

InCHIP's Evolution: 1989-Present



*CHIP was within the Department of Psychological Sciences until 2010, when it became an independent University Research Center under the Office of the Vice President for Research

UConn | UNIVERSITY OF CONNECTICUT

INSTITUTE FOR COLLABORATION ON HEALTH,
INTERVENTION, AND POLICY (InCHIP)

**ANNUAL
REPORT**

May 16, 2017-
May 15, 2018

Contents

02	Letter from the Director
05	Reflections on a Visionary Career
09	InCHIP Highlights of FY18
14	Examples of New Research Projects Awarded in FY18
18	A New InCHIP Grant Investigates Americans' Perspectives on Health Equity
20	InCHIP Researchers Make Major Scientific Contributions in the Fight Against HIV
31	Administrative Core
32	Training and Development Core
34	Intervention Core
36	Community-Engaged Health Research Core
40	FY18 Seed Grant Competitions
41	Boundary Spanning Services
42	Lecture Series
44	InCHIP Centers and Groups
45	InCHIP Research Interest Groups
50	Rudd Center for Food Policy and Obesity
52	Collaboratory for School and Child Health
55	UConn Center for mHealth and Social Media
58	Welcome to InCHIP's New Director Amy Gorin
59	Appendices
79	Acknowledgments

Letter from the Director

I have been privileged to be the founding Director of InCHIP and its predecessors, beginning with the UConn AIDS Risk Reduction Project (ARRP) in 1989, and CHIP, which originally stood for the Center for HIV Intervention and Prevention, in 1997. (See the figure on the cover of this Annual Report for all of InCHIP's incarnations and logos over the years.) ARRP and CHIP were initially funded by large National Institutes of Health (NIH) R01 grants that were awarded me at UConn and Bill Fisher at the University of Western Ontario. They were located physically and administratively in UConn's Psychology Department, and focused entirely on HIV prevention from a psychological perspective.

We were able to recruit Blair Johnson, who had large HIV prevention grants at Syracuse, to UConn Psychology and CHIP in 1999. Kerry Marsh came from Syracuse with Blair to work on his project, and I recruited Deborah Cornman to work on my HIV prevention grant the same year. We now had a small core of HIV prevention researchers, and in 2002, I had a desire to create a Center that was much more than a few individual R01 grants. At UConn, at the start of the new millennium, nothing was impossible. There were ample resources to fund good new ideas and upper administrators excited to support them. In April 2002, Skip Lowe (then Psychology Department Chair) and I went to see John Petersen, the University's new Provost and Executive Vice President of Academic Affairs. The HIV epidemic was raging. I told John that with some physical space, some positions, and some venture capital, UConn could become a leader in HIV prevention research. He supported my request on all counts, and CHIP became one of a few UConn research centers funded by the Office of the UConn Vice President for Research (OVRP).

We started to recruit CHIP affiliates at UConn from disciplines outside of Psychology (Leslie Snyder of Communication was the first), and CHIP started to function more as it does today. I named Deborah Cornman CHIP Associate Director. In 2002, we successfully recruited Seth Kalichman, who had significant NIH-funded HIV prevention research projects, from Medical College of Wisconsin, and Bede Agocha joined Psychology and CHIP from University of Missouri. I recruited Mike Copenhaver from Yale to work on my grants. The photo below is of the original group of CHIP affiliates.

In 2002, we worked with an architect to create the plans for new CHIP space on the first floor of the J. Ray Ryan building, and John Peterson had it built. The Ryan building had been a cafeteria built atop pillars one story high. Under the cafeteria, there was plywood encircling the pillars, and equipment was stored inside. Some deridingly called it "Plywood City." It looked much better after the construc-



Original CHIP affiliates pictured left to right: William Fisher (U. of Western Ontario), Michael Copenhaver, Jeffrey Fisher, Seth Kalichman, Blair Johnson (rear), Leslie Snyder, Kerry Marsh, Bede Agocha, and Deborah Cornman.

tion, with the plywood replaced by the first floor of our Center. A few years later, signifying our increasing success, the cafeteria was removed and much of the second floor was renovated for our use.

