Today’s discussion will cover:

- Who is Donaghue and what is our perspective on research funding
- What are non-governmental funders thinking about health research funding
- What are specific ideas that Donaghue has for future funding (your chance to participate in Donaghue program planning!)
- Final opportunity for your comments and/or questions
WHO IS DONAGHUE AND WHAT IS OUR PERSPECTIVE?
Who is Donaghue

- Private foundation started in 1991
- Patrick and Catherine Weldon
  Donaghue Medical Research Foundation
- Current assets - $60M
- Purpose: to fund medical research in cancer health disease and/or medical research that will promote medical knowledge of practical benefit
- Have funded over $82M for research grants
- Not specifically Connecticut
Donaghue’s Perspective

- “…medical research to promote medical knowledge which will be of practical benefit…”

- Near-term impact on improving health
  - Not disease specific
  - Clinical, population, or health services

- Motivated by
  - 17 year gap between research results & their use (EA Balas, SA Boren)
  - Only 55% of time evidence based treatments used (E. McGlynn-Rand Study)
  - Questioning of research enterprise “truths” (i.e., John Ioannidis critique of medical research)
But...Research Alone Won’t Improve Health

- Research findings need to be adopted & supported
  - Best practice use by clinicians and the delivery system
  - Public policy arena (coverage/reimbursement)
  - Health-related business sector (new products/services)
  - Philanthropy (dissemination/funding/social marketing)
Donaghue Foundation – Focus on Knowledge Uptake

- KU = The processes by which evidence from research makes its way into use to improve health
  - Work with others in the scale-up field
  - Provide opportunities & resources to researchers to gain expertise and exposure
  - Provide “after research” support
  - Collaborate with other funders/sectors
  - Design grant programs that emphasize uptake
Initiatives to advance the scale-up field, contribute to community building

**Funders Forum**
Generate discussion/action by funders of health interventions

**Scale up conference**
Participate in collaborative, multi-stakeholder efforts

**Commissioned white papers**
Survey of university technology transfer offices

Scale-up of evidence-based community Health programs

Market receptivity to adopting interventions

**Think Tank support**
Academic researchers & community-based physicians discuss collaborating to improve patient care
Opportunities to gain expertise

**Social marketing**
Sharyn Sutton PhD, AARP Foundation

**Effective communications**
Chip Heath, PhD Stanford University

**Venture capital investment**
Guy Fish, MD, Fletcher Spaght Ventures

**Scaling up evidence-based programs**
Peggy Hill, MS, National Replication office, Nurse-Family partnership
Grantees with specific “after the grant” projects

<table>
<thead>
<tr>
<th>Donaghue grant-7 yrs, $3M</th>
<th>Donaghue grant-4 yrs, $.9M</th>
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<tbody>
<tr>
<td>Study interventions reduced falls through risk factor identification, and changing provider, health care organization and patient practices</td>
<td>Faith-based weight loss intervention program developed by/for African-American women effective in producing modest, sustained outcomes</td>
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<th>Donaghue grant-5 yrs, $1.2M</th>
<th>Donaghue grant-2 yrs. $245K</th>
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<tr>
<td>Study primary care based physician interventions improved asthma management &amp; reduced medical costs for high risk children</td>
<td>Use of medical simulation to improve leadership &amp; teamwork in addressing patient safety issues</td>
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WHAT ARE OTHER NON-GOVERNMENTAL FUNDERS THINKING ABOUT HEALTH RESEARCH FUNDING
Declining research investment is essentially stagnant when compared to measures of inflation. In contrast, countries around the world are continuing to rapidly scale up investments in R&D. Renewed, robust U.S. investment in research is needed to foster the new treatments and cures that save lives and improve health while driving economic growth.

**U.S. Health Research Investment by Sector**

*Source: Research!America analysis*
Private Philanthropy in Medical Research

- Total U.S. spending on science/medical research in 2010 = $140 billion
- Small relative to government & industry (3%-5%)
- Wide range in purpose
  - Knowledge creation
  - Support education of scientists
  - Disease specific-seeking cures
- Fills voids, source of innovation
  - Ability to take greater risks with funding
"I think you should be more explicit here in step two."
Private Research Funding: How to get out of the “miracle” mode

- Research Question – is someone in the health care system also asking it?
- Context – is the intervention built for research or built for scale-up?
- Partners – you are working with those who will be using the intervention?
Issue #1

**Barrier**

- University promotion structures and incentives drive investigator-initiated research into directions that are not always compatible with implementation-focused research

