InCHIP Annual Meeting Agenda

- Welcome and Update on InCHIP’s Progress
  *Jeff Fisher, PhD - Director of InCHIP, Distinguished Professor of Psychological Sciences*

- Introduction to InCHIP Core Structure and Services
  *Debbie Cornman, PhD - Associate Director of InCHIP, Associate Professor of InCHIP*

- InCHIP Training and Development Core
  *Amy Gorin, PhD - Associate Director of InCHIP, Associate Professor of Psychological Sciences*

- InCHIP Biostatistics & Methodology Core
  *Tania Huedo-Medina, PhD - Assistant Professor of Biostatistics*

- InCHIP Intervention Core
  *Kim Gans, PhD - Professor of Human Development and Family Studies*

- InCHIP Community-Engaged Health Research Core
  *Debbie Cornman, PhD*

- Keynote Address: Household, Clinic and Community-Based Interventions to Improve Maternal, Child and Adolescent Health in Sub-Saharan Africa
  *Lisa Butler, PhD, MPH, PhD - Associate Research Professor of InCHIP*

*Please join us for a delicious, healthy lunch following the meeting!*
Jeff Fisher, PhD
Board of Trustees Distinguished Professor of Psychology Sciences
Director of Institute for Collaboration on Health, Intervention and Policy

Update on InCHIP’s Progress
Video posted at this link:
https://www.youtube.com/watch?v=phmJ20p7l7Q
InCHIP’s Mission

InCHIP provides an interdisciplinary nexus for investigators and Centers across the University to stimulate research collaborations and major newly-funded initiatives that create new scientific knowledge and theoretical frameworks in health behavior at multiple levels of analysis (e.g., individual, family, community, policy).
InCHIP’s Mission (continued)

- Work at the intersection of behavior and biology, and at the intersection of prevention science and public policy is encouraged.
InCHIP offers “one stop shopping” for almost everything one needs to write a successful grant, and to perform their health-related research successfully.
InCHIP Research Network

- Our network includes over 450 affiliate scientists from all of the schools and colleges of the University of Connecticut, from other universities, and from other institutions around the world.

- To join InCHIP, Affiliate Applications can be found at [http://www.chip.uconn.edu/chip-business-office/affiliate-application](http://www.chip.uconn.edu/chip-business-office/affiliate-application)
New Directions for InCHIP

InCHIP now has two Associate Directors

Debbie Cornman, PhD
Amy Gorin, PhD

This permits us to greatly expand our offerings.
New Directions for InCHIP

- *InCHIP is now a UConn Institute which can engage itself across the entire University.*

- In addition to working with individual investigators, as it did in the past, InCHIP is also working to promote collaborations between InCHIP and other health-related UConn Centers and Institutes on large team science research projects and policy initiatives.

- Until now, there has never been an entity at UConn charged with working across the University’s entire health infrastructure.
New Directions for InCHIP

- InCHIP is meeting with UConn health-related Centers and Institutes soon to begin this collaborative process. These Centers and Institutes include:
  - Alcohol Research Center
  - Center for Advancement in Managing Pain (CAMP)
  - Center on Aging
  - Center for Correctional Health Networks
  - Center for the Study of Culture, Health, and Human Development
  - Center for Environmental Health and Health Promotion
  - Center for Environmental Science and Engineering
  - Child Health and Development Institute (CHDI)
  - Center for Public Health and Health Policy
  - Connecticut Institute for the Brain and Cognitive Sciences (CT IBACS)
  - Connecticut Transportation Safety Research Center
  - Health Disparities Institute
  - Human Rights Institute
  - Institute of Biological Risk
  - Korey Stringer Institute
  - Rudd Center for Food Policy and Obesity
  - Zwick Center for Food and Resource Policy

- This process may eventually lead to some Centers and Institutes choosing to come under the “InCHIP umbrella” and to have the full range of InCHIP services available to them.
New Directions for InCHIP

Moving forward, InCHIP will have much more of a Developmental Focus

- InCHIP will actively assist affiliated faculty to develop into exceptional health researchers by offering many new forms of training and mentoring from its new Core structure.
New Directions for InCHIP

_InCHIP will have a New Core Structure_

• New Core Structure will offer exciting new services and position InCHIP for larger, more complex, multidisciplinary center grants.
New InCHIP Core Structure

Researchers

Administrative Core

Community-Engaged Health Research Core

Training & Development Core

Intervention Core

Biostatistics & Methodology Core
Many more faculty will be involved in providing InCHIP services within the Cores.

