



annual report

The Institute for Health Policy


RESEARCH into ACTION
A Knowledge Translation Initiative


UTHealth | School of Public Health
The University of Texas
Health Science Center at Houston



The University of Texas School of Public Health at Houston



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2010 Year In Review

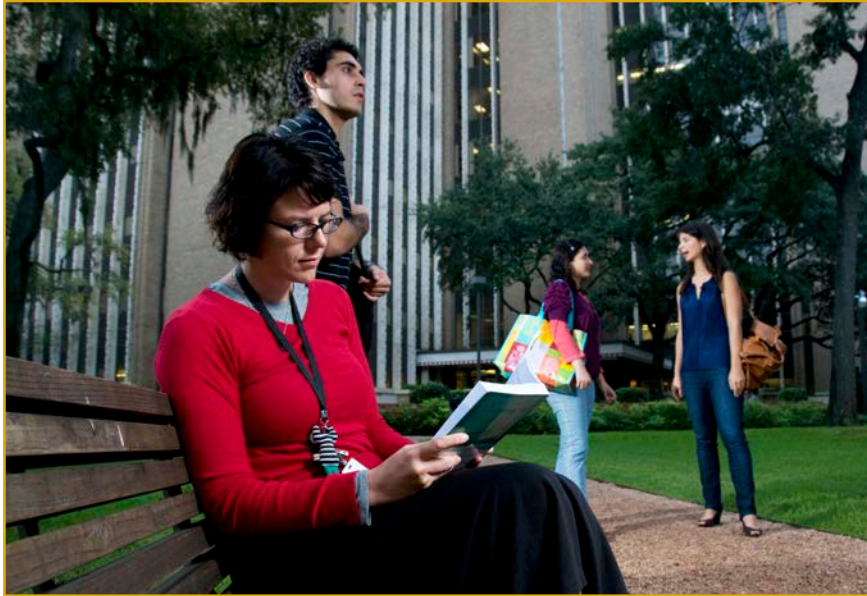
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The Research Into Action (RIA) project advances the science of knowledge translation (KT) in three ways: through model development and practical translation activities; by advancing the field of translation studies with a full-service Web portal and social media intended to serve KT professionals; and through academic dissemination of our key findings and translation experience.

Launched in August 2009, the KT Exchange Web portal has undergone considerable growth, both in its offerings and its use. We have rapidly expanded the databases for research and funding, and now include interactive features as well as social media. The KT portal has almost 600 registered members from 65 countries or territories, with almost 7,000 visits since the launch. We have posted nearly 50 blogs and more than a dozen podcasts with KT leaders, added a discussion board, and automated some key technical features that will improve its accessibility. By the autumn of 2010, we were the number one site for Google searches on knowledge translation news.

In 2010, the RIA staff expanded our efforts to influence the adoption of an intervention in hospital emergency centers for alcohol and substance abuse screening and referral; the research is overwhelmingly positive in showing a



reduction in subsequent emergency visits. We developed a resource packet, briefing materials and answers to possible objections, and presented them in Harris County and at the statewide Trauma Coordinators meeting. Our follow-up and evaluation is ongoing.

Two new targets for research translation were added in 2010. The first was a research synthesis and policy case addressing noise pollution, directed to policymakers and elected officials with the City of Houston. The other is a white paper on multi-share health insurance schemes, intended to serve potential adopters throughout the state.

We have been active participants in the Center for Disease Control's annual conference on social marketing, presenting preliminary results in both 2008 and 2009. In the autumn of 2010, we organized five working groups to develop peer-reviewed publications documenting our model development and the results of each of our initiatives.

Our efforts, both past and present, have been noticed and embraced by seasoned experts in the knowledge translation field. Our two new topics, developing and incorporating a KT curriculum as well as a community of practice, will be instrumental in providing future KT services and advancement. In 2010, we enjoyed increased interaction with our counterparts - the Canadians.

In 2011, we will expand our collaborations to increase the flow of KT via our academic and professional networks.

Launched in August 2009, the KTEExchange Web portal has undergone considerable growth, both in its offerings and its use

Web and Social Media Presence



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Research Into Action's (RIA) knowledge translation Web portal, www.KTExchange.org, experienced solid growth throughout 2010.

Since its launch in August 2009, KTEExchange has had over 7,000 visits from 65 countries around the world, including Canada, Great Britain, China, Japan, Indonesia, Australia, India, Pakistan, Thailand, The Netherlands and Brazil.

Our visitors viewed over 45,000 pages on the site by the end of 2010.

September 2010 saw the debut of two popular new features, the KT blog and the KT discussion board. Despite its recent launch, the blog is already one of the most-visited areas on KTEExchange. The blog has increased our visibility substantially, and KTEExchange has begun to attract notice from established writers in science, public health, and marketing from around the Web. See the appendix for a listing of other websites that have reviewed and commented on KTEExchange.



— Winston had no interest in foxes ... he preferred
hunting for information on www.KTExchange.org!

The online library of KT podcasts grew in 2010, with additions from such notables as Bill Novelli, founder of the social marketing firm Porter/Novelli; Dr. Harvey Fineberg, president of the Institute of Medicine; and Jonathan Lomas, founding chief executive of the Canadian Health Services

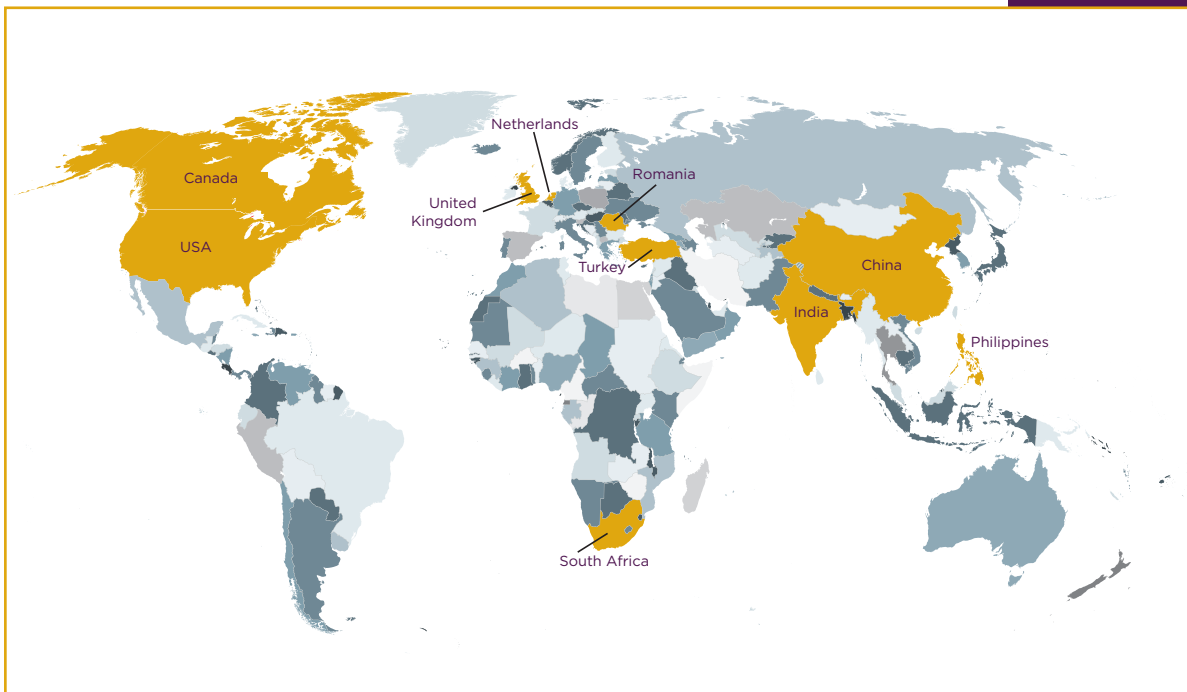
The roster of registered members continues to grow. KTEExchange currently has almost 600 registered members, and this number increases every week

Research Foundation and a 2010 recipient of the Order of Canada, the country's highest civilian honor.

