



# SCHOOL OF PUBLIC HEALTH

NETWORKING PANEL ROUNDTABLES:

SELECTED SNAPSHOTS FROM THE FIRST ANNUAL PUBLIC HEALTH RESEARCH @MARYLAND 2013

TOPIC AND CONVENERS	DISCUSSION SNAPSHOTS
<p><b>Addressing Disparities with Health Enterprise Zones</b>            Claudia R. Baquet, M.D., M.P.H.            Stephen B. Thomas, Ph.D.</p>	<p><b>The group was enthusiastic and extremely interested in both the 2012 Maryland Health Improvement and Disparities Reduction Act and the evidence of racial and ethnic health disparities across the state.</b> We spoke specifically about hypertension, asthma and diabetes. Additional content areas of interest included, but were not limited to, dentistry, violence, substance abuse and mental health. Students from the health science professional schools and faculty from both campuses were involved. Students were interested in loan forgiveness for working in the HEZ and some requested information about the NIH Loan Repayment Program for Health Disparity Scholars. There are several <b>LRP scholars</b> in the School of Public Health and there are likely to be others at UMB. We should generate a database of all LRP recipients on both campuses because they constitute a workforce ready and willing to be engaged.</p> <p><b>We determined that the needs of both students and faculty can be address through a collaboration on evaluation and assessment of the Health Enterprise Zones (HEZ) funded across the state (1) Capitol Heights in Prince George’s County, (2) Greater Lexington Park in St. Mary’s County, (3) Dorchester and Caroline Counties,(4) West Baltimore, and (5) Annapolis) with the unfunded sites serving as comparison condition.</b> This innovative natural experiment is geographically based and made possible by funding through the 2012 Law. We discussed how the HEZs could serve as training sites for medical, public health, nursing, dentistry, social work and law. Simultaneously, faculty from both UMCP and UMB can collaborate on an comprehensive process and outcome evaluation of the HEZ model complete with comparisons to those counties in Maryland that did not receive funding as well as counties in other states with similar demographic and health disparity profiles. The discussion was interactive and robust.</p>
<p><b>Vulnerable Populations, ACA and Health Insurance</b>            Jie Chen, Ph.D.            Jerome Dugan, Ph.D.            Karoline Mortensen, Ph.D.            Bruce Stuart, Ph.D.</p>	<p>Participants discussed a research opportunity emanating from the ACA that could result in a small collaborative study proposal for RWJF. Specifically group <b>discussed the design of an investigation of the impact of the ACA provision eliminating copayments on the utilization of selected preventive services by Medicare beneficiaries.</b> The study would use 2010 (Pre-ACA) and 2011 (post ACA) Medicare claims and survey data from the Medicare Current Beneficiary Survey (MCBS).</p>



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	<p>Participants also <b>focused on identifying funding opportunities</b>. Four were identified to support research on this topic:</p> <ol style="list-style-type: none"> <li>1. Patient-Centered Outcomes Research Institute (PCORI) Comparative Effectiveness Research in Vulnerable Populations (highlighted \$500M available in funding through PCORI: <a href="http://www.pcori.org/">http://www.pcori.org/</a> )</li> <li>2. Commonwealth Fund: Discussion of 2010-2011 MCBS colonoscopy after covered by ACA (information on supplemental health insurance data)</li> <li>3. Robert Wood Johnson Foundation’s (RWJF) Vulnerable Populations Program – see <a href="http://www.rwjf.org/en/about-rwjf/program-areas/vulnerable-populations.html">http://www.rwjf.org/en/about-rwjf/program-areas/vulnerable-populations.html</a></li> <li>4. RWJF Health Care Financing and Organization FOAs – see <a href="http://pweb1.rwjf.org/applications/solicited/cfp.jsp?ID=21392">http://pweb1.rwjf.org/applications/solicited/cfp.jsp?ID=21392</a></li> </ol>
<p><b>Mental Health and Substance Abuse</b> Amelia Arria, Ph.D. Sandrine Pirard M.D., PhD, M.P.H.</p>	<p>Participants addressed a broad overview of interventions to address mental health and substance abuse problems. Select opportunities, with identified leads, include:</p> <ul style="list-style-type: none"> <li>• Hosting a <b>workshop on <u>Early Identification and Screening for Prodromal Psychotic Symptoms</u></b></li> <li>• Implementing an initiative that includes “translating women’s narratives of their experiences with mental health treatment to reduce public stigma.”</li> <li>• Evaluating the increase in mental health services among the college population</li> <li>• Exploring studies: Mental health screening in primary care; Mental health and gun violence</li> </ul>
<p><b>Family, Child and Adolescent Health</b> Mia Smith Bynum, Ph.D. Kevin Roy, Ph.D</p>	<p><b>General topics discussed: nutrition, mental health, abuse, sexual health, family communication, support groups, and adolescent health.</b> Examples of opportunities:</p> <ol style="list-style-type: none"> <li>1. Studying lactation interventions and public policy’s role in facilitating breast feeding in specific communities where it occurs at low rates and also in public spaces.</li> <li>2. Exploring Role of Adolescents in Reducing Racial Health Disparities in their communities through use of social networks and other internet resources.</li> <li>3. Exploring role of acculturation in changes in dietary and other health habits in recent increases</li> </ol>



