in a new context.

Evaluating Electronic Health Record Data for Use in Diabetes Quality Reporting. Annemarie Hirsch, Principal Investigator/Doctoral Candidate. AHRQ grant HS20165; project period March 1, 2011-February 29, 2012. This research evaluated the validity of using data from electronic health records (EHR) for quality measures and provided critical



information to administrators of quality improvement programs as they move towards using EHR data. Findings from this research show that clinicians endorsed the use of the problem list to categorize the target population for diabetes measures. Clinicians indicated that organizational factors impact how they enter diagnoses in the EHR and acknowledged unintended consequences of using EHR data for performance measurement. Organizational influence included care process, patient anxiety, and insurance. Findings from this research underscore the need to take time to fully understand EHR data and the consequences of its use in performance measurement.

Evaluation of a Patient-Centered Medical Home Pilot in New Hampshire. Signe Flieger-Peterson, Principal Investigator/Doctoral Candidate. AHRQ grant HS21385; project period February 1, 2012-May 31, 2013. This research will evaluate the New Hampshire Citizens Health Initiative Multi-Stakeholder Medical Home Pilot, a multi-payer demonstration of the patient-centered medical home (PCMH) model in nine health care organizations in New Hampshire. The goal is to learn whether and how the PCMH model can improve quality and reduce costs. Findings from this study may offer insight into how the PCMH can be adapted in different contexts, provide lessons learned for implementing practice redesign, and determine the potential for certain components of the model to differentially impact health care utilization, cost, and quality outcomes.

Racial and Ethnic Minorities

Access to Care for Asian Americans: Assessing Determinants of Usual Source. Eva Change, Principal Investigator/Doctoral Candidate. AHRQ grant HS21079; project period September 1, 2012-August 31, 2013. This research will explore whether the determinants of usual source of care differ for Asian Americans. The project includes a specific focus on how acculturation and other predisposing and enabling factors impact usual source of care and whether Asian American ethnicity influences the relationships of these factors to a usual source of care.

Predictors of Medication Adherence Among African Americans with Hypertension. Yendelela Cuffee, Principal Investigator/Doctoral Candidate. AHRQ grant HS20755; project period July 1, 2011-June 30, 2012. This research assessed the psychosocial and behavioral determinants of medication non-adherence among African Americans with hypertension. Research results showed statistically significant relationships among self-reported racial discrimination, high John Henryism (a strategy for coping with prolonged exposure to stress by expending high levels of effort), and home remedy use with lower medication adherence. Not being able to afford antihypertensive medications was a barrier to medication adherence, and when trust was included in the model, it mediated 39 percent of the relationship between discrimination and medication adherence. Potential implications of this study include the need for racial sensitivity training and the cultivation of patient-physician trust.

Racial/Ethnic Disparities in Mental Health Services and Medical Care Expenditures. Audrey Jones, Principal Investigator/Doctoral Candidate. AHRQ grant HS21721; project period September 1, 2012-January 31, 2014. The goal of this research is to answer questions about inequities in the delivery of mental health services in the primary care setting to racial/ethnic minority patients who are at risk for mental illness.

Low-Income Individuals and Residents of Rural and Frontier Areas

Association Between Clinical Decision Support Systems (CDSS) and Health Care Disparities. Jordan Mitchell, Principal Investigator/Doctoral Candidate. AHRQ grant HS21079; project period September 30, 2011-September 29, 2012. This researcher investigated the association between hospital use of CDSS and disparities in quality of hospital care. Differences in process and outcome quality indicators were studied using national datasets to examine care provided to acute myocardial infarction and pneumonia patients who were being treated in hospitals with and without CDSS. The study found that urban hospitals had higher composite quality scores, compared to all rural hospitals, and CDSS use was associated with increased quality, after controlling for rurality and other variables. The research also found that CDSS use was not significantly associated with lower mortality among pneumonia patients. Thus, CDSS may be an important structural tool to promote quality by providing clinical guidelines and reminders to physicians.

Geographic Access to Care and HPV Vaccine Uptake among Ethnic Minority Girls. Jennifer Tsui, Principal Investigator/Doctoral Candidate. AHRQ grant HS20172; project period September 1, 2011-May 30, 2012. This study examined the impact of geographic/spatial access to safety net immunization clinics and other neighborhood sociodemographic and cervical cancer risk factors on human papillomavirus (HPV) vaccine initiation among low-income, ethnic minority girls in Los Angeles County. Study findings include: (1) increased proximity to safety net clinics was not significantly associated with increased vaccine uptake, (2) girls with public health insurance had a higher rate of initiation compared to those with either private or no insurance coverage, and (3) that although services are available to underserved populations, HPV vaccine uptake is unacceptably low. Finally, this study suggests that eliminating out-of-pocket costs may help to reduce the barriers to vaccination for underinsured and low-income girls.

Women

Comparative Effectiveness of Group Prenatal Care on Women's Psychosocial Health. Emily Heberlein, Principal Investigator/Doctoral Candidate. AHRQ grant HS21975; project period September 1, 2012-August 31, 2013. This researcher will investigate psychosocial outcomes for women participating in group prenatal care compared to those receiving individual prenatal care in a racially diverse, low-income, and medically underserved population in South Carolina.

Hospital and County-Level Predictors of Immediate Breast Reconstruction Post-Mastectomy. Catherine Richards, Principal Investigator/Doctoral Candidate. AHRQ grant HS21709; project period September 30, 2012-September 29, 2013. The focus of this project is to identify the hospital- and county-level factors that influence the receipt of immediate breast reconstruction post-mastectomy, above and beyond individual level factors. This research has the potential to enhance the quality of treatment for all women, including minority women, diagnosed with breast cancer in the United States.

For More Information

AHRQ's World Wide Web site (www.ahrq.gov) provides information on the Agency's mission and funding opportunities, including those related to priority populations. For more information about AHRQ programs and activities related to priority populations, please contact us at: Prioritypops@ahrq.hhs.gov.

For more specific programmatic information and questions, please contact:

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