

HEALTH GRANTS FUNDING ALERT

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News In This Issue

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\$533 Million Pushes Translational Research From Bench To Bedside

A consortium by the National Center for Research Resources awarded 14 institutions \$533 million over five years to speed up research progression from the laboratories to the pharmacies 2

\$11.6 Million Answers Why Heart Fail, How They Repair

Jefferson Medical College received a five year \$11.6 million grant to fund four projects unlocking the mysteries of the heart, to better understand why the heart fails and how it could repair itself 4

BSCF Awards \$12.3 Million To Improve Healthcare And Fight Domestic Violence

Blue Shield of California Foundation awarded \$12.3 million to various organizations across California to increase access to healthcare, improve technology in healthcare facilities and to fight domestic violence 6

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Jonas Center Dedicates \$2.5 Million To Educate Future Nursing Faculty

The Jonas Center for Excellence launched the Jonas Nursing Scholars Program with a \$2.5 million grant to send future nurses to school.

The Jonas Center foresees a nursing shortage in the near future believing nursing faculty is the key to filling hospitals with qualified nurses. To ensure a growing community of nursing faculty, the center has begun a scholarship program, producing teachers by covering their tuition.

In 2006 the Health Resources and Services Administration estimated a shortage of one million nurses by 2012 due to 55 percent of nurses retiring in 2011-2020 and an estimated 21 percent of nurses retiring within the next five years.

In the same year, 2006, 88,000 qualified students were turned away from a nursing education and over 40,000 in 2007 because of an insufficient faculty across the nation, according to the Jonas Center.

“[We are] turning nurses away, and we are in a crisis,” Dr. Marilyn DeLuca, RN, executive director of the Jonas Center, told **Health Grants Funding Alert**.

“Much of the attention paid to the nation’s nursing crisis focuses on clinical practice, where the shortfall is most visible to the public. However, faculty development is crucial to ensure we can train the next generation of nurses who will provide individuals and communities access to quality healthcare services,” she said.

The Jonas Center’s solution to the pending nurse shortage is to build upon the faculty to ensure there are teachers for the many students who want to learn. It created the Jonas Nursing Scholars Program as a model they hope other organizations will follow.

The program offers a total of \$2.5 million to be awarded over the next five years. Schools are granted the award, and in turn they offer a forgivable loan to cover tuition and a stipend for living expenses for nursing students up to a maximum of \$70,000 per year, said Jonas Center.

In accepting the loan the student must: complete a doctoral degree in four years; limit salaried employment during study to one day per week; begin teaching nursing full-time in the New York City metropolitan area within four months of their degree completion and remain teaching in that area for the following four years, said the Jonas Center.

The infant program is staying within the New York area for now, said the Jonas Center, but schools outside of the region are partnered with NY schools. The schools receiving grants are:

- Columbia University School of Nursing and Columbia University's Irving Institute of Translational Science: two scholars.
- The City University of New York Graduate Center and Yale School of Nursing: one scholar.
- University of Pennsylvania School of Nursing and New York University College of Nursing: two scholars.
- Johns Hopkins University School of Nursing, Columbia University Mailman School of Public Health and Columbia University School of Nursing: one scholar.

The grants are designed solely to attract potential nurse faculty and only new students will be eligible for the next round of grants. A special focus will be given in the areas least popular such as oncology, geriatrics, mental health, public health and integrative/holistic care, said Jonas Center. Institutions offering PhD, DNS or EdD nursing degrees will be granted.

DeLuca cited other problems that could cause the shortage such as funding, retention and a changing profession at the conference "National Policy Forum on Nursing: Professional Nursing in the 21st Century."

The government needs to step up, said DeLuca about the national budget for nursing, "it's only 20 percent of what was appropriated in 1973."

Watching the presidential race and constantly hearing about healthcare reform, DeLuca rallies for nurses' share only to see roughly \$110 million budgeted for nursing in 2009.

"It would be nice to see that doubled and still not even have half of what was had in 1973. No matter how you reform healthcare, you will still need nurses," said DeLuca.

After educating nurses, programs need to be implemented to keep nurses working. Fifty percent of new graduates will leave their job after the first year and roughly half will leave nursing completely, said DeLuca.

There is a 5-6 percent retention rate in nursing. DeLuca proposes a one year mentorship program to help new nurses become comfortable within their environment.

"It's unrealistic to have them graduate and be comfortable the next day. With a one year mentorship retention, rates rise to double digits," she said.