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	<p>in obesity among Korean American populations.</p>
<p><b>Mapping, GIS and Satellites: Innovative Technologies to Improve the Public's Health</b> Laura L. Hungerford D.V.M., M.P.H., Ph.D. Robin Puett, Ph.D.</p>	<p>Proposed actions:</p> <ol style="list-style-type: none"> <li>1. <b>Establish a combined group focused on GIS and Health:</b> A GIS Users Group exists in Baltimore. Creating a combined User's group dedicated to GIS and Health would be useful.</li> <li>2. Create a place to store instructions for accessing GIS data or lists of GIS resources: This would facilitate the use of these data and resources.</li> <li>3. <b>Develop interdisciplinary internships for students.</b> An example includes a team of geography and two public health students.</li> <li>4. Identify a place for posting GIS or satellite needs, collaboration ideas and/or experience. This can be in the form of an "Angie's list" for research, or identify a "point of contact" who knows what everyone does and can serve to link individual researchers.</li> </ol> <p>Through University community social networking:</p> <ol style="list-style-type: none"> <li>5. Reach out to other campuses to extend capacity: Specifically, UMBC may be able to offer trained GIS technicians for the collaboration.</li> <li>6. <b>Plan to create a "Center for GIS" among the campuses</b></li> <li>7. Explore the possibility of planning a conference: Perhaps apply for a conference grant</li> </ol>
<p><b>Health Information Technology (HIT)</b> Ritu Agarwal, Ph.D. <b>P. Kenyon Crowley, MBA, MS, CPHIMS</b> Robert S. Gold, Dr.P.H., Ph.D. Kathleen J. Tracy, Ph.D.</p>	<p>The HIT topic participants included researchers, clinicians, students and professional healthcare technologists. The group had a lively and passionate debate about the opportunities, and indeed the critical need, for information technology to positively impact public health and healthcare. There is a major ongoing shift in healthcare from a fragmented, inefficient system to a system that effectively connects decisions made and actions taken by patients, caregivers, clinicians and public health officials to achieve positive health outcomes. Participants <b>discussed a range of research opportunities, from behavior change and decision-support mechanisms leveraging social media to the usability and design of these systems to new data-driven innovations.</b> Participants agreed that the University of Maryland across its College Park and Baltimore campuses is ideally positioned to lead in this paradigm shift,</p>



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	<p>building on existing resources and developing new ones.</p> <p>The Center of Excellence in Health IT Research (COEHITR), led by the School of Public Health and the Robert H. Smith School of Business with participation by schools and centers/institutes across the two campuses and the new MPowering initiative, the Center for Health-related Informatics and Bioimaging (CHIB), have outstanding capabilities focused on transforming the health system. <b>COEHITR will be merging with the CHIB this year to advance health informatics at the state, national and global level as a combined entity.</b> In addition, groups such as the Center for Health Information and Decision Systems (CHIDS) and the Human-Computer Interaction Lab (HCIL) add to the strong foundational base for future work.</p>
<p><b>Aging Research</b> Jay S. Magaziner, Ph.D., M.S.Hyg. Laura Wilson, Ph.D.</p>	<p>Discussion recognized we are ready for a formal structure for action and a specific initiative focused on “Communities for a Lifetime” in Maryland. Specific actions include:</p> <ol style="list-style-type: none"> <li>1. <b>Develop a Research and Aging Network (RAN)</b> across the two campuses and beyond that will facilitate an ongoing series of events and networking to foster new research and make others aware of existing research as a step toward translation into practice--especially in the area of prevention.</li> <li>2. <b>Create a “Communities for a Lifetime” Program in Maryland</b> (age friendly communities) and build on existing research, and extend this research, focused on prevention and recovery activation.</li> <li>3. Hold a symposium as a start and build cross-campus discussion using the Maryland Research Education Network (MDREN.com) smart classrooms.</li> </ol>
<p><b>STDs and HIV/AIDS</b> Bradley Boekeloo, Ph.D. Robert Redfield, M.D.</p>	<p>The initial discussion had a <b>focus on a college cohort study</b> with the following proposed next steps:</p> <ul style="list-style-type: none"> <li>• Develop and evaluate a regional outreach test and treat project</li> <li>• Develop and evaluate a regional system of HIV community-based care sites</li> <li>• Identify a community geographic cohort and follow the biology and behaviors of that population over time to identify risk and protective factors</li> </ul>