In 2004, CHIP's mission was broadened to include multiple health domains but with a continuing major focus on HIV. The words underlying the CHIP acronym were changed to "Center for Health/HIV Intervention and Prevention." In 2006, since CHIP's focus now included many health domains in equal measure, the words formally underlying the CHIP acronym became "Center for Health, Intervention and Prevention." It is rather funny that for four different evolutions of our mission -- and name -- careful wordsmithing allowed us to be able continue to use the CHIP acronym! In 2010, rather than a research center within the Psychology Department, CHIP became a research center administratively located under the VPR, acknowledging its status as a broad-based University resource. In 2016, our name changed to "Institute for Collaboration on Health, Intervention and Policy (InCHIP)," reflecting our new status as a large Institute spanning all UConn campuses and UConn Health (see Figure on the cover of this annual report).

Due to all of you -- our remarkable affiliates, Principal Investigators, administrative staff, and Associate Directors -- InCHIP and its predecessors have accomplished a tremendous amount. From our inception until today, we have recruited world-class researchers to InCHIP and UConn from other institutions with specialties in HIV, obesity prevention, cancer prevention, electronic and mobile health, epidemiology, and others. We recruited the Rudd Center to move to InCHIP from Yale, and the Center for mHealth and Social Media to move to InCHIP from UMass Medical School.

We have performed research that has improved the public health in important ways in the U.S. and globally. In the process, since 2002, we obtained \$160 million in external grant funding, and generated \$40 million in indirect cost returns to UConn. We have worked to support the success of many fabulous UConn faculty, had over 100 different Principal Investigators, and been instrumental in bringing to life a very large number of externally-funded grants.

We started with just the nine affiliates in the photo above, and now have about 400 from almost every school and college at UConn and more than 60 other institutions. We have trained many absolutely phenomenal graduate students and post-docs who have gone on to make very significant contributions to their fields.

It has been a wonderful opportunity for me, along with a cast of many extremely talented academics and administrative colleagues, to have had a role in our evolution. We have done things we never thought would be possible, and for that I am very proud. Being the founding Director of InCHIP has been one of the greatest privileges of my professional life. After I retire on September 1, I look forward to interacting with all of you in my new phase of life. I will continue my passion of studying vexing problems that occur when folks do



Cancer



Exercise Science



Obesity



School & Child Health



Substance Use



Jeffrey Fisher, PhD
InCHIP Director & Board of
Trustees Distinguished Professor
of Psychological Sciences

not behave in the best interest of their health. I love understanding the dynamics of such behavior and designing theory-based interventions to help people change. I do not think I could be happy without playing at least a bit in this fascinating sandbox. I will be writing some grants, helping UConn find global partners for health research, doing some mentoring, and consulting on how to build successful Centers and Institutes elsewhere. Consulting is very different from directing a Center or Institute day after day, year after year. It is more like being a grandparent -- you visit, enjoy, and leave after a few days!

I want to thank all the many folks who worked with me on my research over the years, beginning before we received NIH funding for ARRP -- from 1975 to 1989. It was impossible to pay you, but you believed in what we were doing, and that was somehow enough. Many fabulous colleagues, graduate students, post-docs and professional employees worked with me from 1989 to 2014 on my NIH grants with Bill Fisher. You deserve great credit for our scientific accomplishments.

I deeply thank everyone within and outside of the Institute who made InCHIP and its predecessors possible. Outside of InCHIP, several Vice Presidents and Associate Vice Presidents of Research, Provosts, and Vice Provosts have been extremely supportive. Most relevant to the present context, I am grateful to all of those who worked with me to build InCHIP and its

predecessors. Over the years, there have been too many of you to mention individually, but I am extremely grateful to each of you. Deborah Cornman has been Associate Director since we began and contributed a great deal to our progress. Vasinee Long worked with us for many years, has passed away, and is fondly remembered. Melissa Stone has been with us from the start in many different critical roles. Steve Jagielo, AnnMarie White, Lynne Hendrickson, Grace Morris, Aaron Plotke, Melanie Skolnick, Niva Ranjeet, and Josh Hardin contribute greatly to the finest administrative team anywhere. Because of these folks, our Associate Directors, and our affiliates and PIs, InCHIP is widely considered one of UConn's crown jewels.

After sixteen years in an administrative role, it is a pleasure to pass the administrative torch to Dr. Amy Gorin. I am delighted that InCHIP will have a new Director with such vision and talent. I wish Amy every success in running this remarkable Institute which all of you helped to build. I have loved working with you and serving as founding InCHIP Director. I look forward to interacting with you after my retirement on September 1 in my new role as active InCHIP affiliate, health promotion researcher, consultant, extremely attentive parent and grandparent, and leisurely world traveler!