**Solutions**

- Fund tenured people?
- Fund organizations other than universities?
## Issue #2

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<tr>
<th>Barrier</th>
<th>Solutions</th>
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<tr>
<td>□ External environment is <strong>resistant</strong> to knowledge uptake</td>
<td>□ Chose opportunities carefully (i.e., fund solutions - not innovations)</td>
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<td>□ Fund the organization with the problem; have them contract with the academic experts</td>
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<td>□ Partner with the implementation funders</td>
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## Issue #3

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<th>Barrier</th>
<th>Solution</th>
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| Too much research – not enough **organized** research | Funders need to work together more  
| | Funders need to structure their grant programs for greater management control  
| | Examples: MMRC, Myelin Repair Foundation |
## Issue #4

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<th>Solution</th>
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| - Interventions at the core of research studies are not well designed for non-research settings | - Start with and include adopters in research  
| | - Have knowledge users as a part of the research team  
| | - Review grant proposal for real-world merit  
<p>| | - Have adoption mentor in each project (a KU champion!) |</p>
<table>
<thead>
<tr>
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<tr>
<td>It’s nobody’s job to connect findings with scale-up — i.e., there aren’t the conduits already established as in pharma and device companies</td>
<td>Create the “job” by having a group of on-call people with the expertise and skills needed for effective implementation</td>
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Issue #6

Barrier

- Intellectual **ownership** by PIs who aren’t interested in uptake
- “I want it in the **public domain**”

Solution

- Have “right of first refusal” for PIs in funding agreements
- No known solution
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<th>Solution</th>
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<tr>
<td>Not enough <em>money to implement</em> research findings</td>
<td>Philanthropy, social enterprises working to pools sources of capital for evidence-based solutions i.e., Growth Philanthropy Network, Social Impact Exchange</td>
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<tr>
<td>Barrier</td>
<td>Solution</td>
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<tr>
<td>Many <strong>funders don’t consider</strong> challenge of getting research findings into practice in their grantmaking process (“fund and forget”)</td>
<td>Consider mission more deeply. Is funding (traditional) research enough? — i.e., why do we do this stuff, anyway?</td>
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Other Funders Answer to “What’s Next?” Question

- **Obesity prevention**, particularly in children
- **Technologies to help people stay healthy** - Facebook, health kiosks, skyping groups that do exercise together over the internet, or primary care docs skyping with their cancer survivor patients about staying well; we’ve seen more collaborative research as the economy gets worse and money gets tight
- **Large focus on common patient records and survivor records** that can be kept with the patient and information can be sent from doctor to doctor
More genetic studies will be able to define much more precisely who is really at risk for disease or complications based on detailed genetic markers not just race, ethnicity, etc.

- Behavioral economics and choice theory
- Multidisciplinary research or team science
WHAT’S NEXT FOR DONAGHUE’S FUTURE FUNDING
New grant programs ideas – You tell me: good or bad?

- High risk & reward versus low risk & reward
- Earlier versus later career stage
- Academic versus non-academic applicants
- No data collection allowed
- Smaller research-based scale-up grants
- Change practical benefit questions from focus on project to focus on context in which research will be used
- Other ideas?
Monday, December 5, 2011
The Anlyan Center, Yale School of Medicine
5:00pm - 6:15pm reception and book signing to follow

Lee Woodruff
Co-author of In An Instant
A family’s journey of love and healing

Lee Woodruff is a public relations professional and writer whose husband, Bob Woodruff, the ABC News Anchor, was critically injured in 2006 while traveling with the US military in Iraq. When an improvised explosive device went off near the tank he was riding in, Bob suffered a traumatic brain injury that nearly killed him.

Lee will be speaking about her own family’s experience dealing with life threatening illness, the challenging and often underepreciated role of caregiver, and the work of the Bob Woodruff Foundation, Remind.org, that Lee and Bob founded to assist returning service members and veterans dealing with traumatic brain injuries and other hidden injuries of war.
EVALUATING RISK

Life is full of risks, but how do we understand and respond to those risks? In the everyday choices we make, how we react to potential threats and disasters and how we take care of our own health and that of our families.

BEYONDEUREKA!

The Trustees of the Patrick and Catherine Weldon Donaghue Medical Research Foundation invite you to our 2012 Conference

Thursday, May 3, 2012
7:30am – 12:30pm
Hartford Marriott Farmington
15 Farm Springs Road
Farmington, Connecticut

Register now at www.donaghue.org
Thank you!

Other comments or questions?

garner@donaghue.org

www.donaghue.org