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	<ul style="list-style-type: none"> <li>• Identify a college population cohort and follow the biology and behaviors of that population over time to identify risk and protective factors</li> <li>• Develop and evaluate HIV therapy adherence interventions</li> <li>• Begin a group dialogue about a collaborative study</li> </ul>
<p><b>Cancer Control and Prevention</b> William A. Blattner, M.D. Cheryl L. Holt, Ph.D. Mei-ling Ting Lee, Ph.D. Li Mao, M.D.</p>	<p>Participants <b>built upon discussions from the Cancer Epidemiology Alliance group</b> that includes both campuses and proposed follow-up to include pursuing possible lung cancer screening study using low dose spiral CT (Joint R01 leading to subsequent program grant in head/neck cancer; involving Baltimore in an R01 application for translational research in cancer screening ; providing statistical support and collaboration between Greenebaum Cancer Center (GCC) and Joint Program In Survey Methodology; increasing collaborations with the state health department.</p> <p><b>Participants plan to hold a half day meeting with group in order to discuss specific plans for collaboration and plan for comprehensive cancer center status application;</b> create a listserv for the Cancer Epidemiology Alliance; invite each other to each others' seminar series, brown bags, grand rounds, etc., and create a listserv and website to increase communication (to be hosted by the GCC). •</p>
<p><b>Tobacco Control</b> Pamela Clark, Ph.D. Kathleen Hoke, J.D. Rita Turner, J.D.</p>	<p><b>Participants represented both policy and research initiatives related to tobacco control.</b> The foundation for future partnerships is strong and builds on ongoing work that includes clinical studies and studies involving social determinants of health. Potential areas of collaboration include: assessment of density of tobacco outlets and neighborhood characteristics and the problem of butt litter, among others. Opportunities exist to work across campuses and build on existing efforts in both these areas and the group plans to get together in a few weeks.</p>
<p><b>Health Literacy and Cultural Competence</b> Linda Aldoory, Ph.D. Bonnie Braun, Ph.D. Alice M. Horowitz, Ph.D.</p>	<p>Participants discussed their understanding of health literacy and cultural competence. There was general consensus that we need to do more to build awareness of and capacity for health literacy for providers, patients, and the public. There also was recognition that one can have cultural competency but not have health literacy skills. Research is needed to evaluate interventions that currently exist aimed at increasing health literacy. <b>Participants agreed to continue to talk about how best to train health care professionals on health literacy and cultural competency, and proposed evaluation of any</b></p>