The roster of registered members continues to grow, as well. KTEExchange currently has almost 600 registered members, and this number increases every week. As a registered member, a visitor to KTEExchange can take advantage of all of the advanced features of the site, including database searches, member searches, posting on the discussion boards, and commenting on the blog.

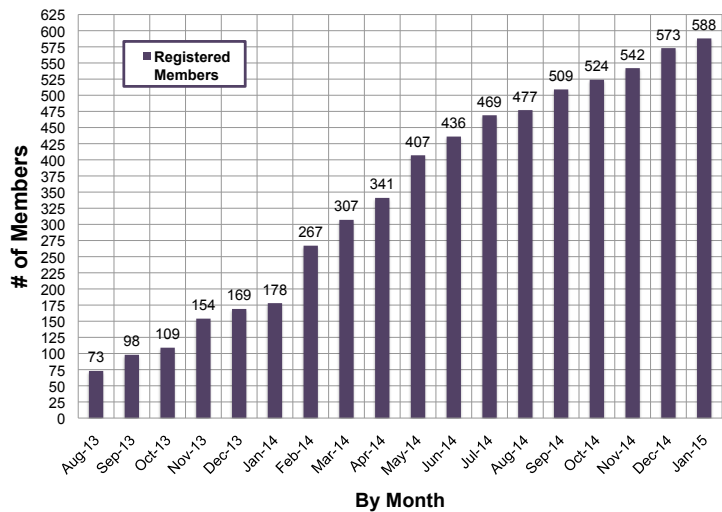
All of this activity has also increased our visibility on search engines. During 2010, searching on Google using the keywords "knowledge translation," KTEExchange has ranked as high as fourth, with the ranking hovering consistently around seventh or eighth. For the keyword searches "knowledge translation news" and "knowledge translation history," KTEExchange is the number one search result on Google. Longevity of the site is an important consideration in the Google search algorithm, so these high, page-one rankings are an impressive achievement for a site that is only a year old.

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KTEExchange visitors hail from around the world, but the countries highlighted here are home to the most frequent visitors to the site.

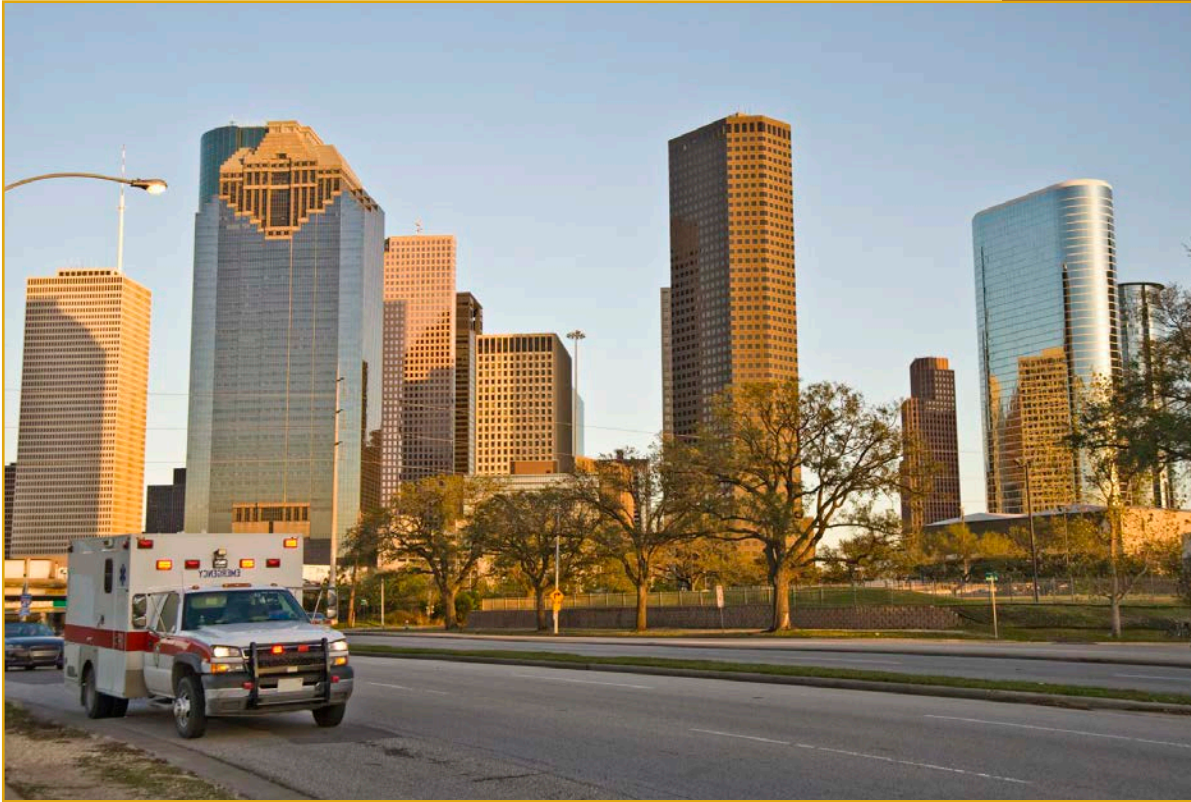
KTExchange Registered Members



In support of our activities on KTExchange, RIA continues to expand its social media presence. The KTExchange Twitter feed, the Institute for Health Policy Facebook page, and the KTExchange YouTube channel are all updated regularly, expanding the institute’s reputation as an important resource for knowledge translation information.

The screenshot shows the homepage of Research in Action's Knowledge Translation Initiative (KTExchange.org). The header includes the organization's logo and a navigation menu with links for Home, About Us, KT Talk, KT Tools, News and Events, KT Projects, Contact Us, and Support KTExchange. A search bar is located in the top right corner. The main content area features a large banner with the text: "Welcome to KTExchange.org! If you're a public health student, nursing student or health communication student. Use our literature database to streamline your research." Below the banner are sections for "Upcoming Events" and "New Literature Citations". The "Upcoming Events" section lists several conferences and seminars, including "The World Congress 4th Annual Leadership Summit on Comparative Effectiveness and Evidence Based Medicine" and "Physical Activity and Student Success & Coordinated research in Child Health". The "New Literature Citations" section highlights articles such as "Demons the Two-Sides: Collaborating with Intermediary Organizations as Research Partners to Help Implement Workplace Health and Safety Interventions" and "Selection Educational Interventions for Knowledge Translation". A sidebar on the right contains a "RIA News Room" link, a "Sign In" form, and a "My Portal Sign Up" section. The footer includes the University of Texas logo, terms of service, and contact information for the Institute for Health Policy.

KTExchange is the number one search result on Google



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Putting **Knowledge Translation** Into Practice

- **Saving Lives and Money Using SBIRT**
- **Our Noisy Environment**
- **Multi-Share Health Coverage**



Saving Lives and Money Using SBIRT



Screening,
Brief Intervention
and Referral to Treatment

The Research Into Action team continued brokering the Screening, Brief Intervention and Referral to Treatment (SBIRT) program to specific audiences in 2010.

An RIA literature review conducted in the areas of SBIRT and emergency medicine revealed that barriers such as funding, lack of billing code knowledge, and a general lack of awareness about the program hinder the implementation of the SBIRT program by level three and four trauma centers.

To verify that these barriers actually existed among the RIA's target audience, the staff conducted key informant interviews. Analysis of the information gathered from the key informant interview process led the team to produce an SBIRT resource booklet, a CD, and a PowerPoint presentation aimed at trauma coordinators and other hospital personnel.

The resource booklet was developed with the intention of eliminating barriers identified by SBIRT personnel within Harris County.