"Philanthropy can only do so much," DeLuca continued, the government needs to recognize the seriousness of the situation. Until it does the nursing profession will rely on foundations.

Address: Jonas Center for Nursing Excellence, 107 East 70th Street, New York, NY 10021; (212) 609-1584, www.jonascenter.org.

\$533 Million Pushes Translational Research From Bench To Bedside

A consortium led by the National Center for Research Resources (NCRR) awarded 14 institutions \$533 million over five years to speed up research progression from the laboratories to the pharmacies.

Clinical and Translational Science Award (CTSA) is working to fully engage the medical community to improve on and reduce the time it takes for new medical discoveries to move from the petri dishes to patients' bedsides, said NCRR, a branch of the National Institutes of Health (NIH).

"With more than half of NIH's funding allocated for basic research, the CTSA consortium is perfectly poised to help move discoveries in the laboratory to improved patient care. The consortium serves as the

bridge in this process that allows researchers to perfect and refine existing treatments through interdisciplinary teams that extend to the clinic and community,” said Dr. Elias Zerhouni, NIH director.

“Through the consortium, we are better able to leverage expertise and resources across the CTSA institutions, and ultimately maximize NIH’s investment in basic research, which should remain a top priority,” said Zerhouni.

The consortium was launched in 2006 with a total of 38 institutions awarded grants. The next round will be awarded in March 2009. The program is expected to become annual grants with a steady \$500 million budget. Grants to general clinical research centers will be terminated to afford the consortium, said NCCR.

“As the consortium expands across the nation, the NIH is elevating clinical and translational research from a single research enterprise to a network of exceptional collaborations that will translate new knowledge into tangible benefits for the American people by bringing together diverse perspectives and expertise leading to new prevention strategies and clinical treatments,” said Dr. Barbara Alving, NCCR director.

The institutions awarded for their time saving projects are:

- **Albert Einstein College of Medicine of Yeshiva University, New York City, N.Y.** – \$21,683,040 to expand biomedical translational research efforts to better support its immediate community of Bronx, N.Y.
- **Boston University Medical Center, Mass.** – \$22,758,490 will create links between faculty members, trainees and University programs to quicken the process of translational research into innovations while improving connections with community health facilities and advocates.
- **Harvard University, Cambridge, Mass.** – \$117,732,420 to combine the expertise of the lab with resources to improve on ideas making it from the laboratories to the public.
- **Indiana University School of Medicine, Indianapolis** – \$24,765,781 to improve on medical informatics interactions by creating a state-wide lab for experimentations with new methods for adoption.
- **Northwestern University, Chicago, Ill.** – \$28,831,490 to eliminate public health barriers by connecting all centers and hospitals associated with Northwestern to create a free-flow of information and innovative research ideas.
- **The Ohio State University, Columbus** – \$34,130,685 to partner with Nationwide Children’s Hospital to create one lab for biological, clinical and behavioral research with a heavy emphasis on the Appalachian area.
- **The Scripps Research Institute, La Jolla, Calif.** – \$20,000,000 to integrate and innovate by redesigning their translational research into three categories: traditional bench to bedside; bedside to bench and back to bedside; and bedside to the community and the practice of medicine.
- **Stanford University, Palo Alto, Calif.** – \$29,631,930 for synergistic transformative changes in educational and mentoring programs, institutional governance structure, research support infrastructure and professoriate to improve research’s movement into practical methods.
- **Tufts University, Boston, Mass.** – \$20,000,002 million to create connections between researchers and community groups. Each will better understand the others’ needs, accelerating the research process with newly cultivated resources to deliver working therapies to the community.
- **The University of Alabama at Birmingham** – \$26,877,040 will transform the environment through educational ingenuity, regulatory recognition, resource coordination and methodological innovation to better serve the “Black Belt” of Alabama by insuring the bidirectional flow of information between the lay and the research communities.
- **University of Colorado Denver, Aurora** – \$76,155,655 to create a state-wide network of research, healthcare and community resources.

Combined, the collaborative will work to meet specific goals: convert laboratory discoveries into clinical use; bring clinical advances into communities; apply new technology to deliver personalized medicine; train future researchers; and advance child and maternal health.

- **The University of North Carolina at Chapel Hill** – \$61,316,208 to restructure translational research state-wide by introducing an advisory board to determine which research projects and issues receive priority in laboratories.
- **The University of Texas Health Science Center at San Antonio** – \$26,237,875 to support integration of clinical and translational research, while improving education, training and career development across all schools and organizations in south Texas.
- **University of Utah, Salt Lake City** – \$22,581,724 will strengthen their specialty in genetics and bioinformatics in translational research while providing grants to start projects.