If you are interested in getting involved with one of our Cores, let the appropriate Core Director know.
New Directions for InCHIP

- InCHIP will be adding new World Class Faculty Affiliates
  - InCHIP is recruiting new faculty with exceptional research experience and grant funding, some with experience leading very large team science grants, Center Grants, and Program Project Grants.
New 2016-17 InCHIP Executive Committee

Consists of:

- **InCHIP Directors**
  - Jeff Fisher (Psychological Sciences)
  - Debbie Cornman (InCHIP)
  - Amy Gorin (Psychological Sciences)

- **InCHIP Executive Assistant**
  - Steve Jagielo (InCHIP)

- **8 InCHIP Affiliates**
  - Robert Aseltine (CPHHP)
  - John Christensen (Communication)
  - Kim Gans (HDFS)
  - Debs Ghosh (Geography)
  - Tania Huedo-Medina (Allied Health)
  - Blair Johnson (Psychological Sciences)
  - Crystal Park (Psychological Sciences)
  - Marlene Schwartz (HDFS / Rudd)
Our sincere appreciation to
David Steffens, MD, MHS
for his participation on the InCHIP Executive Committee and
his contributions to advancing InCHIP’s mission

Professor and Chair
Department of Psychiatry
UConn Health
Growth of InCHIP to Date
2002: Funded by Office of Chancellor and VPRGE to be a multi-disciplinary health behavior research Center

2007: Became an independent University research Center

2016: Became a cross-campus Institute with affiliated centers
Centers / Groups within InCHIP

- **UConn Rudd Center for Food Policy & Obesity**
  - Director: Marlene Schwartz, PhD (HDFS)

- **UConn Health Outcomes, Policy, and Evidence Synthesis (HOPES) Group**
  - Co-Directors: Michael White, PharmD, FCP, FCCP (Pharmacy) & Craig Coleman, PharmD, FASHP (Pharmacy)

- **UConn Biosensor Center for Health, Intervention, and Prevention (Bio-CHIP)**
  - Director: Diane Burgess, PhD (Pharmacy)

- **InCHIP Collaboratory on School and Child Health (CSCH)**
  - Co-Directors: Sandra Chafouleas, PhD (Educational Psychology) & Carol Polifroni, EdD (Nursing)
Since first receiving University support in 2002, InCHIP has launched new health behavior change initiatives in a variety of areas, such as:

- Autism
- Cancer prevention and control
- College student health
- Complementary / alternative approaches to health
- Diabetes management
- Dissemination of health promotion interventions
- Exercise genomics / science
- Global health
- Health communication
- Health disparities
- Health policy
- HIV prevention
- Medical adherence
- Nutrition
- Obesity
- Research synthesis
- Substance abuse and treatment
Since FY02, InCHIP researchers have performed path-breaking research in each of these research domains that has been highly influential and improved the public health.
Countries in which InCHIP has Conducted Research

As of September 2016

United States
Cuba
Brazil
Ukraine
Albania
Jordan
Uganda
Ethiopia
Kenya
Mozambique
South Africa

Russia
China
Ukraine
Albania
Jordan
Uganda
Ethiopia
Kenya
Mozambique
South Africa

As of September 2016
InCHIP Grants

Since its inception in 2002, InCHIP grants have brought to UConn:

- $133.3M in total costs
- $102.2M in direct costs
- $31.1M in indirect costs
InCHIPS’s external grant expenditures comprise a rough indicator of the overall volume of its Health Promotion Research each year.
<table>
<thead>
<tr>
<th>FY 02</th>
<th>FY 03</th>
<th>FY 04</th>
<th>FY 05</th>
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<th>FY 16</th>
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<td>9.48</td>
<td>8.86</td>
<td>10.00</td>
<td>11.31</td>
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InCHIP research yields important scholarly recognition for UConn, assists UConn in recruiting outstanding faculty and graduate students, and in these days of declining financial resources, brings critical fiscal resources to the University.
Actual Indirect Costs Per Year Recovered by UConn from InCHIP External Grants