The booklet is a key piece of literature, distributed at each speaking engagement or whenever a request for it is submitted. This book has become a valuable resource for local and statewide professionals trying to engage agency administrators' support for SBIRT activities.

The book's development was based on the feedback of seasoned professionals with years of experience with trauma patient care. These individuals, considered frontline service providers, are instrumental in advocacy; the team's development of the booklet filled its role as information gatherers and brokers for the individuals and agencies.

The booklet was distributed to workgroups that had a stake in advancing the SBIRT program within each respective organization. The key meeting in which RIA staff presented its SBIRT information was the Texas Statewide Trauma Coordinators' annual conference in Austin. This group represents key administrators within each trauma center in Texas, ranging from levels one to four. Some at the meeting represented trauma centers that had already implemented an SBIRT program, while others were just then being educated about SBIRT. The RIA also presented the information at the Houston-area trauma coordinator meeting in August.

In 2011, the RIA will continue to champion SBIRT as a tool that saves lives and money. The booklet and the presentation will be made available for downloading online, and the communications staff will market the information to a variety of new audiences. The booklet will again be available at the 2011 trauma coordinators' meeting. The staff also contributed materials to the Agency for Healthcare Research and Quality for its research summary, "Screening, Behavioral Counseling, and Pharmacologic Interventions in Primary Care to Reduce Unhealthy Alcohol Use."



The RIA staff who attended the 2010 Texas Statewide Trauma Coordinators' meeting asked for feedback about the presentation and the booklet, and some of the responses were quite eye-opening, including:

- 84% of the respondents did not have an operational SBIRT program in their facility
- Of the 72 facilities represented, no facility without a current SBIRT program has ever attempted to start one
- 12% of respondents stated that competing priorities was the major barrier to implementing an SBIRT program in their facility
- Lack of funding was cited as a major barrier to implementing SBIRT by only 5% of the respondents
- 92% of the attendees found the RIA's presentation either somewhat, very, or outstandingly informative. No one rated the presentation as uninformative.
- No one reported that they would not use the information provided by RIA to create an SBIRT program in their facility
- 73% of respondents stated that they had learned something new from the materials. In fact, only one respondent who already had an SBIRT program said that they had not learned something new.
- What, specifically, did people learn that was new? Half said that before the RIA's presentation, they did not know about the SBIRT billing codes.



Our Noisy Environment

We live out loud – literally. Construction, transportation, sirens and all of the other sounds of our modern world are a fact of life. How does this noise affect our health, beyond the auditory damage? Surprisingly, research has found that noise has significant implications for our mental and physical health, the wellbeing of our children, and even our lives.



Cardiovascular disease, sleep disturbances, immunodeficiency, increased aggression, memory and concentration loss, and higher stress levels have all been linked to noise exposure. Even children are affected by it – those who live or go to school near a noise source (such as an airport or trains) experience higher blood pressure levels than those who don't. The high blood pressure continues as they grow into adulthood, increasing the risk for cardiovascular disease.

And the effects aren't just physical. Research has also consistently shown that primary school children exposed to noise score lower on tests measuring cognitive performance, have poorer class attendance, and demonstrate poorer reading skills as well as lower math scores.

Regardless of the research, many people still think of noise as a nuisance, something that is unavoidable and relatively harmless. The Research Into Action team launched an effort to learn more about the effects of environmental noise and, in turn, educate others about them.

The group invited Dr. Winifred Hamilton, assistant professor of medicine and neurosurgery, director of the environmental health section, and associate director of research and policy at the Chronic Disease Prevention and Control Research Center at Baylor College of Medicine, to share her expertise about the effects of noise.

“There have been a number of articles in the *Houston Chronicle* about noise problems and the efforts some groups are making to enact quiet zones,” she said. But Houston’s pro-business, largely zoning-free attitude has led to what many would consider a somewhat lax noise ordinance. “One of my students compared Houston’s noise ordinance with that of New York City,” added Hamilton. “Suffice it to say, they are in different galaxies.”

The Research Into Action team launched an effort to learn more about the effects of environmental noise and, in turn, educate others about them

The RIA conducted extensive research into the published information linking noise and health, as well as how Houston's noise ordinance compared to other cities in Texas and across the country. Once all of the information was gathered, the staff designed a pamphlet for the lay person who, while not a researcher or health practitioner, nonetheless was interested in the effects of noise.

Community groups, environmental organizations, lawyers and representatives of the Houston city government were contacted to gauge their interest in receiving and discussing a pamphlet summarizing the current science and framing the health issues for a lay audience. The response to our first edition was gratifying, as many were eager for any information on the evidence surrounding the health effects of noise. To meet the demand for more news about noise pollution, the RIA is currently drafting a more in-depth presentation.

"Noise pollution has been a rather sleepy area of environmental regulatory law for the past two decades," said Tracy Hester, assistant professor of law and director of the Environment, Energy & Natural Resources Center at the University of Houston Law Center and senior counsel at the Bracewell & Giuliani law firm. "Noise issues obviously have a big impact on quality of life issues in the Houston-Galveston area, especially near the Houston Ship Channel."

The City of Houston's regulatory affairs department was also interested, as Houston Mayor Annise Parker has appointed a new committee to study the noise problem and recommend possible changes to the city's noise ordinance.

The RIA team will continue to research the problem and offer the opportunity to discuss the effects of noise with those who are interested in the subject, as it continues to partner with the City of Houston in its quest to reexamine the noise pollution issue.

NOISE: A PUBLIC HEALTH ISSUE



A Knowledge Translation Initiative
The University of Texas
Institute for Health Policy

A COMPARISON OF NOISE LAWS IN TEXAS

How do Houston's noise laws fare compared to those of other Texas cities? (Fines are for a first offense, decibel limits are for outdoor noise.)

Houston
Residential areas: 65 dB
Nonresidential: 68 dB
Fine: Up to \$1,000

Dallas
"No person shall make or cause to be made any loud and raucous noise or vibration in the city ... offensive to the ordinary sensibilities ... or renders the enjoyment of life or property uncomfortable or interferes with public peace and comfort."
Fine: Up to \$2,000

San Antonio
Residential areas: 63 dB
Nonresidential: 70 dB
Fine: Up to \$2,000

Austin
"A person may not make an unreasonable noise ... or create sound or vibration" apparent more than 30 away.
Fine: Up to \$500, or \$2,000 if the noise is found to be a violation of public health laws.

WHY DOES ENVIRONMENTAL NOISE MATTER?

Construction, highways, railways, sirens and all of the other sounds of our modern world are a fact of life. How does this noise affect our health? Everyone knows prolonged exposure to noise can affect our hearing, but what else can it do to our bodies?

Research has found that noise has severe implications for our mental and physical health, the wellbeing of our children, and even our lives.

Heart disease, high blood pressure, high stress levels, sleep disturbances, immune system disorders, increased aggression, memory and concentration loss have all been linked to noise exposure.¹

HOW NOISE CAN BREAK YOUR HEART

- men living near highway and rail noise are 3 times more likely to be hypertensive
- men exposed to load road traffic noise were 54% more likely to be hypertensive
- nighttime exposure to 50 dB of noise (lower than the sound of a conversation) can cause cardiovascular problems²
- two to 3% of all ischemic heart disease can be attributed to traffic noise³





Exposure to environmental noise causes a higher rate of cardiovascular disease, which can include:

- myocardial infarctions
- high blood pressure
- irregular heartbeats
- high cholesterol
- high triglyceride levels
- faster pulse rates
- vascular constriction⁴



Multi-Share Health Coverage in Texas

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Texas has had the highest uninsured rate in the nation for the past decade. Recognizing the state's lack of affordable health coverage options, the 80th Texas Legislature passed legislation containing provisions to reform the small employer insurance market in 2007.

One way the state chose to address the state's high uninsured rate was to authorize counties to establish or participate in local/regional health care programs, known as multi-share programs, which target uninsured employees of small employers. Grant funding from two state agencies made it possible for six multi-share programs to be created in Texas.