With affection,

Jeffrey D. Fisher, Ph.D
Board of Trustees Distinguished Professor of Psychological Sciences
Director, Institute for Collaboration on Health, Intervention, and Policy (InCHIP; Formerly CHIP)
University of Connecticut
Storrs, Connecticut 06269 USA

Reflections on a Visionary Career

By Beth Krane

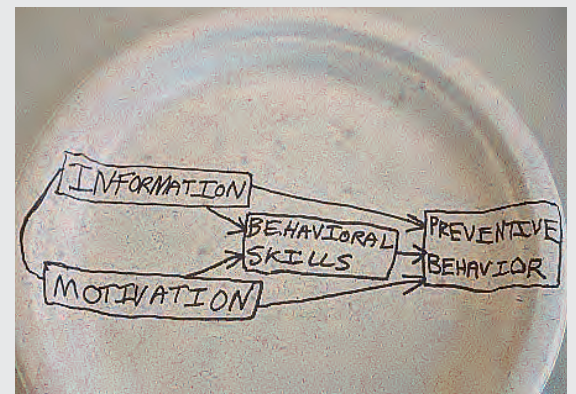
In a chapter he was invited to write for a soon-to-be published book *Lives Lost, Careers Changed, and Survival 30 Years On: Narratives from HIV/AIDS Pioneers*, Jeff Fisher shared why he and his brother and long-time collaborator, Bill, “were excited - even compelled - to join the fight against AIDS.”

“A curse (or a distinct benefit) of growing up in the 1960s was a pervasive need to believe that one’s work could have the potential to help change the world,” Fisher wrote.

When he retires at the end of the summer, the UConn Distinguished Professor of Psychological Sciences and Founding Director of what is now the Institute for Collaboration on Health, Intervention and Policy (InCHIP) will close a chapter on a career that has spanned more than four decades and produced lasting changes - in the field of health behavior change, in the lives of people at high risk for disease and adverse health outcomes around the globe, in the fabric of a Research 1 university, and in the careers of the many graduate students, post doctorates and junior faculty he has mentored.

Researcher and Interventionist

Fisher, described by colleagues as a rigorous thinker who has profoundly impacted a generation of researchers in psychology, public health and beyond, has published extensively in many areas in the field of health behavior change, including theory development and intervention design, implementation, evaluation and dissemination. He is one of the pioneers who helped define the field of HIV prevention behavioral and intervention science and the lead author on his and Bill Fisher’s highly-cited and utilized Information-Motivation-Behavioral Skills (IMB) Model of HIV Risk Behavior Change, published in *Psychological Bulletin*, one of the field’s top journals. At least 50 published, rigorously evaluated and effective HIV prevention interventions have used the IMB Model to reduce HIV risk behavior in different populations around the world, and effective interventions based on the model also have been developed to change behaviors in a number of other health areas, including medication adherence, medical care initiation and maintenance, diabetes self-management, and obesity prevention. Some of those interventions have been adopted by public health officials in different countries to prevent HIV transmission and other health conditions.



The initial sketch of the IMB model created by Jeff and Bill Fisher

“Even today, more than 20 years since he published that paper, that theory continues to shape what we do in health behavior change. Nothing has surpassed it in HIV prevention or health behavior change,” said Delores Albarracin, a psychology professor at University of Illinois and the current editor of *Psychological Bulletin*. Fisher served as Albarracin’s mentor on her first National Institutes of Health (NIH) grant shortly after publishing the IMB Model.

One of the most impactful interventions designed by the Fisher brothers is Options for Health, which addresses HIV risk behavior among people living with HIV (PLWH) who are receiving routine HIV medical care. The intervention is significant because it was among the first to focus on the HIV prevention needs of PLWH, who have the potential to transmit HIV to others and contract other pathogens themselves through risky behavior. With it, the Fishers formed novel collaborations between psychologists, physicians, lay health counselors and PLWH with the goal of lowering risk behavior in PLWH. Proven effective and recognized by the U.S. Centers for Disease Control and Prevention, Options has been disseminated broadly in the U.S. and Africa and saved lives.