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	<p><b>new training modules.</b> In addition, mention was made to explore use and development of technologies to support health literacy and cultural competency. The group had broad representation from multiple health professions, the Mid-Atlantic Public Health Training Center, Herschel S. Horowitz Center for Health Literacy, UMD Health Center and members of Health Literacy Maryland.</p>
<p><b>Obesity Prevention</b> James M. Hagberg, Ph.D. Michael S. Rendall, Ph.D. Patsy A. Ezell, Ph.D. Stephanie K. Grutzmacher, Ph.D.</p>	<p>The group used the recent NIH announcements PA-13-154 and PA-13-153 addressing Home and Family Based Approaches for the Prevention or Management of Overweight or Obesity in Early Childhood on which to initiate and base their discussions. It was suggested that we attempt to synchronize our efforts with the UMB NIH-funded Nutrition and Obesity Research Center (NORC) directed by Dr. Alan Shuldiner and the Institute for Healthiest Maryland developed by UMB and the state of Maryland. There were two major outcomes of the discussions:</p> <ol style="list-style-type: none"> <li>1. Connecting participants: Jim Hagberg the next day circulated an email request for all Roundtable attendees to provide via return email a summary of their expertise, their current and past programs in the area of obesity prevention, and the methodologies they currently had available for potential projects.</li> <li>2. Developing joint research proposal: <b>Participants decided to generate an NIH R21 application around the general concepts of a family- and community-based feasibility study in diverse locations (inner city vs. rural) and ethnic groups (Caucasians, African Americans, Hispanic Americans) building on existing efforts in the state.</b></li> </ol>
<p><b>Physical Activity and Public Health Outcomes</b> Bradley Hatfield, Ph.D Frederick M. Ivey, Ph.D Ross Miller, Ph.D Anindo Roy, Ph.D J. Carson Smith, Ph.D., FACSM</p>	<p>Participants addressed benefits from bringing the Baltimore and College Park campuses together and their <b>interest in focusing on clinical translational research.</b> Select next steps include:</p> <ol style="list-style-type: none"> <li>1. <b>Plan large-scale Community-based Physical Activity Interventions clinical trial(s)</b></li> <li>2. Build Community Partners</li> <li>3. Develop agenda for Lifestyle Interventions and Research</li> <li>4. Integrate physical activity research with epidemiological research</li> <li>5. <b>Propose studies that would lead to improvements/increases in Physical Activity Behavior</b></li> <li>6. <b>Explore research on Childhood Obesity and Physical Activity</b></li> </ol>



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	<ol style="list-style-type: none"> <li>7. Engage Students in Research Projects across the two campuses</li> <li>8. Recognize and explore globalization of research at UMD</li> </ol>
<p><b>Environmental Health and Environmental Justice</b>          Sania Amr, M.D., M.S.          Amy R. Sapkota, Ph.D, MPH          Robert Percival, J.D.          Sacoby Wilson, Ph.D.</p>	<p>Topics covered a range of environmental exposures and related funding opportunities. Suggested opportunities include:</p> <ul style="list-style-type: none"> <li>• <b>Identification of leads on both campuses to respond to RFA Research/Exposures in non-traditional settings R01 (Children’s Health Theme)</b></li> <li>• Follow-up to study of water, septic, basic amenities: How will we need to change septic system design as we adapt to climate change? Will explore NSF as a possible funding source.</li> <li>• Plan to expand base of studies related to climate change adaptation and impacts on general health, building on work with DHMH.</li> <li>• Respond to Research to Action (EPA/NIEHS) and Center Grant on Environmental Health Disparities.</li> <li>• Explore whether we have the resources to look at “exposome” comprehensively?</li> <li>• Consider the feasibility of a seed grant, focusing on “microbiomes” influenced by environmental exposures, could be set up between UMD/UMB.</li> </ul>
<p><b>Re-engineering the Approach to Global Health</b>          Barbara Alving M.D.          Ross D. Lewin, Ph.D.          Jeffrey Johnson, Ph.D.          Muhiuddin Haider, PhD          Donald Milton, M.D., Dr. PH</p>	<p>The group focused on building resources for teaching, service, and research in global health. Many ideas were shared. <b>Consensus was to meet again soon to develop a strategic plan encompassing both campuses.</b></p> <ol style="list-style-type: none"> <li>1. Listserv (<a href="mailto:global-health@umd.edu">global-health@umd.edu</a>, set up following meeting) will keep participants connected. Will include other key people not present at the initial round-table. Move toward collaboration site (e.g. UMVibe).</li> <li>2. Follow-up meeting in early June to develop strategic plan for global health organized by Liz Maring and Ross Lewin.</li> <li>3. Portal for global health information – UMB has one, UMCP is planning one for all global activities – need to link them.</li> <li>4. Quarterly joint seminar on Global Health – bring in major outside speakers.</li> </ol>



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	<ol style="list-style-type: none"><li>5. Joint study abroad opportunities – bring undergrad and grad students from UMCP together with the inter-professional global health study abroad program at UMB.</li><li>6. Need to bring in engineering, economics, humanities, and health IT into the discussion.</li><li>7. Consider cross-campus programs for undergrads and BS/MPH in Global Health.</li><li>8. Develop partnerships with NGOs, other universities, governments (e.g. Catholic Charities based in Baltimore).</li></ol>
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