Recognizing a large gap in knowledge about the different mechanisms, effectiveness, and sustainability of insurance coverage provided through three-share (a community-based program targeting uninsured small businesses whereby program dues are split among employees, employers and a community subsidy), the Research Into Action team recruited a postdoctoral fellow to study expansion of insurance coverage through three-share programs.

The fellow found that the time was not right for new multi-share health coverage programs in Texas or other places in the United States. In fact, three of the six Texas pilot programs weren't even operational yet. The larger environment surrounding federal health reform, and its unknown impact on uninsured small employers, served to make stakeholders and decision makers cautious in proceeding with local health coverage expansion programs.

As a complement to this work, the fellow prepared an academic study exploring the historical development of employer-sponsored health coverage. By juxtaposing the mutuality of multi-share programs with the development of group-insurance arrangements in the United States, the paper offers a new framework for thinking about health coverage options and alternatives.

The Academic Study of Knowledge Translation

The RIA staff is currently conducting a variety of studies. These include:

- An **SBIRT process research article**, which focuses on the RIA's SBIRT process efforts since the inception of the project. The goal of this study is to guide readers through the same process the RIA staff followed in order to assume the knowledge broker role within the local community. The article also examines SBIRT's implementation at level three and four trauma centers compared to levels one and two.
- An **SBIRT evaluation**, which assesses the RIA's knowledge broker role and its positive and negative outcomes based on the previous two years' efforts.
- A study of **best practices** within the KT field discussing the states of the science in the academic literature. In a well-executed literature review published in 2007, Mitton et al.¹ determined that there were no universal best practices for developing and implementing knowledge translation and exchange strategies in health care policy. In other words, one size did not fit all. The results of our literature review will extend the findings of the review by Mitton et al. and establish whether KT strategies have been assessed scientifically, and, if so, which ones we can use with confidence.
- A study of our **KT portal process**, which explains the project's evolution. The portal is RIA's main conduit to its registered members and KT collaborators and has been identified as one of the best sites supporting global KT efforts.
- A **KT portal evaluation**, which focuses on several dimensions of performance.
- Development of our **axial model** will be documented as the theoretical core of our other studies.

The RIA staff anticipates developing two products from their academic work. First, the team plans to create a new web page on KTEExchange.org highlighting trends in knowledge translation implementation strategies. Second, staff members are preparing a review and synthesis of literature related to the scientific testing of knowledge translation strategies.

¹ Mitton, C., C. Adair, E. McKenzie, S. Patten, and B. Perry. 2007. Knowledge Transfer and Exchange: Review and Synthesis of the Literature. The Milbank Quarterly 85(4):729-68.

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RESEARCH into ACTION
A Knowledge Translation Initiative

ADMIN PORTAL HOME ABOUT US KT TALK KT TOOLS NEWS AND EVENTS KT PROJECTS

Citations
→ [Pending Citations \(0\)](#)
→ [Pending Comments \(0\)](#)
→ [Citations](#)

Funders
→ [Pending Funders \(0\)](#)
→ [Funders](#)

Events
→ [Pending Events \(0\)](#)
→ [Events](#)

News Room

Members

Surveys

Content Management

Blog Admin

Discussion Admin

View Citation

For Journal Article:

User: Nickalos Rocha
Status: Approved
Author(s): Mitton, Craig; Adair, Carol; McKenzie, Emily; Patten, Scott; Perry, Brenda (last name, first name)
Author: University of British Columbia (organization)
Article Title: Knowledge Transfer and Exchange: Review and Synthesis of the Literature
Periodical Name: The Milbank Quarterly (if published)
Publication Year: 2007
Volume: 85
Issue: 4
Pages: 729-768
Links: <http://onlinelibrary.wiley.com/doi/10.1111/j.1468-0009.2007...>
DOI: 10.1111/j.1468-0009.2007.00506.x



Through outreach and networking, the IHP staff continues to share its knowledge and resources with people the world over

Research Into Action – **Connecting With the World**

Throughout 2010, the Research Into Action staff dedicated themselves to forging new relationships with others interested in knowledge translation (KT). Staffers placed RIA information in newsletters, gave interviews, participated in conferences and symposiums, and wrote articles for publication.

News about RIA appeared in the Association of Schools of Public Health (ASPH) newsletter four times over the year, including announcements of the new podcast feature and KTEExchange's one-year anniversary. In addition, the University of Texas School of Public Health and University of Texas Health Science Center newsletters both frequently carried RIA information.

Research Into Action's Web presence increased dramatically over the year, as the popularity of KTEExchange led to opportunities to partner with other KT practitioners. Larry Blumenthal, the former overseer of Web and social media strategy at the Robert Wood Johnson Foundation, blogged on his Open Road Advisors website about participating in a podcast. Cameron Norman, a faculty member at the University of Toronto who is dedicated to KT, announced the launch of the KTEExchange blog on his website. Tracy Altman, proprietor of the popular Evidence Soup website, discussed KTEExchange and ran an interview she did with Senior Communications Specialist Rick Austin.

In November, KTEExchange received high marks in a review of KT sites conducted by Gary Myers on behalf of Mobilize This!, the site for Research Impact, a KT consortium made up of various Canadian universities. Myers also blogged about the review on his own website. For more information, see the appendix section at the end of this annual report.

Research Into Action staff travelled extensively in 2010, reaching out to others interested in KT. Staff traveled to Bethesda, Maryland in March to attend the Science of Dissemination and Implementation: Methods and Measurement Conference. Research Into Action staff went to Atlanta in August for the Centers for Disease Control National Conference on Health Communication, Marketing, and Media. Another attended November's American Public Health Association annual meeting and expo in Denver.

Focused on the Health of Houston

The Health of Houston initiative is composed of three distinct projects, all aimed at determining needs and providing insight to help improve the quality and effectiveness of Houston's public health care delivery systems.

The goal is to provide community leaders and local government officials with grounded scientific evidence on which to base their decisions and allocate resources. The evidence will include evaluations of mental health policy and service initiatives, assessments of the safety net system performance, and more thorough and accurate descriptions of the local population's health status and health care gaps.

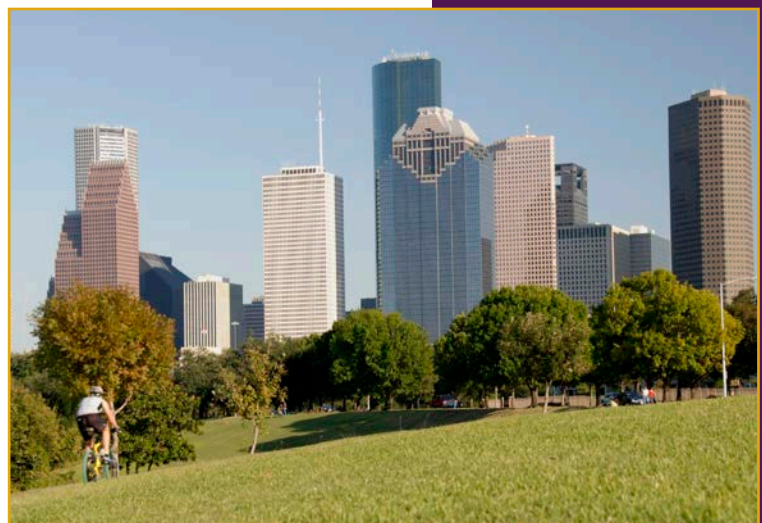
The Health of Houston team has produced a number of reports - including three on mental health policy and three on safety net topics. Several papers are still to come, along with a large data repository assembled from interviews.

Dissemination of the results to decision makers in meaningful formats will be an essential component of the initiative. The team has been and will continue to collaborate with multiple organizations to help ensure that the research products are useful in establishing innovative ways to improve the health of the Houston community.