<table>
<thead>
<tr>
<th>Year</th>
<th>Cost (in millions)</th>
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<tbody>
<tr>
<td>FY 02</td>
<td>$0.34</td>
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<tr>
<td>FY 03</td>
<td>$0.51</td>
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<tr>
<td>FY 04</td>
<td>$0.72</td>
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<tr>
<td>FY 05</td>
<td>$0.98</td>
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<tr>
<td>FY 06</td>
<td>$1.35</td>
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<td>FY 07</td>
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<td>FY 08</td>
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<td>FY 09</td>
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<td>FY 14</td>
<td>$2.55</td>
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<tr>
<td>FY 15</td>
<td>$2.62</td>
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<tr>
<td>FY 16</td>
<td>$2.91</td>
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InCHiP Grant Proposals Submitted are an Indicator of Future InCHiP Research Activity

- $72.6M → Total costs of newly submitted external grant proposals in FY16 (May 16, 2015–June 30, 2016), across a broad array of health domains.
Distribution of # of Current InCHIP Grants by Department
(Out of 91 Total Grants as of June 30, 2016)

- Psychological Sciences: 28.6%
- Human Development & Family Studies: 19.8%
- InCHIP: 16.5%
- Allied Health Sciences: 11.0%
- Pharmacy Practice: 6.6%
- Agricultural & Resource Economics: 4.4%
- Kinesiology: 4.4%
- Communication: 2.2%
- Statistics: 2.2%
- Nutritional Sciences: 2.2%
- Educational Psychology: 1.1%
- Geography: 1.1%
- Psychological Sciences: 28.6%
Since FY02, InCHIP graduate students have been awarded 11 prestigious, individual NIH/NRSA grants and 3 NSF doctoral dissertation awards.
In FY16, InCHIP grants employed 51 graduate students across multiple UConn Departments.
Number of InCHIP Grant-Funded Graduate Students by Department as of May 22, 2016

- Psychological Sciences, 28
- Allied Health Sciences, 7
- Business/Accounting, 1
- Computer Science, 2
- Educational Psychology, 1
- Human Development & Family Studies, 6
- Kinesiology, 16
- Physical Therapy, 3
- Nutritional Sciences, 5
- Neag School of Education, 2
Deborah H. Cornman, PhD
InCHIP Associate Director
Associate Research Professor of InCHIP
InCHIP Core Structure and Services
New InCHIP Core Structure

- **Administrative Core**
  - Director: Jeff Fisher

- **Training and Development Core**
  - Director: Amy Gorin

- **Biostatistics and Methodology Core**
  - Director: Tania Huedo-Medina

- **Intervention Core**
  - Directors: Jeff Fisher and Kim Gans

- **Community-Engaged Health Research Core**
  - Director: Debbie Cornman
Administrative Core
Steve Jagielo

- InCHIP Business Operations / Administrative Management
- Personnel and Payroll
- Human Resources / Labor Relations
InCHIP Grants Management
Support Services

- Pre- and Post-Award Grants Management
  - AnnMarie White
  - Niva Ranjeet

- Purchasing and Sub-Awards
  - Melissa Stone

- Travel
  - Lynne Hendrickson
InCHIP Technology Support

- IT Support is provided by:
  - Chris Tarricone
  - Josh Hardin

- Support is comprised of:
  - Remote & Local Desktop Support
  - Virtual Servers
  - Video Streaming and Recording
  - WebEx and Voice Teleconferencing
  - Fully Redundant Data and Server Infrastructure
  - Recommendation and Consultation for IT Purchases
  - Cloud-Based File Storage and Retrieval for Mobile Users
  - Secure Enterprise File Services
Julie DeSalvo

- Provides administrative support to the Director
- Organizes and manages the InCHIP Lecture Series
InCHiP Lecture Series

- 15 to 20 speakers annually, many of whom are internationally recognized researchers.

- Streamed live and archived on InCHiP’s website.

- This year’s InCHiP lectures can be found at http://www.chip.uconn.edu/lecture-series
Boundary Spanners bring people together across traditional boundaries to work toward a common goal.

- John Giardina
- Grace Morris
InCHIP Research Interest Groups

Provide a forum for researchers from a variety of disciplines, campuses, and the community to work collaboratively and seek funding opportunities to conduct innovative research on specific health topics.