Address: National Center for Research Resources, 6701 Democracy Blvd., MSC 4874, Bethesda, MD 20892; (301) 435-0888, www.ncrr.nih.gov.

\$11.6 Million Answers Why Hearts Fail, How They Repair

Jefferson Medical College received a five year \$11.6 million grant to fund four projects unlocking the mysteries of the heart, to better understand why the heart fails and how it could repair itself.

The National Heart, Lung and Blood Institute awarded the grant to study molecular mechanisms of cardiac injury and the process the heart follows when failing or recovering from an injury.

“This study is unique in that we’re not only studying factors that contribute to heart failure but we are also looking for cellular and molecular mechanisms that promote repair for the damaged heart,” said Dr. Walter Koch, the W. W. Smith professor of medicine

and director of the Center for Translational Medicine in the department of medicine at Jefferson.

“We will have four core facilities and four different labs working on this grant from a host of different angles. While much of the project will focus on the science of failure and repair, it is also clinically relevant in that we are working with stem cells and pharmaceutical drugs already being given to patients,” he said.

The projects funded under the grant are:

- ◆ Koch, the principal investigator will study how the enzyme GRK5 is involved in regulating heart cell gene transcription. Gene transcription is part of a two-step process cells use to read a gene and produce a protein. Koch is testing a theory linking abnormal increases in gene transcription in association with heart failure.
- ◆ Dr. Arthur Feldman, the Magee professor and chair of medicine at Jefferson, will study the role of adenosine receptors in the heart. The receptors protect the heart during an attack when it’s deprived of oxygen; Feldman will focus on the role they play in healing the heart after the attack.
- ◆ Dr. Steven Houser, chair of the department of physiology and director of the Cardiovascular Research Center at Temple University’s School of Medicine, will be studying how the influx of calcium ions can potentially damage the heart or aid in its regeneration, depending on the calcium channels taken. Damage of a failing heart is often attributed to an influx of calcium through the (L) type channel, Houser has noticed small cells from resident cardiac stem cells through the (T) type calcium channel could aid in heart regeneration. Houser will focus on expanding on this discovery and study the calcium signaling characteristics of the heart stem cells.
- ◆ Dr. Thomas Force, the James C Wilson professor of medicine at Jefferson, found a cancer drug, tyrosine kinase, can interfere with an enzyme resulting in heart failure. Force believes the damage the medicine causes is reversible, suggesting the drugs are damaging heart stem cells that could prevent repair.

Force will examine the effect tyrosine kinase inhibitor drugs has on cardiac stem cells.

Address: Jefferson Medical College, 1020 Walnut Street, Philadelphia, PA 19107; (215) 955-6000, www.jefferson.edu.

RWJF Awards \$2 Million For Healthy Video Games

The Robert Wood Johnson Foundation (RWJF) awarded \$2 million to 12 institutions to fund research projects for the development of health-conscience video games in an effort to create a healthier nation.

“Health Games Research gives us a tremendous opportunity to advance the field. Previous studies and clinical trials have shown that well-designed interactive games can significantly improve players’ health-related knowledge, skills, behaviors and outcomes,” said Dr. Debra Lieberman, program director and communication researcher at the University of California, Santa Barbara.

“The 12 new studies will give us deeper insights into how and why certain game designs are compelling, fun and effective, and for which types of people. This work will yield a broad spectrum of validated game design principles that game designers will be able to use to enhance effectiveness of future health games and game technologies,” she said.

The grantees will design video games and measure the reaction their specific audience has to them. This information will contribute to the knowledge of how consumers pick which video games they would like to play, how well they adopt the healthy habits learned from the games into their daily routines.

“Games could be a very powerful environment for change. [Games] provide a challenge to reach a goal. That’s why we get hooked on games and we love to play them always striving to do better and better, we take great pleasure in succeeding,” said Lieberman.

“Stroke victims are willing to work harder, reach further, persevere longer in their rehabilitation when they have a game environment. They stop thinking about ‘oh, it hurts’ or ‘I can’t do it’ they’re just

thinking about that goal and it brings tremendous results,” Lieberman added.

The information gathered from this research will be widely available to everyone from developers to those who fund games. The goal is to raise the standards of the designs chosen for games, said Lieberman.