The Mental Health Policy Analysis Collaborative

The primary purposes of this component are twofold: 1) to produce objective data-based policy analysis reports on major mental health issues confronting Houston; and 2) to utilize these reports to actively work with local and state leaders in efforts to improve Houston. The Mental Health Policy Analysis Collaborative has produced three studies on current mental health care concerns and policy issues:

- The Consequence of Untreated Mental Illness in Houston (September 2009)
- Public Funding for Mental Health Services in Houston: A Financial Map (December 2009)
- The Rationing of Mental Health Services in Houston (April 2010)



Two more studies are planned. The dataset created to complete these reports is likely the most comprehensive dataset of its kind in the United States. The relationships developed with the leadership of the Texas Department of Health, Texas Medicaid Office, The Mental Health and Mental Retardation Authority of Harris County, and Harris County Judge Ed Emmett and his staff have greatly facilitated data collection. Gwen Emmett, Judge Emmett's wife, who is active in Harris County health initiatives, is working with the team on the implementation of the recommendations contained in the reports.

Houston Health Services Research Collaborative

The overall goal of the collaborative is to conduct policy-relevant health services research focusing on key issues in Harris County and southeast Texas that affect low-income populations.

Collaborative researchers have provided technical assistance to the community throughout the year as requested and obtained various databases necessary to carry out health research in the area. Some of the specific activities included:

- Use of Hospital Emergency Rooms in Houston-Area Hospitals - an annual survey of hospital emergency room visits in Houston-area hospitals
- Review of Houston Healthcare Safety Net Progress and Challenges Report - assesses recent trends in the broad indicators of safety net performance in Harris County. Also published Harris County Health Care Safety Net: Where We Stand 2010 report
- Trends in Preventable Hospitalizations in Harris County Report - assesses trends in the overall and disease-specific rates of preventable hospitalizations
- Primary Care Demand and Supply in Harris County Model - developed to determine the primary care demands of low-income uninsured residents of Harris County
- Estimation and Forecasting of the Uninsured Under Health Reform - the team will estimate the impact of health reform on the number and percentage of insured and uninsured Texans between 2014 and 2020

The Health of Houston Survey 2010

The Health of Houston Survey 2010 will be the first household survey to provide communities with information about the health of people living in the Greater Houston area.

In 2010, the survey research team built upon the information collected from stakeholder and community groups during the first year. Based on that input, a questionnaire covering health issues that reflected priorities of stakeholders and community organizations was developed. The technical specifications for the sampling plan and data collection were formulated and a vendor was selected, following a competitive bidding process.

**Health of
Houston
Survey 2010**

Collaboration with the vendor resulted in multiple products and processes, including:

- English questionnaires for telephone, web and mail
- Translation of all three questionnaires into Spanish and Vietnamese
- Advance letters, reminder postcards and telephone and web contacts for respondents in all three languages
- Submission of all survey materials for approval to The University of Texas Institutional Review Board for the Protection of Human Subjects
- Questionnaire pre-test and pilot to ensure validity and appropriate length of the questionnaire



Data collection started in late October 2010, with the eventual goal of surveying over 4,000 households in Houston and Harris County using an area-based, stratified random sample that will permit sub-county inferences.

Additionally, the survey research team met with local foundations, research organizations and community groups (such as St. Luke's Episcopal Health Charities, VN Teamwork, the Center for Research on Minority Health at M.D. Anderson, the Asian Cancer Council sponsored by the American Cancer Society, and Boat People S.O.S.) to gain insight on culturally relevant issues to potentially isolated populations. Based on these recommendations, the team developed a media plan and outreach campaign, including print and electronic products to raise community awareness and improve the respondents' likelihood to participate.

Once the survey is completed in early 2011, the team will disseminate the survey results and data to potential users through Web-based access and will provide training for data access and generate analyses of survey results.

Health of Houston Survey 2010			
HEALTH OF HOUSTON SURVEY 2010 Questionnaire Topics			
Health Status	Adult	Child	
General health status	■	■	
Functional limitations	■	■	
Health Conditions	Adult	Child	
Asthma	■	■	
Diabetes	■	■	
Cardiovascular disease, hypertension	■	■	
Mental Health	Adult	Child	
Mental health status	■	■	
Perceived need, use of mental health services	■	■	
Health Behaviors	Adult	Child	
Meat intake, fast food, carbonated and high sugar drinks	■	■	
Physical activity and exercise	■	■	
Sedentary behavior	■	■	
Alcohol use	■	■	
Tobacco use and second hand smoke	■	■	
HIV testing	■	■	
Women's Health	Adult	Child	
Pap test screening	■	■	
Mammography screening	■	■	
Pregnancy status	■	■	
Prenatal Care/Breastfeeding	Adult	Child	
Entry into prenatal care	■	■	
Barriers to prenatal care	■	■	
Breastfeeding	■	■	
Cancer History and Prevention	Adult	Child	
Cancer diagnosis, type and treatment	■	■	
Colorectal cancer screening	■	■	
Neighborhood and Housing	Adult	Child	
Homeownership, length of time at current residence	■	■	
Transportation	■	■	
Safety	■	■	
Environmental pollution/noise pollution	■	■	
Availability of fruits and vegetables	■	■	
Social support	■	■	

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SCHOOL OF PUBLIC HEALTH

Health of Houston Survey 2010			
HEALTH OF HOUSTON SURVEY 2010 Questionnaire Topics (Continued)			
Health Care Access and Utilization	Adult	Child	
Usual source of care, visits to medical doctor, emergency room visits	■	■	
Delays in getting care (prescriptions, medical care, waiting times)	■	■	
Transportation to access medical care	■	■	
Health Insurance	Adult	Child	
Current insurance coverage type	■	■	
Coverage over past 12 months, reasons for lack of insurance	■	■	
Economic hardship due to medical expenses	■	■	
Dental/Prescription coverage	■	■	
Reason for Medicaid/CHIP non-participation	■	■	
Public Program Eligibility	Adult	Child	
Household poverty level	■	■	
Program participation (TANF, Food Stamps, SSI, SSDI, WIC)	■	■	
Assets, child support, social security, pension	■	■	
Income	Adult	Child	
Respondent's income	■	■	
Household income, number of persons supported by household income	■	■	
Economic hardship	■	■	
Employment	Adult	Child	
Employment status	■	■	
Hours worked at main/all jobs	■	■	
Occupation	■	■	
Interpersonal Violence	Adult	Child	
Interpersonal violence	■	■	
Respondent Characteristics	Adult	Child	
Race/ethnicity, age, gender, height, weight	■	■	
Education	■	■	
Marital status	■	■	
Sexual orientation	■	■	
Citizenship, immigration status, country of birth, length of time in U.S.	■	■	
Languages spoken at home, English language proficiency	■	■	

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SCHOOL OF PUBLIC HEALTH

Plans For the Future

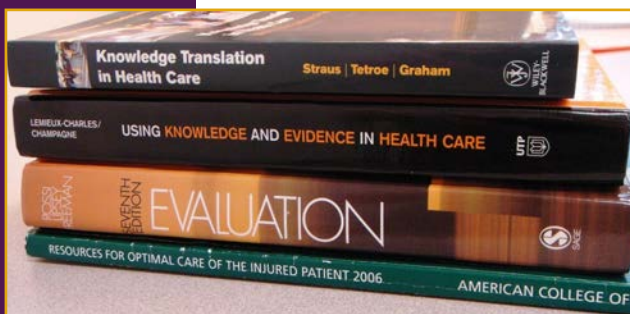
Research Into Action wrapped up 2010 and is already hard at work in 2011, which is bringing two collaborative projects with the Center for Clinical and Translational Sciences at UTHealth and M.D. Anderson Cancer Center. These initiatives will not only be good for the projects, but will also raise awareness about knowledge translation and the RIA throughout the Texas Medical Center, the largest medical and health community in the world.



The RIA will also develop a communications strategy and materials for policymakers to support the expansion of colorectal cancer screening services through policy change.