- Listserv
- Website
- Networking events
InCHIP Research Interest Groups

- **Cancer Research Interest Group**
  - Chaired by Crystal Park @ crystal.park@uconn.edu

- **eHealth/mHealth Research Interest Group**
  - Co-Chaired by Debbie Cornman @ deborah.cornman@uconn.edu and Debs Ghosh @ debarchana.ghosh@uconn.edu

- **HIV Research Interest Group**
  - Chaired by Seth Kalichman @ seth.k@uconn.edu

- **Interprofessional Education Research Interest Group**
  - Co-chaired by Michelle Judge @ michelle.judge@uconn.edu and Amy Gorin @ amy.gorin@uconn.edu

- **Obesity Research Interest Group**
  - Co-Chaired by Amy Gorin @ amy.gorin@uconn.edu, Marlene Schwartz @ marlene.schwartz@uconn.edu, and Kim Gans @ kim.gans@chip.uconn.edu

Researchers from a variety of disciplines are encouraged to join. For more information, go to: [http://chip.uconn.edu/research-interest-groups/](http://chip.uconn.edu/research-interest-groups/)
Amy Gorin, PhD
InCHIP Associate Director
Associate Professor of Psychological Sciences
Moving Research Ideas to Strong Science that Impacts Public Health

Consultation to define needs

InCHIP Trainings
- Finding collaborators and supporting teams
- Mentoring in Grantsmanship

Grantsmanship Team Science MidCareer
- Identify funding mechanisms
- Share successful applications
- External review process

Grant Proposal Incubator

Impactful Health Behavior and Health Policy Research

Targeted Outreach

Organic Outreach
The GPI will work interactively with principal investigators and their teams to provide feedback on research ideas and proposals.
InCHIP Training and Development Core
Upcoming Events

- **Specific Aims Workshop Series**
  October 17th, October 24th, November 7th

- **Grant Budget Q&A Session**
  January 2017

- **Team Science Training**
  Spring 2017
InCHIP Internal Seed Grant Competitions

● FY 17 Announcements
  ➢ InCHIP- IBACS Seed Grants for Collaborative Research in Brain and Cognitive Sciences and Health ($15,000)
  ➢ InCHIP - Office of Public Engagement Seed Grants for Community-Engaged Health Research ($15,000)
  ➢ InCHIP-Committee on Interprofessional Excellence in Healthcare Seed Grants ($5,000)
  ➢ Seed Grant Opportunity for InCHIP Junior Faculty Affiliates ($7,500)
  ➢ Seed Grant Opportunities for InCHIP Graduate Student Affiliates ($1,500)

● Questions?
  Email seedgrants@chip.uconn.edu
Tania Huedo-Medina, PhD
Director of InCHIP Biostatistics & Methodology Core
Assistant Professor of Biostatistics
Growth of InCHIP

Role of Statistics and Methods in Research

Biostatistics and Methodological Core
**Mission:** Foster research productivity and quality by helping faculty design sound research projects, power their studies, manage data, analyze data, and prepare manuscripts through long-term collaborations with experts on statistics.

**InCHIP Biostatistics & Methodology Core Organizational Chart**

**Director**
Tania Huedo-Medina
- Oversees Core development
- Supervises Core operations
- Matches consultants with clients

**Managing Assistant**
Eva Li
- Manages researchers requests
- Bridges communication between researchers and statisticians
- Manages budgets

**Biostatistician**
- Provides consulting services to clients
- Provides feedback to Core

**Biostatistician**
- Provides consulting services to clients
- Provides feedback to Core

**Biostatistician**
- Provides consulting services to clients
- Provides feedback to Core
How do I start??
1. Go to the **website**.
2. **Read carefully** about what we do, who we are, and how we work.
3. **Fill out the form**.
4. We will start interacting with you.

**Participants and Input**
- Core Director
- Graduate Assistant (GA)
- Biostatisticians
- Support Staff
- Website
- Time
- Research effort for Biostatisticians participating

**Activities**
- Pre-Award Service
- Short-Term Statistical Support
- Long-Term Statistical Support
- Connect Research Assistants with PIs
- Biostatisticians and clients provide feedback to Core
- Director and GA evaluate Core impact

**Output**
- Grants submitted through InCHIP
- Manuscripts written
- Short-term projects completed
- Connections between Biostatisticians and Researchers made
- PIs find & hire RAs
- Annual Core activities report and evaluation

**Outcome**
- Increased scientific rigor in InCHIP-affiliated research
- Increased capacity for using advanced statistical techniques
- Growth in InCHIP Team Science
- Impact at UConn and beyond
Kim Gans, PhD, MPH
Co-Director of InCHIP Intervention Core
Professor of Human Development & Family Studies
InCHIP Intervention Core

- Provides expertise and support to researchers across UConn, helping them design, implement, evaluate and disseminate innovative behavioral interventions.