The projects address the mental motivations to improve on self care and the ability for a game to engage its player in physical activity, said Lieberman.

The following institutions and games were awarded:

- Cornell University, Department of Communication, Ithaca, NY. **Mindless Eating Challenge.** This is a mobile phone game that provides eating tips, a virtual character adolescents must nurture while providing feedback on how to eat healthier.
- Indiana University, School of Health, Physical Education and Recreation, Bloomington. **BloomingLife: The Skeleton Chase.** This is an alternative reality game promoting physical activity and healthy lifestyle choices. There is a mystery, geared towards college freshman, taking eight weeks to solve full of physical and mental challenges for clues.
- Maine Medical Center, Portland. **Family-Based Exergaming with Dance Dance Revolution.** Participating families with one overweight child will all dance along with the game, while measurements of physical activity, enjoyment of activity, body mass index and family dynamics will be studied.
- Union College, Department of Psychology, Schenectady, NY. **Seniors Cyber-Cycling with a Virtual Team: Effects on Exercise Behavior, Neuropsychological Function and Physiological Outcomes.** A touch screen and stationary bike will have seniors cycling in adult communities. The game will provide personal feedback while providing a scenic environment to ride a bike through or they can compete with fellow community members.
- University of California, San Diego, School of Medicine, La Jolla. **Behavioral Choice Theory**

- Approach to Testing Exertainment for Adolescent Physical Activity.** Using sport games, physical activity will be monitored in 11-15-year olds to measure intensity, duration and how other players influence healthy change.
- University of Central Florida, College of Medicine, Orlando. **Practicing Relapse Prevention in Artificial-Reality Environments: A Game-Based Therapy Maintenance Tool.** A role-playing game designed for 18-65-year-olds diagnosed with alcohol abuse to practice skills to prevent real-life relapses.
 - University of Florida, College of Public Health and Health Professions, Gainesville. **Action Video Games to Improve Everyday Cognitive Function in Older Adults.** This driving video game is designed to measure the visual attention skills of 65 years and older individuals living in a community.
 - University of North Carolina at Chapel Hill, School of Public Health. **Presence: Predicting Sensory and Control Effects of Console Video Games in Young Adults.** The game will compare energy used during traditional video games versus active video games and the players sense of being present in the game along with their motivation to play.
 - University of South Carolina Research Foundation, Columbia. **Commercially Available Interactive Video Games for Individuals with Chronic Mobility and Balance Deficits Post-Stroke.** It will examine the potential effect of active video games on stroke rehabilitation activities, measuring Wii and EyeToy's effect on mobility, balance and fear of falling.
 - University of Southern California, School of Cinematic Arts, Los Angeles. **Effectiveness of Social Mobile Networked Games in Promoting Active Lifestyles for Wellness.** Using Internet and cell phones, participants ages 12-44 will have a social network of real-world members or a virtual character(s) to keep them on a healthy path in the real world.
 - University of Vermont, School of Medicine, Burlington. **Breath Biofeedback Video Game for Children with Cystic Fibrosis.** It will examine how breath biofeedback can increase awareness among cystic fibrosis patients to use inhaled medicines and engagement in respiratory exercises.
 - University of Washington, School of Medicine, Seattle. **Video Games for Dietary Behavior Change and Improved Glycemic Control in Diabetes.** The game improves the estimation of carbohydrates and calories in food portions and maintaining healthy eating habits of people with type 2 diabetes is the goal of this series of mobile minigames.
- Address: Robert Wood Johnson Foundation, P.O. Box 2316, College Road East Route 1, Princeton, NJ 08543; (877) 843-7953, www.rwjf.org.

BSCF Awards \$12.3 Million To Improve Healthcare And Fight Domestic Violence

Blue Shield of California Foundation (BSCF) awarded \$12.3 million to various organizations across California to increase access to healthcare, improve technology in healthcare facilities and to fight domestic violence.

A total of \$8.1 million was dedicated to increasing healthcare access to underserved Californians.

“Nearly three million uninsured and underinsured people receive vital healthcare services at California’s community clinics, and those numbers are growing,” said Crystal Hayling, president and CEO of BSCF.

Two hundred community clinics will be awarded their share of the \$7.1 million grant for the annual Community Clinic and Consortium Core Support Initiative.

“Community clinics are the backbone of the state’s healthcare safety net and we are committed to helping them face the continuing challenges ahead,” she said.

An additional \$100,000 grant was given to Operation USA to provide medical supplies and equipment to community clinics specific to Northern California, said BSCF.