A second initiative focuses on screening and referral to treatment for obesity in the Harris County Hospital District, targeting clinic decision makers with evidence and a resource packet similar to the one we developed for SBIRT. Evaluation of all of these initiatives will be a continuing priority.

In 2011, we will continue to build our KTEExchange.org membership, expand communications options for registered members, explore a mobile optimized version of the website, and investigate creating a Smartphone application for KTEExchange features.



The year also promises to be a busy one for academic dissemination, as we anticipate publishing several different reports throughout the year. And as the results of our evaluations come in, we intend to engage knowledge translation professionals in active discussions through our Web portal to support a community of practice.



Apperndices

Podcasts on KTEExchange.org

KTEExchange.org began offering audio podcasts on the site in the fall of 2009, starting with two recorded lectures by prominent scientists. With the third podcast, we began recording new, original interviews. All of the podcasts are free to download for members of the www.ktexchange.org site.

Podcast #1: “Translating Evidence into Policy and Practice – The Development of Family Planning Guidelines”

Guest: **Polly Marchbanks, Ph.D.**, is the epidemiologist and team leader for the Fertility Epidemiology Studies Team at the Centers for Disease Control.

Podcast #2: “Interactive Media for Diabetes Self-Management – Issues in Maximizing Public Health Impact”

Guest: **Russ Glasgow, Ph.D.**, is the senior scientist at the Kaiser Permanente Institute for Health Research and 2009 winner of the John P. McGovern Award in Health Promotion.

Podcast #3: “A Conversation with Dr. Russ Glasgow – Health Literacy and Dissemination in the Real World”

Guest: **Russ Glasgow, Ph.D.**, is co-director of the Center for Health Dissemination and Implementation Research.

Podcast #4: “Social Marketing and Social Change”

Guest: **Bill Novelli** is the founder of Porter/Novelli and is currently a professor on the faculty of the McDonough School of Business at Georgetown University.

Podcast #5: “O, Canada! Knowledge Translation in Canada, and What the United States Can Learn From Their Experience”

Guests: **Nancy Edwards, Ph.D.**, is a professor at the University of Ottawa. **Anita Kothari, Ph.D.**, is an assistant professor at the University of Western Ontario. Both are researchers with the Canadian Institutes of Health Research.

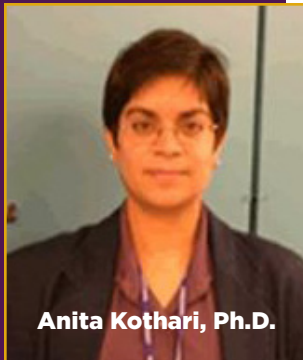
Podcast #6: “Safety Bob Meets the Press”

Guest: By day, **Professor Robert Emery, D.PH.**, is a mild-mannered college professor, but at night, he morphs into “Safety Bob,” the go-to expert for the media at The University of Texas School of Public Health. He shares his expertise on translating complex health and safety issues to the press and the public.

Podcast #7: “Teach the Mindset”

Guest: **Larry Blumenthal**, principal, Open Road Advisors, spent nine years in charge of Web initiatives for the Robert Wood Johnson Foundation. He talks about the challenges at RWJF in starting a social media program, the relationship of social media to social marketing, and how schools of public health should prepare their graduates to take advantage of the networked world.

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Anita Kothari, Ph.D.



Bill Novelli

Podcast #8: "Health Care Reform, Knowledge Translation, and Lessons Learned"

Guest: **Dr. Harvey Fineberg**, president of the Institute of Medicine at the National Academy of Science, is also formerly the provost of Harvard University and dean of the Harvard School of Public Health. He talks about the 2010 health care reform legislation and some of the lessons he's learned in a more than 30-year career in medicine and public health.



Podcast #9: "The Godfather Speaks"

Guest: **Jonathan Lomas** is the former chief executive of the Canadian Health Services Research Foundation. He offers unique insights on Canadian knowledge translation and the striking differences between Canadian and American KT.

Podcast #10: "Put a Human Face On It"

Guest: **Joanne Silberner** is a science and health reporter with more than 25 years of experience at Science, U.S. News and World Report, *USA Today*, and National Public Radio. She offers sound advice for scientists and researchers dealing with the media.



Podcast #11: "Sharing Knowledge is Power"

Guest: **Melanie Barwick, Ph.D.**, is the scientific director for knowledge translation at the Hospital for Sick Children in Toronto. She also created the two-day workshop, "Scientist Knowledge Translation Training."

Podcast #12: "I Like It When You Help Me Do My Job"

Guests: **Eric Berger** from the *Houston Chronicle* and **Laurie Johnson** from KUHf radio, Houston's National Public Radio station, share the "inside scoop" on how they evaluate and select stories for publication and broadcast, particularly scientific and health-related stories.



Podcast #13: "Exchange is the Key"

Guest: **Jane Gibson** is the director of knowledge transfer and exchange at the Institute for Work and Health in Toronto. This is the first in a series of podcasts with Jane, exploring the successful KTE program at the IWH.

Podcast #14: "Lifting the Lid on the Research Black Box"

Guest: Second in a series with **Jane Gibson**, director of knowledge transfer and exchange at the Institute for Work and Health.



KTExchange.org

Mentions, Reviews and Commentary on the Web

"They asked lots of probing questions about social media successes ..."

Open Road Advisors

May 13, 2010

Talking Social Media and Public Health

<http://tinyurl.com/4ta5z6x>

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Strong and content, I travel the open road. - *Walt Whitman*

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ABOUT OPEN ROAD

Open Road Advisors can help you develop and implement your Web, social media and content strategy. Let us put our more than 15 years of experience building major Web sites and social media initiatives to work for you. We specialize in helping foundations, nonprofits, corporations and other organizations navigate the changing world of the Web. [Learn More.](#)

UPCOMING SPEAKING ENGAGEMENTS

2/17 - Session on social media and preventive medicine at [Preventive Medicine 2011](#).

3/15 - Workshop on social media and philanthropy at [Delaware Valley Grantmakers](#)

Talking Social Media and Public Health

May 13, 2010 in [Uncategorized](#) | Tags: [foundations](#), [philanthropy](#), [social media](#) and [public health](#)

I was interviewed a few weeks back by Stephen Linder, interim director of the Institute for Health Policy at the University of Texas School of Public Health, and Richard Austin, senior communication specialist for the Institute. They asked lots of probing questions about social media successes and were particularly curious about the role of public health schools in moving toward this new world. The interview is up as a podcast, which you can listen to below. Thanks to Steve and Rick for a great conversation. Check out the [Research into Action Web site](#) to learn more about the Institute's translation initiative and to hear other conversations, including interviews with Bill Novelli of Porter/Novelli and Harvey Fineberg, president of the Institute of Medicine.



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Social Media Whitepaper

How to Centralize Your Social Media Programs for Success. [Read More!](#)

Lithium.com/Social_Media_Community

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Censemaking

September 8, 2010

KTExchange Blog Goes Live

<http://tinyurl.com/4afzrn7>

Censemaking

Making sense of Complexity, EHealth, Networks, Systems & Evaluation (CENSE) for health & wellbeing

[Home](#) [About](#) [Library](#)

KTExchange Blog Goes Live

SEPTEMBER 8, 2010

by cdnorman

tags: health sciences, knowledge translation, learning, Social media

This week sees the launch of the **Knowledge Translation Exchange Blog**, a welcome addition to the digital discourse on knowledge translation and health. The KT arena, a space that often gets filled with voices trying to push something akin to some aggressive form of dissemination with a fancier name, can really use some of what the Research into Action group at the University of Texas School of Public Health is doing and discussing. It's about integrating knowledge translation into the very fabric of what we do in the health sciences, public health and clinical practice.