- Will give UConn researchers the ability to leverage InCHIP’s extensive experience in health behavior interventions, and help them develop rigorous, evidence-based interventions that can have a significant health impact.

- Directed by Drs. Kim Gans and Jeff Fisher.

- Acts as a nexus where health researchers can connect with behavioral intervention experts.
InCHIP Intervention Core Services

- Maintaining a list of UConn faculty members with expertise in interventions.
- Facilitating the formation of collaborative research partnerships between investigators and intervention experts.
- Hosting lectures and workshops from leading investigators in the field of behavioral intervention.
- Providing expert consultations for behavioral intervention studies in many areas of intervention research.
Intervention Core Areas of Expert Consultation include:

- Intervention Design
- Mixed Methods Research
- Theory Supporting Interventions
- Development of Conceptual and Logic Models
- Intervention Mapping
- Recruitment and Retention
- Intervention Implementation and Fidelity Monitoring
- Intervention Evaluation
- Intervention Dissemination
- Interface between Biological and Behavioral Issues
InCHIP Community-Engaged Health Research Core
InCHIP Community-Engaged Health Research (CEHR) Core

Purpose of CEHR Core:

- Bring together university and community partners to facilitate and support innovative and translational community-engaged health research that is mutually beneficial.

- Provide services and resources to support university-community partnerships and the development and implementation of community-engaged research studies that improve community health and healthcare.
InCHIP Community-Engaged Health Research Core Services and Resources to Support Successful University-Community Research Collaborations

**CONSULTATION SERVICES**
- Linkages between UConn & community researchers / CBOs
- Identification of funding mechanisms
- Guidance to community and university researchers in community-engaged research

**COMMUNICATION & DISSEMINATION**
- Identification of effective university-community communication channels
- Leveraging available platforms for dissemination of research project information and findings

**CBPR TRAINING**
- In-person workshops and online trainings in CBPR

**RESEARCH TOOLBOX**
- Online repository of tools and resources for use by community and university researchers

InCHIP Community-Engaged Health Research Core
Keynote Address
Lisa Butler, PhD, MPH
Associate Research Professor, InCHIP

Household, Clinic and Community-Based Interventions to Improve Maternal, Child and Adolescent Health in Sub-Saharan Africa
Household, Clinic and Community-Based Interventions to Improve Maternal, Child and Adolescent Health in sub-Saharan Africa

Lisa M. Butler, PhD, MPH, PhD
Outline

✤ Overview of research program

✤ Discussion of 3 current studies:

★ mHealth intervention to improve HIV and child health outcomes (South Africa)

★ Pediatric HIV Disclosure (Uganda)

★ Multi-sectoral agricultural intervention to improve child nutrition and development outcomes (Kenya)

✤ Future Directions & Opportunities
Conceptual Foundations

- Holistic understanding of child health & well-being in low- and middle income countries
- Community-oriented interventions to optimize maternal/caregiver health and child and adolescent health & development outcomes
Methodological Foundations

- Mixed-methods; Randomized controlled trials

- Use of mobile technology for data collection and intervention delivery + media (film, animation, photography, etc)

- Emphasis on participatory design, multi-disciplinary collaboration, multi-sectoral partnership, community engagement, & capacity building through research
# Research Program - Studies

<table>
<thead>
<tr>
<th>Maternal/Caregiver</th>
<th>Newborns</th>
<th>Children &lt; 5</th>
<th>Adolescents</th>
<th>Community</th>
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<tbody>
<tr>
<td><strong>Nompiolo</strong></td>
<td>NoviGuide</td>
<td>CHAT</td>
<td>DISCO</td>
<td>Early Detection of Kaposi’s Sarcoma and Cervical Cancer</td>
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<tr>
<td>Infant feeding, HIV and MCH knowledge, care-seeking for children &lt;12 months old</td>
<td>Quality of neonatal care</td>
<td>Quality of CHW care delivery; HIV, child nutrition, development, and danger signs of childhood illness</td>
<td>Pediatric HIV disclosure; Mental Health; ART adherence</td>
<td>Awareness/knowledge of KS; Care-seeking for suspected KS; Uptake of self-screening for cervical cancer</td>
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<td><strong>Durban Mother's Study</strong></td>
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<td>Depression, Intimate Partner Violence</td>
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<td><strong>Media-enhanced counseling intervention for caregivers with symptoms of depression</strong></td>
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<td>CHAT</td>
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<td>Child growth and development</td>
<td>Quality of CHW care delivery; HIV, child nutrition, development, and danger signs of childhood illness</td>
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<td><strong>Hip Hop Science Spaza</strong></td>
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<td>Youth engagement in research through music</td>
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<td>Youth engagement in research through photography &amp; film</td>
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See a video about this program here: [https://vimeo.com/lbutler/NoviGuide](https://vimeo.com/lbutler/NoviGuide)
Community Health Worker Assistive Technologies (CHAT)

