Summary of Previous Awards
ICTR-CAP Dissemination & Implementation Research (DnI) RFA
2013-2018

<table>
<thead>
<tr>
<th>Year</th>
<th>Title</th>
<th>Principal Investigator</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018</td>
<td>Reach and Teach: Translating “Mind Over Matter; Healthy Bowels, Healthy Bladder” for Digital Delivery</td>
<td>Heidi Brown</td>
<td>2</td>
</tr>
<tr>
<td>2018</td>
<td>Dissemination and Implementation of a Mindfulness-Enhanced, Evidence-Based Program to Strengthen Family Relationships and Prevent Adolescent Substance Use in Wisconsin</td>
<td>Larissa Duncan</td>
<td>2-3</td>
</tr>
<tr>
<td>2018</td>
<td>Getting Older Patients Walking: Adaptation of MOVIN (Mobilizing Older adult patients Via a systemsbased Intervention) for Implementation in a Non-Academic Hospital</td>
<td>Linsey Steege</td>
<td>3</td>
</tr>
<tr>
<td>2017</td>
<td>Building the Capacity of Schools to Address the Social and Emotional Needs of Latino Students and Their Families: Implementation and Evaluation of the Fortalezas Familiares Program in Schools</td>
<td>Carmen Valdez</td>
<td>4</td>
</tr>
<tr>
<td>2016</td>
<td>Clinical Implementation of Mammography Screening Shared Decision Making Co-Funding: UW Carbone Cancer Center</td>
<td>Elizabeth Burnside</td>
<td>5</td>
</tr>
<tr>
<td>2016</td>
<td>Disseminating and Implementing a Smoking Cessation Program for Pregnant and Postpartum Women</td>
<td>Michael Fiore</td>
<td>5-6</td>
</tr>
<tr>
<td>2016</td>
<td>Patient engagement in care redesign: Identifying effective strategies for measuring and scaling the intervention</td>
<td>Nancy Phandi and Sarah Davis</td>
<td>6</td>
</tr>
<tr>
<td>2015</td>
<td>Improving Balance for Older Adults: Disseminating Tai Chi Fundamentals Through Community Organizations</td>
<td>Betty Chewning</td>
<td>6-7</td>
</tr>
<tr>
<td>2015</td>
<td>Addressing Postpartum Depression in Wisconsin Home Visiting Programs: Dissemination/ Implementation of the Evidence Based Mother-Infant Therapy Group</td>
<td>Roseanne Clark</td>
<td>7</td>
</tr>
<tr>
<td>2014</td>
<td>Adapting the Physical Activity for Life for Seniors (PALS) program for Older African Americans</td>
<td>Kimberlee Gretebeck</td>
<td>7-8</td>
</tr>
<tr>
<td>2014</td>
<td>Implementing Successful Detoxification Continuing Care</td>
<td>Todd Molfenter</td>
<td>8</td>
</tr>
<tr>
<td>2014</td>
<td>The Wisconsin Coalition for Collaborative Excellence in Assisted Living as a Quality Improvement Dissemination and Implementation Vehicle</td>
<td>David Zimmerman</td>
<td>8-9</td>
</tr>
<tr>
<td>2013</td>
<td>“Stepping On” to Pisando Fuerte: Adapting an evidence-based falls prevention program for Latino Seniors</td>
<td>Jane Mahoney</td>
<td>9</td>
</tr>
</tbody>
</table>
2018 Awards

PI: Heidi Brown, MD, School of Medicine & Public Health
Title: Reach and Teach: Translating “Mind Over Matter; Healthy Bowels, Healthy Bladder” for Digital Delivery

- Academic Collaborators: Craig Albers, SOE; Megan Piper, SMPH; Margaret Wise, SOP; Nicole Werner, COE
- UW Program Partners: Community Academic Aging Research Network (CAARN), Sonderegger Research Center, Center for Tobacco Research & Intervention, Center for Quality and Productivity Improvement
- Community Collaborators: Wisconsin Institute for Healthy Aging, Greater Wisconsin Agency on Aging Resources, Aging & Disability Resource Center (ADRC) of Ozaukee County