Integrated Healthcare Association in Alameda was awarded \$1.3 million to evaluate medical equipment used in hospitals for cardiology and orthopedics. The information it accrues will be given to hospitals to improve on the technology they adopt, said BSCF.

Additionally, \$2.3 million was awarded to the Domestic Violence Shelter Initiative. The program supports shelters and domestic violence service providers for Californians to use as a safe haven where they can rebuild their lives.

Marin Abused Women's Services received \$275,000 to train 40 community leaders. The leaders will then conduct educational services throughout their community to prevent domestic violence, said BSCF.

Address: Blue Shield of California Foundation, 50 Beale Street, San Francisco, CA 94105; (415) 229-5785, www.blueshieldcafoundation.org.

M.D. Anderson Cancer Center Established With \$35 Million

The Dan L. Duncan Family Foundation awarded \$35 million to the cancer prevention program at the University of Texas M.D. Anderson Cancer Center to create the Dan Duncan Family Institute for Cancer Prevention and Risk Assessment.

The new institute will house a number of initiatives aimed at cancer prevention for the medically underserved and minority communities in Texas, including the study of incidence and determinants of cancer and cancer-related behavioral and genetic risk factors, said the center.

The research will lead to the development of cancer prevention strategies to reduce cancer-related deaths in the neglected population.

Researchers and clinicians of different calibers and specialties will be recruited with the grant to

collaborate on cancer prevention. Different disciplines involved are: epidemiologists; behavioral scientists; biochemists; molecular biologists; computer and information scientists; and clinical scientists.

Address: The University of Texas M.D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX 77030; (800) 392-1611, www.mdanderson.org.

USC Awarded \$12.4 Million To Improve Stroke Victims Movements

The University of Southern California (USC) was awarded \$12.4 million from the National Institutes of Health (NIH) to improve stroke survivors quality of life by studying how more physical therapy earlier can improve upon lost movement in limbs.

The National Institute of Neurological and Stroke and the National Institute of Child Health and Human Development awarded the five-year grant to Carolee Winstein, director of the Motor Behavior and Neurorehabilitation Laboratory at USC.

The grant will fund her study, Interdisciplinary Comprehensive Arm Rehabilitation (I-CARE) Stroke Initiative, focusing on stroke victims who have lost movement in their upper limbs.

About 65 percent of stroke survivors experience significant disability, such as the loss of use of one arm. This can lead to a reduced quality of life and loss of independence, said Winstein, a professor of biokinesiology and physical therapy.

She will investigate how an increase in physical therapy earlier during rehabilitation will improve patients' movements and recovery.

"More effective rehabilitation treatments could lessen the disability, caregiver burden and economic impact of stroke," Winstein said.

Her research will investigate the effectiveness of the Accelerated Skill Acquisition Program (ASAP), which is an "intense and focused" outpatient rehabilitation program that emphasizes activities-based training and resistance exercises.

The program is unique because it involves 30 hours of one-on-one therapy within the first three months after the stroke. ASAP also uses motivational techniques to encourage patients to self-manage their therapy, said USC.

Patients will be divided into three groups: an ASAP therapy group; an outpatient group receiving a similar amount of physical therapy; and a monitoring only outpatient group.

The ASAP and outpatient group will attend a one hour therapy session, three times a week for 10 weeks. The monitoring only group will receive outpatient therapy for a frequency and duration prescribed by their referring physician, said USC.

The extensive study is expected to generate a wealth of useful data about stroke rehabilitation that "could find use in trials of current and future experimental interventions such as pharmacological agents, gene therapy, stem cell implants and

robot-assisted and direct cortical stimulation programs," Winstein said.

The I-CARE trial will link the USC School of Dentistry's Division of Biokinesiology and Physical Therapy with two other academic clinical research centers in the U.S.: the National Rehabilitation Hospital in Washington, D.C. and the Emory University Center for Rehabilitation Medicine in Atlanta, Ga. USC will serve as the primary project site and data management center.

I-CARE will also involve five Southern California physical rehabilitation sites: Cedars-Sinai Medical Center in Los Angeles, Casa Colina Centers for Rehabilitation in Pomona, Huntington Rehabilitation Medicine Associates in Pasadena, Long Beach Memorial Medical Center in Long Beach and Rancho Los Amigos National Rehabilitation Center in Downey.

Address: University of Southern California, University Park Campus, Los Angeles, CA 90089; (213) 740-2311, www.usc.edu.

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