Funding: NIH R34, PI: LM Butler
Co-Is: J. Slotta, U of Toronto; E. Frongillo, U. South Carolina; D. Andrew, Thandanani Children’s Foundation; R. Inglis, Jive Media Africa
CHAT: Background

- Severe shortages of qualified human resources for health throughout low- and middle-income countries in sub-Saharan Africa, especially countries with high HIV/AIDS burden
- Renewed interest in scaling up community health worker (CHW) programs to fill health resource gaps
- Many challenges of CHW programs are recognized: e.g., poor adherence to care delivery protocols, poor retention of knowledge/training, difficulty in monitoring CHW activities, rapid turnover, delay between CHW observations & reporting, etc
- CHAT: Intervention development study to design and test (C-RCT) a mHealth intervention to improve quality of care, education and referral by community health workers
CHAT: Aims

1. Design CHAT platform
   - to support CHW knowledge & practices
   - standardize delivery of education, information, support and referral
   - promote quality CHW-caregiver dialogue about HIV and MCH topics
   - enable data communication between CHW and health care/program

2. Assess feasibility and acceptability of CHAT
   - from CHW, program and caregiver perspectives

3. Assess potential effect of CHAT
   - CHW knowledge (HIV, nutrition, danger signs of childhood illness, child development),
   - quality of care
   - health care utilization
CHAT Development

- Co-design methodology:
  - Household observations
  - Stakeholder meetings
  - Alignment of CHAT application and control materials to local guidance/protocols for CHW practice
- Technology development
- Usability testing
- Media development and production
**Handbook for Community Healthcare Workers**

**Home-based support for households with young children (0-5 years)**

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**Incwojana Yonompilo**

**Ukusekwa kwemindeni enezingane ezincane (iminyaka 0-5)**

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**Overview: Child Nutrition**

Open the front and back cover flaps to read the guidelines for Steps 1 and 4.

Vula Masi! Eliphambili nesizayo ukuse ufunde izinengoni kweziyamethelelo 2 nase 4

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**Observe, Ask, and Record**

**Observe:**
- Do the children look well fed?
- Do they have energy?
- Has the kitchen been used to prepare food recently?
- Is there food in the home or garden?

**Ask:**
- What does the family eat?
- How does this household get the food?
- Tell me about times when there is no food.
- Does this child complain of hunger?

**Record:**
- GOOD = 4 - Child is well fed, eats regularly.
- FAIR = 3 - Child has enough to eat, some of the time depending on season or food supply.
- BAD = 2 - Child frequently has less food to eat than needed, complains of hunger.
- VERY BAD = 1 - Child rarely has food to eat and gets to bed hungry most nights.

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**Buka uphinde ubuze, uqoqho okubonile**

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<thead>
<tr>
<th>Missiya:</th>
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<td>Inqoqo yinengani phelulukile yokunzi?</td>
<td>Inqoqo yinengani phelulukile yokunzi?</td>
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<tr>
<td>Isipho ezinokuthula yinengani phelulukile yokunzi?</td>
<td>Isipho ezinokuthula yinengani phelulukile yokunzi?</td>
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**Qapha:**
- RHPHL - 4 - Inqoqo yinengani phelulukile yokunzi?
- MUHUBI - 3 - Inqoqo yinengani phelulukile yokunzi?
CHAT: Main Components

 федеральными средствами для поддержки данных.