Summary

More than half of older women experience urinary and/or bowel incontinence, but the majority do not seek care. Mind Over Matter; Healthy Bowels, Healthy Bladder (MOM) is a small-group behavior change program with evidence that it has the potential to improve urinary incontinence and bowel incontinence by over 55%. Unfortunately, fewer than 20% of women with incontinence reported that they would be likely to attend an in-person program like MOM; on the other hand 65% said they would participate in an electronic continence program. An electronic version of MOM has the potential to addresses individual barriers to reach and adoption for older women who report concerns about the time commitment, caregiver responsibilities at home, difficulties leaving the home, especially in inclement weather, and excessive distance needed to travel to reach a community center for women in rural areas. Hence, the long-term goal of the proposed research is to improve the reach of effective programs to improve urinary and bowel continence in older women. Our central hypothesis is that eMOM will reach more women when implemented by community agencies than by anonymous mass media promotion. The aims of this study are (1) adapt MOM to an electronic program (eMOM); (2) compare and characterize eMOM’s reach when implemented via community agencies versus Facebook advertising; and (3) assess demand for eMOM by working to develop a customer value statement.

PI: Larissa Duncan, PhD, School of Human Ecology (SOHE)
Title: Dissemination and Implementation of a Mindfulness-Enhanced, Evidence-Based Program to Strengthen Family Relationships and Prevent Adolescent Substance Use in Wisconsin

- Academic Collaborators: Robert Nix, SOHE; Kim Kies, SMPH; Lori Bakken, SOHE; Elaine Berrena, Penn State University
- UW Program Partners: ICTR-CAP D&I Launchpad
- Community Collaborators: UW Extension Cooperative Extension, Family Living Programs (Adams, Jackson, Langlad, Marquette, Burnett, Fond du Lac and Washburn counties)

Summary

Early adolescence is a period of substantial changes for youth. When transitioning to middle school, youth experience a marked decrease in adult involvement, support, and monitoring, and an increase in peers as a socialization force. These changes combine to increase youth exposure to risky situations and thereby contribute to dramatic increases in problem behavior, such as substance use. The Strengthening Families
Program: For Parents and Youth 10-14 (SFP 10-14) is an evidence-based, universal, family-focused intervention designed to prevent substance use onset and escalation in adolescence with results showing longitudinal benefit into young adulthood. We aim to test the factors influencing successful dissemination and implementation (D&I) of MSFP 10-14 in real-world settings in seven Wisconsin (primarily rural) counties. We aim to: 1) engage with stakeholders to obtain feedback on and refine recruitment strategies and marketing materials; 2) discern the training/coaching and assessment strategies that will support mindfulness facilitation skills needed to deliver the program with fidelity; and 3) iteratively pilot and refine the MSFP 10-14 implementation package to evaluate outcomes and support sustainability. The long-term implications of healthier family relationships that support healthy child development and prevent risky behaviors are exponential when considering the increased health and well-being of youth and communities over time.

PI: Linsey Steege, PhD, School of Nursing (SON)
Title: Getting Older Patients Walking: Adaptation of MOVIN (Mobilizing Older adult patients Via a systemsbased INtervention) for Implementation in a Non-Academic Hospital

- Academic Collaborators: Barbara King, SON
- UW Program Partners: ICTR-CAP D&I Launchpad
- Community Collaborators: Aurora St. Luke’s Medical Center, Milwaukee