KT is not just an add-on, but something that requires integration into the planning, learning, evaluation and dissemination of knowledge. Surprisingly, this is a hard concept for a lot of people to grasp (or perhaps just a hard concept to apply in practice given how few people actually do it). It is not, as some might suggest, dissemination dressed up. It is about considering knowledge in context and framing potential audiences for that knowledge at the outset, defining research questions that align with the needs of the user, and creating capacity within research environments to develop proposals and do the research necessary to fit with these needs.

This past weekend I was reminded how basic this is to most people OUTSIDE of the health sector, and yet how foreign it is to the health system. I was visiting family and friends and, as often happens in such settings, people ask what I do. In conversation about building bridges between diverse actors the reaction typically is not one of surprise or novelty, but more like "of course". What captures people's attention is my work in using eHealth tools like iPhones and social media as the mechanism. While those things are of interest to my professional colleagues, the fact that bridges are being built is what draws the most attention. That's telling.

Best wishes to the KTExchange team on their new blog and for a field where doing KT may one day not be

CAMERON NORMAN



Cameron D. Norman, PhD

LINKS OF INTEREST

TAGS

behaviour change book collaboration
communication complex adaptive systems
complexity complexity science creativity
design design thinking developmental
evaluation **education eHealth** emergence
environment **evaluation** Facebook food food systems
health health behaviour change health
promotion information technology
innovation knowledge
translation leadership **learning** literacy
mhealth mindfulness **psychology public**
health research science simplicity social

25

"... a welcome addition to the digital discourse on knowledge translation and health."

"I admire what KTEExchange is trying to accomplish."

Evidence Soup

September 14, 2010

Research Into Action project (KTEExchange.org) moves health-related evidence from the lab to the real world

<http://tinyurl.com/4sbn36r>

26

Evidence Soup

Open up a big ol' can of evidence.

« [Snappy Words](#), an interactive visual thesaurus, connects associated words. | [Main](#) | [Vaccine Central](#) is showing us the evidence on vaccination. »

TUESDAY, 14 SEPTEMBER 2010

Research into Action project (KTEExchange.org) moves health-related evidence from the lab to the real world.

A new [Research Into Action](#) (RIA) network recently launched at [KTEExchange.org](#) (KT = knowledge translation). The project comes from the Institute for Health Policy at The University of Texas*. It links to research, events, and funding sources, and provides a way to keep track of this stuff (by the way, they linked to an interesting site I'd missed, the [Centre for Reviews and Dissemination](#), a "register of ongoing systematic reviews").

Knowledge translation is an effort to move research into the real world. (I'm all for that.) The institute has developed a model for disseminating findings: "RIA's novel KT model places the widely recognized producer-push, user-pull model within a larger continuum of models and assumptions about the nature of knowledge and its production and use.... a flexible and adaptive mechanism for synthesizing and communicating findings..."

RESEARCH into ACTION
A Knowledge Translation Initiative

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Why all the fuss about evidence-based ____?

Email Me

RECENT POSTS

Power Balance (of hologram fame) has purchased the naming rights for an NBA arena. (Yes, really.)

Interview Wednesday: Richard Puyt, lecturer, consultant, and researcher.

Why do we frown on health guidelines that are based on expert knowledge? Sometimes that's the current, best evidence.

Interview Wednesday: Chris Lysv

Evidence Soup

November 10, 2010

Interview Wednesday: Rick Austin, health communicator

<http://tinyurl.com/4ecnmaj>

Evidence Soup

Open up a big ol' can of evidence.

« [Shattering myths and communicating the evidence: National Drug Facts Week looks at the science behind drug abuse.](#) | [Main](#) | [The girl interrupting my rant about passive writing makes some good points.](#)

[But I respectfully disagree.](#) »

WEDNESDAY, 10 NOVEMBER 2010

Interview Wednesday: Rick Austin, health communicator.



Today for **Interview Wednesday**, we talk with Rick Austin, Senior Communication Specialist for the **Research Into Action** project at The University of Texas School of Public Health in Houston, Texas. (View Rick's [blog here](#) or follow him on Twitter [@KTEExchange](#).)

The Five Questions.

#1. What got you interested in evidence?

I would say that this job is what really got me focused, but I had always been interested, as a layman (which I still am!), in asking "how do we know this?" Related to this, my daughter, when she was a senior in high school, took a class entitled The Theory of Knowledge, which was a year-long conversation about "how do we know what we think we know?" I would've loved to sit in on that all year.

What types of evidence do you work with most often (medical, business research, statistics, social science, etc.)?

Since the Research Into Action (RIA) project is based in a school of public health, that's where we generally start, with empirical public health research.

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Why do we frown on health guidelines that are based on expert knowledge? Sometimes that's the current, best evidence.

Interview Wednesday: Chris Lysy, research analyst and evidence enthusiast.

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"We hope to describe a lot of knowledge translation scenarios and weave some systemization into what is currently a very ad hoc process."

"I highly recommend Research Into Action for anyone looking for a practical website ..."

Mobilize This! (ResearchImpact)

November 19, 2010

A comparison of knowledge broker websites

<http://tinyurl.com/46nfsza>

28

The screenshot shows a blog post titled "Mobilize This!" on the ResearchImpact website. The post is dated November 19, 2010, and is categorized under "KMb Resources". The main content is a comparison of knowledge broker websites, written by Gary Myers. The post includes a photo of Gary Myers and a list of three websites: Research Into Action (RIA), Knowledge Brokers' Forum (KBF), and Australian Social Innovation eXchange (ASIX). The sidebar on the right contains a search bar, a "follow us on twitter" section with several tweets, a "categories" list, and a "subscribe" section with a "Subscribe in a reader" button and a "What is RSS?" link.

Mobilize This!

A ResearchImpact blog from Canada's knowledge mobilization network

about researchimpact subscribe

19 Nov 10

a comparison of knowledge broker websites

By researchimpact 3 Comments

Categories: KMb Resources
Tags: KMb, Knowledge Brokering, Knowledge Exchange, Knowledge Transfer, Resources

ResearchImpact is pleased to welcome a guest blogger, Gary Myers. You can follow Gary on his [blog](#) and on [twitter](#) (@kmbeing). Gary has written about three relatively new online resources for knowledge brokers. It is great to see new entrants into the KMb global family (from UK, US and Australia). Gary's comparison shows that all provide value for knowledge brokers and that Research into Action (from @KTEExchange) has some resources similar to those we offer at ResearchImpact (where we are also "turning research into action").

I'd like to thank ResearchImpact for asking me to be a guest blogger for MobilizeThis! Most readers of this blog (and for readers of my own blog KMbeing) will know that Knowledge Mobilization (KMb) is being more frequently used to describe how researchers and individuals within community organizations are using research to inform decisions in public policy and professional practice. KMb consists of a variety of methods in which research and knowledge is transferred, translated, exchanged and co-produced to enhance the practical application of knowledge between researchers and research-users.

Important to the KMb process is the role of the Knowledge Broker in linking researchers and community (for more information on the role of the Knowledge Broker see Jonathan Lomas [The In-between world of knowledge brokering](#)).

As part of a current digital research project for ResearchImpact, I did a comparative analysis of three new (or newly re-designed) broker websites with varying degrees of interactivity and collaboration. I was curious to see what some other organizations are offering brokers, social innovators and other knowledge mobilizers. After a web search using the keyword knowledge broker the following top websites were listed:

- [Research into Action \(RIA\)](#)
- [Knowledge Brokers' Forum \(KBF\)](#)
- [Australian Social Innovation eXchange \(ASIX\)](#)

SEARCH BLOG ARCHIVE GO

follow us on twitter

Today's ResearchSnapshot: How do small companies attract the attention of their corporate parents? <http://bit.ly/c9SIWS> 5 hours ago

RT @MelanieBarwick: Get in on the KTPC course next year! Contact sarah.bovaird@sjckkids.ca <http://tinyurl.com/4ne9fs3> #KMb 7 hours ago

RT @knowledgebank: #KM #KMers Five conditions that encourage stories <http://ow.ly/1aWVt> also important to #KMb 7 hours ago

categories

- Announcements
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- Funding Opportunities
- KMb Resources
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KMbeing

November 23, 2010

A comparison of knowledge broker websites

<http://tinyurl.com/4qpvk5p>

Home About Me & Knowledge Mobilization

Search: type, hit enter


KMbeing

Please Link to New Website kmbeing.com

A Comparison Of Knowledge Broker Websites

Posted by KMBkteam on November 23, 2010 2 Comments

I am very pleased to have been a guest blogger for ResearchImpact – Canada’s Knowledge Mobilization Network. You can follow ResearchImpact on their blog [Mobilize This!](#) and on twitter ([@researchimpact](#)). This is a reposting of that blog, and I’d like to thank ResearchImpact for asking me to be a guest blogger for MobilizeThis!