- **Digital “smart forms”** for collection of protocol data: support data validation & branching logic, automatic ‘alerts’
- **Decision supports**: assessment of child illness, immunization status
- **Communication** of data to/from health providers: “real-time” referral to clinic serviced; “real-time” feedback to CHW from facility-based health provider; surveillance data of CHW location/activities
- **Multi-media health education resources**: support CHW-caregiver interactions during visits

Click the picture above to view a video about CHAT, or go to: [https://vimeo.com/185022847](https://vimeo.com/185022847)
Media Development

- Designed & produced 15 short films (animation/video) covering 4 key topics: nutrition, child development, danger signs of childhood illness, HIV

- Iterative design approach to develop characters & culturally relevant narratives

Click the picture above to view one of the CHAT videos, or go to: https://vimeo.com/133845554
Evaluation

**Study Design:** Community-stratified, cluster-randomized controlled trial (6 communities)

**Comparison:** CHAT vs Standard Care

**Setting:** 6 communities around Pietermaritzburg, SA

**Participants:**
- 17 CHW: 9 intervention, 8 control
- 102 households

**Data Collection:**
- **Structured Interviews**
  CHW knowledge, self-efficacy (0, 3, 6 mths)
  Caregiver knowledge and care-seeking practice (0, 6 months)
- **Observation** (baseline, months)
  CHW-client engagement in sub-sample (N=30)
- **Meta-data / use** over study period
- **Semi-Structured Interviews**
  CHW and program staff, pre- and post-study
Preliminary Results

- Feasibility and acceptability established
- NGO: Improvements in efficiency, activity tracking
- CHW: Increased self-efficacy, professionalism, knowledge
- Caregivers: Increased understanding, timely care seeking
DISCO-Kids

Funding: NICHD R01

Investigators: PI: LM Butler, Co-Investigators: P Musoke (Makerere University-Johns Hopkins University Research Collaboration), R King (U California San Francisco). Advisors: MG Fowler (Johns Hopkins University), M Boivin (Michigan State University)

Dialogue Interventions to Support Communication & Openness

Training Facilitator Handbook
Version 1.0
Background

- ~3.2 million children younger than 15 years old living with HIV worldwide;
- Majority (90%) live in sub-Saharan Africa (SSA);
- Increasing numbers of perinatally infected children are surviving into adolescence;
- Disclosure of HIV serostatus to infected children is a growing challenge for caregivers & health providers;
DISCO-Kids

Dialogue Intervention to Improve Communication & Openness

**Intervention:**
Problem-focused cognitive behavioral intervention to increase caregiver disclosure to HIV+ children of their HIV+ status

**Setting:**
Kampala, Uganda

**Study Design:**
Clinic stratified RCT

**Participant Eligibility:**
*Child:* HIV+, age 7- to 12-years old, unaware of HIV+ status as per caregiver report
*Caregiver:* 18+ years, primary caregiver of child

**Data Collection:** Structured and semi-structured interviews, dried blood spot collection for VL, hair samples for drug level measurement

**Outcomes:**
*Primary:* Full & accurate disclosure of child’s HIV+ status by the child’s caretaker or counsellor with caregiver’s permission
*Secondary:* Child ART adherence, viral load, caregiver & child mental health, child’s social role and functioning, and caregiver-child emotional closeness
DISCO-Kids

Lay Counselor-Led Group Sessions x 3 / 3 hours each
1. Understanding child development, age appropriate communication, HIV and AIDS, ART basics
2. Developmental approach to disclosure; identifying barriers & ways of overcoming them; talking with children about difficult topics
3. Guidelines for appropriate disclosure; anticipating and coping with child and caregiver reactions to disclosure; strategies for supporting children post-disclosure

Monthly Dyad Sessions x 3 / 1 hour each
 wildcard Lay counselor-led, child centered

Booster group & dyad sessions
Each session included:
- participatory activities;
- role plays;
- story telling and reflection;
- relaxation/mindfulness activities;
- homework

Materials used:
- facilitator’s guide
- visual materials & handouts
- video
DISCO-Kids

The Power of Knowing
Experiences of youth and caregivers with pediatric HIV disclosure

http://vimeo.com/88422878

Intervention Activities and Materials
### DISCO-Kids

**Preliminary Results**

#### Clinic

<table>
<thead>
<tr>
<th></th>
<th>Clinic 1</th>
<th>Clinic 2</th>
<th>Clinic 3</th>
<th>Clinic 4</th>
<th>Clinic 5</th>
<th>Clinic 6</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Control</td>
<td>1/11 (9%)</td>
<td>4/9 (44%)</td>
<td>1/16 (6%)</td>
<td>4/13 (31%)</td>
<td>1/11 (9%)</td>
<td>2/9 (22%)</td>
<td>13/69 (19%)</td>
</tr>
<tr>
<td>Intervention</td>
<td>13/13 (100%)</td>
<td>8/9 (89%)</td>
<td>12/18 (67%)</td>
<td>12/13 (92%)</td>
<td>11/11 (100%)</td>
<td>11/11 (100%)</td>
<td>67/75 (89%)</td>
</tr>
</tbody>
</table>