Summary
Up to 65% of adults’ age 65 years and over will lose their ability to ambulate independently during a hospital stay. Limited patient ambulation and bed rest are independent predictors of loss of ambulation ability and are associated with multiple negative patient and organizational outcomes. Our research has identified multiple personal and organizational barriers that prevent nurses from getting patients up to walk. To address this critical patient safety (loss of ability to ambulate) concern, we created Mobilizing Older adults Via a systems-based INtervention (MOVIN). Our pilot test of MOVIN demonstrated a statistically significant increase in frequency and distance of patient ambulation and a change in nurse behavior and unit culture. The aims for this project are: (1) Adapt MOVIN and develop and refine an intervention package for implementation in a nonacademic, community hospital; (2) Implement MOVIN in an inpatient adult general medical unit in a nonacademic hospital with an on-site clinical team leading the intervention; and (3) Assess market demand for the intervention and develop a customer value statement. Our research goal is to ensure that MOVIN effectively improves older adult patient walking during a hospital stay and is feasible to implement in non-academic, community hospitals across Wisconsin and nationwide. MOVIN has the potential to improve functional independence and quality of life in older adults and to decrease healthcare costs.
2017 Awards

PI: Carmen Valdez, PhD, School of Education
Title: Building the Capacity of Schools to Address the Social and Emotional Needs of Latino Students and Their Families: Implementation and Evaluation of the Fortalezas Familiares Program in Schools
- UW Program Partners: Wisconsin Center for Education Research
- Community Collaborators: 16th Street Community Health Center, Catholic Charities, Madison Metropolitan School District, Rogers InHealth, St. Anthony School Milwaukee, Sue McKenzie, Rogers Memorial Hospital/InHealth

Summary
Latino children face unprecedented challenges that exceed those of other low-income youth. Children of Latino immigrants experience acculturative and immigration stress, fear of parental deportation and family separation, prolonged food insufficiency, housing instability, and heightened economic hardship among other stressors. A notable threat to parent and family wellbeing is maternal depression, with Latina risk for depression increasing with length of residence in the United States. Given that Latino youth have lower rates of mental health service utilization than other racial or ethnic minority youth, it is also critical to reach and engage these youth and families in accessible and familiar environments, such as schools. This project builds on a strengths-based multi-family intervention, Fortalezas Familiares (Family Strengths) for Latina mothers with depressive symptoms, other family caregivers, and children ages 9–18. Guided by Dissemination and Implementation Research frameworks, this project partners with schools and community mental health clinics to develop, implement, and evaluate an implementation package for FF in schools.

PI: Douglas Wiegmann, PhD, College of Engineering
Title: Testing Novel Methods for Analyzing and Correcting Root Causes of Patient Harm
- Academic Collaborators: Jeff Pothof, Tosha Wetterneck, SMPH
- Community Collaborators: UW Health

Summary
Medical error is the 3rd leading cause of death in the United States. Root Cause Analysis (RCA) is a commonly used method to analyze events that impact quality and safety. Despite that, RCA has very limited utility in helping analyze the causes of human error or generating effective corrective actions. If healthcare is to become safer, more appropriate RCA methods for analyzing and correcting errors need to be deployed. The goal of this project is to test the feasibility of integrating the Human Factors Analysis and Classification System (HFACS) and Human Factors Intervention Matrix (HFIX) methodologies into UW-Health’s RCA program. Results will be used to develop an implementation toolkit, which could facilitate the widespread implementation of these new tools and positively impact patient safety at the state and national levels.
2016 Awards

Pls: Elizabeth Burnside, MD, MPH, MS, UW School of Medicine & Public Health – Radiology
Title: Clinical Implementation of Mammography Screening Shared Decision Making Co-Funding: UW Carbone Cancer Center
• Academic Collaborators: Dhavan Shah, L&S/College of Engineering; Sarina Schrager, SMPH; Liz Jacobs, SMPH; Lori DuBenske, SMPH
• Community Collaborators: UW Health Primary Care Clinics; Health Decisions, Patient Stakeholders