I wrote about three relatively new online resources for knowledge brokers, and along with ResearchImpact, I am also glad to see new entrants into the KMB global family (from UK, US and Australia). My comparison shows that all provide value for knowledge brokers and that Research into Action (from [@KTEExchange](#)) has some resources similar to those offered by ResearchImpact (where they are also “turning research into action”).

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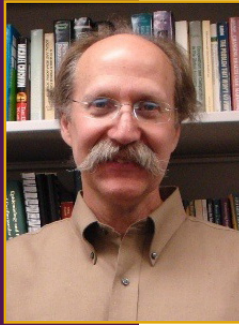
TAGS

academia Angie Hart Association of Internet Researchers blogging citeulike community-based computers Connotea CoP data Delicious digital research Digital Researcher digital technology Dr. David Phipps Erika Harrison Facebook Google Google search Information Society KMB knowledge knowledge broker knowledge mobilization Knowledge Mobilization Works knowledge transfer

“I highly recommend Research Into Action ... as a collaborative website for researchers and research users ...”

KTExchange Blog Examples

Over the past five months, Research Into Action staff have posted around 50 blog entries on www.KTExchange.org. The wide variety of topics have included relying on celebrities for health advice, how to tell a story, critical reviews of how news agencies have communicated a health or medical story, and the Transportation Security Agency's new security measures debacle. Here are just a few examples of what can be found online.



Posted by **Stephen Linder**
Sept. 17, 2010

Our original intent for this portal was to support the growth of the field of KT, as we understood it, by stepping outside of conventional publication outlets in favor of sharing insights and resources in more interactive ways. Very little of this was going on below the 49th parallel, and we were anxious to spread the word. As it turns out, what belongs under the jurisdiction of KT is contested terrain in the lower 48.

Courtesy of the Canadian Institute for Health Research (in part), you have a well-settled definition backed by tax dollars, shared strategies, and an inspiring record of success. Is this a function of a parliamentary political regime, collectivist sentiments or single-payer health care? Is it just easier to get things done there? Or to sell people on the idea that research matters? Maybe the difficulty here only occurs to folks outside of the clinical trials business, when social inquiry is involved?

Let me conjecture that the key to KT's unity in the Canadian context goes back to Jonathan Lomas' simple but profound insight: usable knowledge rests on an exchange of ideas and information between the producers and the potential users of research. Not just a perfunctory exchange, either, but a dialogue extending from the beginning to the end of the research process, and beyond.

Now return to the lower 48. The only reliable exchanges I see are those that occur within the same organization or that share common governance. The rest are left to translate (now, think focus groups) and to promote (enter marketing tools) in ways that will make users notice and adopt. Exchange becomes a transcendent ideal rather than a recipe for success. In short, the pluralism and disorder in KT circles south of the Canadian border are fueled by the absence of any recipe that reliably works.



Posted by **Shannon Rasp**
Dec. 17, 2010

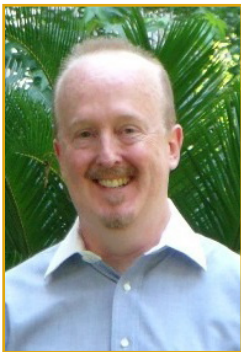
Michelle Obama, who has embraced child obesity as her "cause," recently stated that one in four young adults is "too fat" for military service. This, she claims, is a "threat to national security."

This incident popped into my head while I was reading Nick's blog on Wednesday about how politicians would benefit from some knowledge translation training.

Childhood (and adult) obesity is a national health crisis. It costs billions of dollars a year, causes a variety of co-morbidities, and is largely avoidable. As a chubster, I know I would feel a heck of a lot better if I could lose the excess weight I'm hauling around. While it is a major problem, it is not a threat to national security.

Why? Simple math. There are fewer than one and a half million Americans on active military duty at any given time. Meanwhile, there are over 75 million children in this country. Now, my math skills are beyond atrocious, but even I know that if you subtract a quarter of all children from this total, that still leaves over 56 million kids for 1.4 million places. That seems like a pretty big pool to choose from.

Obama should be commended for her willingness to tackle a difficult subject. But she needs to learn that scare tactics and melodramatic statements do not help her cause. Knowledge translation is just that - the sharing of knowledge, not hyperbole.



Posted by **Rick Austin**
Feb. 2, 2011

I sat in yesterday on a great webchat, hosted by the Chronicle of Philanthropy, with Nedra Kline Weinreich. The beginning of the chat featured a commenter misusing a term which gets thrown around carelessly, leading to much confusion about what's what. So, let me start off by reminding knowledge translators about three crucial distinctions:

Social marketing is ... the use of traditional, analytical marketing tools (audience analysis, surveys, focus groups, product positioning) to achieve a change for social good (stop smoking, exercise more, etc.).

Social media is ... Facebook, Twitter, MySpace, FourSquare, YouTube, Orkut. "Poking." "Liking." Sharing photographs, videos, and family stories. Reconnecting with high school classmates you haven't talked to in 30 years, and rediscovering exactly why it is that you haven't talked to them in 30 years.

Social media marketing is ... the use of social media venues in ways both subtle and obvious to sell soda, candy, automobiles, fashion, etc., OR to bolster the effects of a social marketing campaign ("Click Like" If You Think Cigarettes Suck).

Back to the webchat. Nedra made some great points about market analysis that are directly applicable to knowledge translation. Whether you're a traditional marketer or a social marketer, your first step is to get to know your audience intimately. So, when you're ready to move your research beyond the academic journal and do real KT, you have to be prepared to answer these questions: Who exactly do I want to reach? What do I want them to do? What kind of story can I tell that will be important to them? What resources are available to me for knowledge translation (not only funding, but also people and talent)?

Social marketing, which is generally viewed by people in academia as "that promotional stuff that people at the Centers for Disease Control," has much to teach us about our knowledge translation efforts at the research end.



Back row, left to right: **Dr. Arthur Garson, Jr.**; **Shannon Rasp**; **Rick Austin**; **Dr. Tom Reynolds**; **Nickalos Rocha**; **Dr. Stephen Linder**. Front row, left to right: **Patty Poole**; **Larissa Estes**; **Marlisa Allen**; **Dr. Leah Fischer**; **Syed Noor**. Not pictured: **Dr. Dritana Marko**, **Dr. Jessica Tullar**, **Folake Olaniran** and **Amy Beaven**.

The Institute for Health Policy



Marlisa Allen
Graduate Assistant



Rick Austin
Senior Communications Specialist



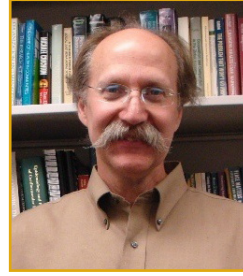
Amy Beaven
Research Associate



Larissa Estes
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Leah Fischer
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Stephen H. Linder
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Dritana Marko
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Syed W.B. Noor
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Folake M. Olaniran
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Patty Poole
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Shannon Rasp
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Tom Reynolds
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Nickalos Rocha
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Jessica M. Tullar
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The Institute for Health Policy