Odds-ratio for the effect of treatment assignment on disclosure: 78 (95% CI 18-338, P<0.0005)
Child Responses to Disclosure:
✦ Generally positive — grateful for learning reasons for medications and clinic visits or confirmation of suspicion;
✦ Some negative — refusal to take medications, isolation, loss of appetite;

Caregiver Responses to Intervention:
✦ Group format - appreciated learning that other caregivers have similar experiences;
✦ Role plays and activities - supported development of skills for communicating with children;
✦ Homework and handouts - provided gradual practice in talking with children in non-threatening way;
✦ Video - gave insight to how youth felt about their disclosure experiences + that caregivers in other settings have similar experiences;

Overall:
✦ Increased courage to talk to child about her/his HIV diagnosis - as well as own HIV+ status
✦ Empowered to communicate more openly overall with their children;
✦ Felt more knowledgable about their children’s needs as they grow up and how to support them;
✦ Better able to cope with their own feelings of stress
Pediatric Shamba Maisha

Funding: NIMH R01
PI: Butler
Co-Is: P. Otieno (KEMRI), S. Weiser (UCSF), C. Cohen (UCSF), E. Frongillo (U South Carolina), B. Kammerer (BCH), K Powis (MGH), P Holding (Kenya)
Food insecurity and child undernutrition

**Food insecurity:** limited or uncertain availability of nutritionally adequate, safe foods or the inability to acquire personally acceptable foods in a socially acceptable way.
Integrated strategies are needed to address food insecurity and HIV in sub-Saharan Africa
Multi-Sectoral Agricultural Intervention

“Shamba Maisha” (farm life)

1) Agricultural training
2) Microfinance training and lending
3) Micro-irrigation pump
Shamba Maisha Studies

Pilot studies (completed):

- **Adult**: NIMH R34 (PIs: Cohen/Weiser)
- **Child**: NIMH R21 (PI: Butler)

Current studies (current):

- **Adult**: NIMH R01 (Weiser/Cohen);
- **Child**: NIMH R01 (Butler)
Conceptual Framework: Adult Studies

Food security

- Improved ART adherence
- Better mental health
- Adequate nutrition
- Gender empowerment
- Higher household wealth
- Fewer HIV transmission risk behaviors
- Decreased HIV morbidity and mortality

Intervention Components

- MoAg gives training
- Buy KickStart pump, inputs
- Adok Timo provides loans

Mediating Factors
Conceptual Framework: Child Studies
Main results of pilot studies

**Adult Study:**
- Reduced food insecurity (p<0.001)
- Improved CD4 cell count by 12 months (p<0.001)
- Increased viral load suppression at 6 (p<0.01) & 12 months (p<0.01)

**Child Study:**
- Increased weight z-scores over time (p=0.01)
Shamba Maisha Studies (Current)

- **Design**: C-RCT, 8 matched pairs of health facilities in Nyanza Region (1:1 ratio), 44 participants per facility (N=704)

- **Index Adult Eligibility**: 18- to 60- years old, receiving ART, belong to patient support group, willing to save down payment ($6) required for loan, evidence of moderate to severe food insecurity based on the Household Food Insecurity Access Scale and/or BMI <18.5). All must have access to farming land and available surface water. Enrollment planned over 15 months & all followed for 24 months.

- **Child/Caregiver Eligibility**: Minimum N=352 children (6- to 36-months old) & their primary caregiver residing in a household within compound of the Adult Study participant. Exclude children with severe malnutrition.
Shamba Maisha Studies (Current)

Outcomes

Adult Study:

Primary: HIV viral load suppression;

Secondary: CD4 cell counts, WHO Stage III/IV disease, hospitalizations, physical health status and mortality (secondary outcomes);

Pediatric Study:

Primary: Somatic growth (weight, length/height, MUAC, head circumference)

Secondary: Neurobehavioral development, Morbidity and Mortality;
Intermediate Outcomes: diet diversity and frequency; home environment; caregiver physical and mental health; caregiver empowerment; healthcare seeking
Next Steps/ Opportunities
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Time for Lunch