Summary
According to the National Center for Health Statistics 3906 women in Wisconsin received a new diagnosis of breast cancer and 757 women died of this disease per year between 2008-12. Breast cancer is the most common cancer among women in Wisconsin regardless of race, accounting for nearly one-third of all cancers diagnosed. Screening mammography plays an important public health role in reducing breast cancer mortality and contributes substantially to the national and statewide declines in breast cancer mortality over the past 30 years. Optimal utilization of mammography is one key to assuring optimal health and well-being of women and improved public health outcomes. Mammography for women ages 40-49 remains controversial and confusing. Development of clinical decision support tools (CDSTs) to support patients and physicians in this important decision are in their infancy. This multidisciplinary research team has developed an alpha version of the Breast Cancer Risk Estimator (B~CARE) embedded in the EHR at UW Health. With significant patient and other stakeholder engagement, the aims of this research are to (1) Determine core components of shared decision-making for mammography in women 40-49, and (2) Implement the EHR-embedded B~CARE guided using the RE-AIM theoretical framework for measuring implementation success. Our long term hypothesis is that B~CARE supported SDM will improve the well-being of women and improved public health outcomes.

PI: Michael Fiore, MD, MPH, MBA, UW School of Medicine & Public Health, General Internal Medicine
Title: Disseminating and Implementing a Smoking Cessation Program for Pregnant and Postpartum Women
• Academic Collaborators: Bruce Christiansen, SMPH; UW Center for Tobacco Research and Intervention (CTRI)
• Community Collaborators: Wisconsin Women’s Health Foundation; State of Wisconsin Department of Health Services; Health and Nutrition Service of Racine; Children’s Community Health Plan; County of Kenosha, Department of Human Services; Children’s Health Alliance of Wisconsin

Summary
There is a compelling need to disseminate and implement effective programs that help pregnant women quit smoking and stay quit postpartum. Smoking during pregnancy results in unequalled risks to the mother and newborn, (placental abruption, preterm birth, SIDS) and markedly increased healthcare costs (NICU admissions). While prenatal smoking cessation interventions do help women quit, postpartum relapse rates can be as high as 85%. This proposal will test whether a smoking cessation intervention for
pregnant women that extends postpartum (Striving to Quit) can be implemented and disseminated outside of the research environment that established its effectiveness (40% maintained biochemically verified 6-month abstinence). Research aims include: (1) Can Striving to Quit, a cessation program for pregnant women who smoke, be implemented effectively to low-income pregnant and postpartum women in Northeast and Southwest Wisconsin communities (including Milwaukee) outside of a rigorous research protocol? (2) Is Striving to Quit more effective in achieving postpartum smoking cessation than “First Breath,” the current standard of care for pregnant women in Wisconsin who smoke? (3) What barriers exist to dissemination of Striving to Quit throughout Wisconsin, and how can these barriers be addressed?

Co PIs: (1) Nancy Pandhi, MD, MPH, PhD, UW School of Medicine & Public Health, Family Medicine & Community Health; (2) Sarah Davis, JD, MPA, UW Law School and School of Pharmacy, Center for Patient Partnerships

Title: Patient engagement in care redesign: Identifying effective strategies for measuring and scaling the intervention

- Academic Collaborators: Maureen Smith, SMPH; Nora Jacobson, SON; Rachel Grob, SMPH & Law; Andrew Quanbeck, College of Engineering
- Community Collaborators: Wisconsin Collaborative for Healthcare Quality, UW Health

Summary

National health reform efforts have mandated patient engagement as a critical component of primary care practice transformation ahead of an evidence-base about effective methods for training teams to do this engagement. Clinical practices report being ill-prepared to engage patients in improving care quality. This research team has developed, implemented, and evaluated an intervention that successfully increased primary care teams’ involvement of patients in quality improvement work at a single academic health system. This project expands on prior research to: (1) Identify measurable outcomes that primary care stakeholders value as a result of patient engagement in quality improvement; (2) Assess the feasibility, acceptability and accuracy of various measures of clinic and team context that may be associated with intervention effectiveness, and (3) Assess the feasibility of different implementation strategies for teaching primary care teams to involve patients in quality improvement work. This pilot will lay the foundation for a future proposal that will be a randomized hybrid effectiveness-implementation clinical trial of different training methods for patient engagement in quality improvement.

2015 Awards

PI: Betty Chewning, PhD, UW School of Pharmacy

Title: Improving Balance for Older Adults: Disseminating Tai Chi Fundamentals Through Community Organizations

- Academic Collaborators: Jane Mahoney, UW SMPH; Kristi Hallisy, UW SMPH
Community Collaborators: La Crosse County Aging Unit, Goodman Community Center, Milwaukee County Department on Aging, Safe Communities

Summary

Falls are the leading cause of injury and related deaths among older adults in Wisconsin, which ranks 3rd in the US in number of deaths due to falls. The greatest effects on fall rates are seen in exercise programs that offer balance exercises such as Tai Chi. The Centers for Disease Control recognized Tai Chi modified for older adults as an evidence-based program to reduce falls, unfortunately few Wisconsin community sites have implemented Tai Chi programs for older adults. This study will implement and evaluate a 6-week session of Tai Chi Fundamentals (TCF) in three community organizations (LaCrosse, Milwaukee, Madison). This pilot will evaluate the effectiveness of the 6-week TCF program, study the barriers and facilitators to TCF implementation in community organizations serving older adults, and prepare a package of TCF with recommendations for dissemination and use.

PI: Roseanne Clark, PhD, UW School of Medicine & Public Health
Title: Addressing Postpartum Depression in Wisconsin Home Visiting Programs: Dissemination/Implementation of the Evidence Based Mother-Infant Therapy Group

Summary

Postpartum Depression is a significant public health issue, with a prevalence rate of 10-15% in the general population, and as high as 35-58% for women living in poverty. Screening, early identification, and treatment are necessary to reduce the suffering of mothers experiencing depression, to enhance parenting capacity, and improve infant developmental, health and mental health outcomes. This project partners with WI Department of Children and Families’ Home Visiting Programs serving families living in poverty, and will evaluate the effectiveness of integrating the evidence-based Mother-Infant Therapy Group for Postpartum Depression (M-ITG) developed at UW, into these trusted, community based programs. ICTR is funding a Dissemination & Implementation pilot component of this project to investigate the feasibility and acceptability of sustained integration of this therapeutic group into Home Visiting models to improve the capacity of home visiting and public health providers in Wisconsin to address mental health needs in underserved populations.

2014 Awards

PI: Kimberlee Gretebeck, PhD, RN, UW SON
Title: Adapting the Physical Activity for Life for Seniors (PALS) program for Older African Americans

Summary

...
Aging (MCDA); Wisconsin Institute for Healthy Aging

Summary

Being physically active is essential for healthy aging. Fewer than one-fourth of African Americans (AA) seniors participate in the recommended levels of physical activity, contributing to disability and poor health outcomes. Importantly, older AAs have the highest disability rates of any racial/ethnic group. It is essential to find ways to increase physical activity among AA seniors. Culturally tailoring interventions is recommended to enhance recruitment and participation and improve health outcomes for racial/ethnic groups. Our goal is to take an effective physical activity program shown to improve physical function, and culturally adapt it for older AAs. By culturally adapting this program, we can improve AA recruitment and participation, increase maintenance of long term physical activity, and ultimately, help to delay or limit disability in this high-risk underserved group.

PI: Todd Molfenter, PhD, UW COE

Title: Implementing Successful Detoxification Continuing Care

- Academic Collaborators: David Gustafson, UW COE; Nora Jacobson, UW SON; Randall Brown, UW SMPH & VA
- Community Collaborators: Access Community Health Centers; State of WI Department of Health Services; Genesis Behavioral Services; Ministry Behavioral Health; North Central Health Care; Sauk County Department of Human Services; Tellurian; Rock Country Human Services

Summary

“Without detoxification and continuing care services, I would be dead right now.” Alcohol and drug abuse disorders tax the healthcare system, fracture families, and cause death. The first line of defense in addressing harmful substance use disorders is detoxification services. Research has shown that those receiving continuing (follow-up) care after treatment are more likely to remain sober or drug free. Unfortunately, only 11-52% of those receiving detoxification services receive continuing care in Wisconsin. Previous work at the UW has led to development of a package of three post-detoxification practices that when implemented achieve continuing care rates of 44-72%. This research will look at how these practices can be disseminated and implemented with fidelity and consistency to achieve the goals of more effectively and sustainably providing continuing care services throughout Wisconsin.

PI: David Zimmerman, PhD, UW COE

Title: The Wisconsin Coalition for Collaborative Excellence in Assisted Living as a Quality Improvement Dissemination and Implementation Vehicle

- Academic Collaborators: Jay Ford, UW COE; Jane Mahoney, UW SMPH; DaRae Coughlin, UW-Milwaukee, Nursing
- Community Collaborators: State of WI Department of Health Services-Divisions of Quality Assurance and Long Term Care; WI State Board on Aging and Ombudsman Program; WI Assisted Living Association; Leading Age Wisconsin; Residential Services Association of Wisconsin; WI Center for Assisted Living
Summary
The Wisconsin Coalition for Collaborative Excellence in Assisted Living (WCCEAL) is the first standardized quality improvement data set for Assisted Living Centers (ALCs) in the country. WCCEAL’s primary goal is to make it feasible and sustainable for ALCs, under the stewardship of their provider associations, to undertake more systematic, information-driven programs to internally assure and improve their quality of care and the quality of life of their residents. The WCCEAL is an evidence-based initiative, and more than 300 ALCs in Wisconsin have become members. This project will evaluate the capacity for the WCCEAL collaboration to disseminate, implement, and sustain a program that is of significant interest to its members—falls prevention. WCCEAL feedback mechanisms will increase the speed and efficiency of disseminating falls prevention quality improvement methods and tools to the ALC community in general, which in turn accelerates knowledge translation into community health outcomes. This project will demonstrate how the WCCEAL model can improve resident quality of life in a specific care area. Insights gained will also help inform falls prevention efforts throughout the community.

2013 Awards

PI: Jane Mahoney, Professor, SMPH/Medicine
Title: “Stepping On” to Pisando Fuerte: Adapting an evidence-based falls prevention program for Latino Seniors

• Academic Collaborators: Elizabeth Jacobs, SMPH/Medicine; Sarah Esmond, CCHE
• Community Collaborators: Latino Health Council, United Community Center, Centro Hispano, North/Eastside Senior Coalition (NESCO), JCS Consulting, Greater Wisconsin Agency on Aging Resources, United Translators

Summary
The number of older Hispanic Americans is growing dramatically in Wisconsin. One third of seniors fall each year in Wisconsin, resulting in 463,000 hospitalizations. While hip-fracture rates are going down for non-Hispanics, they are going up for Hispanics. The Institute of Medicine emphasizes that cultural tailoring of interventions is important to improve ethnic minority health outcomes. While there are effective community-based falls prevention programs for non-Hispanic seniors, none are culturally and linguistically adapted for Hispanics. To remedy this health disparity, we will develop and test a fall prevention program that is adapted to Hispanic culture and language—Pisando Fuerte. Our research goal is to ensure that Pisando Fuerte effectively reduces falls and is feasible to implement in Hispanic communities across Wisconsin and the U.S. We will disseminate Pisando Fuerte working with state and national advocacy, funding, and service organizations including State of Wisconsin Injury Prevention Program and Office on Aging; Greater Wisconsin Agency for Aging Resources; National Council of La Raza; and National Hispanic Council on Aging.