“Everything we have ever done in our careers has been an invention,” said Bill Fisher, a Distinguished Professor of Psychology and of Obstetrics and Gynecology at University of Western Ontario. “Nothing has ever been taken off a shelf. Everything has required creating and testing to solve, or begin to solve, seemingly intractable health problems.”



William Fisher and Jeff Fisher

During the past 25 years, Jeff Fisher has been the principal investigator on 11 NIH grants with his brother totaling more than \$25 million.

Prior to enlisting in the fight against AIDS, Fisher, a social psychologist, also made significant contributions to and has highly-cited theoretical and empirically-based publications in the area of recipients' reaction to aid, including the effects of peer tutoring and on other countries' reactions to U.S. foreign aid, with another long-time collaborator and close friend, Arie Nadler, an Emeritus Professor of Social Psychology and founder of the Institute for Diplomacy and Regional Cooperation at Tel Aviv University.

“We opened a new path in the area of ‘Helping Behavior’ which had been dominated by a focus on help giving,” Nadler said. “Our perspective regards helping as a dynamic social interaction between helper and recipient, which can convey important self-relevant messages to the recipient and impact subsequent recipient self-help behavior.”

Fisher also made significant contributions to the field of environmental psychology.

Founding Director

In 2002, after he already had recruited a handful of highly-regarded HIV behavioral scientists to UConn and his fledgling Center for HIV Intervention and Prevention (CHIP), Fisher had the desire to create a center that was more than a collection of individual NIH grants. He secured financial support from university administration to build a dedicated space for the center on campus, to add positions, to provide numerous exceptional resources to help UConn health-related researchers to excel, and to hold annual internal seed grant competitions to fund pilot work that consistently has led to more federal grants. Fisher continued to recruit new researchers to join InCHIP from other fields at UConn and other institutions, many from Ivy League Universities. He also lured the world-renowned Rudd Center for Food Policy and Obesity from Yale University, a major coup, and recently wooed the Center for mHealth and Social Media from UMass Medical School, too.

Today, InCHIP has grown from fewer than a dozen researchers primarily in the field of psychology to more than 400 affiliates spanning many disciplines and UConn campuses and from more than 60 other national and international research institutions. The Institute has brought more than \$160 million in new grants to UConn, and its research has had a global impact in a variety of health do-

mains including HIV, obesity, and cancer.

Administrators and colleagues largely attribute Fisher's success building what is now InCHIP to his strong vision and organizational skills and also to unparalleled perseverance and energy that make him "a force of nature."

"Jeff Fisher's legacy will continue to grow through the burgeoning activities of the most successful Institute in the history of UConn," said former Provost and Executive Vice President for Academic Affairs Mun Choi.

Sally Reis, who worked most closely with Fisher in her role as Vice Provost of Academic Affairs, said "Jeff Fisher's accomplishments serve as a model for the life of a highly productive, visionary professor at a Research 1 institution... his record speaks for itself as does his commitment to creating changes that positively affect the public good."

During the years the Provost's Office funded Academic Plan proposals, administrators considered many plans to establish new centers and institutes on campus and urged all new directors to meet with Fisher to learn from his considerable experience, said Larry Silbart, who worked with Fisher first as department head of Allied Health Sciences and then as Vice Provost for Strategic Initiatives.

"Behind closed doors, we would outwardly wonder 'Where will we get the next Jeff Fisher?'" Silbart said.

Mentor

Fisher has mentored many graduate students during his career as a professor, including 15 for whom he served as a major advisor and eight of whom earned prestigious National Institute of Mental Health (NIMH) National Research Service Awards (NRSAs). Those he trained consistently mention his extremely high standards and his unwavering support. They have gone on to establish their own highly productive careers.

"Jeff pushed me to achieve things I didn't think were possible and I have no doubt that is what set me on an amazing trajectory for a career in academia," said Susan Kiene, a former doctoral student of Fisher's who is now a Professor of Global Health at San Diego State University with a strong portfolio of HIV prevention grants.

Kiene also said having the opportunity to work with Fisher in South Africa shaped her research interests and has led to her continued work in sub-Saharan Africa.

Another former doctoral student who recently received a prestigious American Psychological Association early career award and now works and performs research at the National Cancer Institute, Becky Ferrer recalled Fisher's openness to her adding an emotion component to the IMB Model: "I'm not sure how many advisors would have been not just supportive of, but excited about, a graduate student 'improving' his signature theory, but Jeff really was."

Angela Bryan, a Professor at University of Colorado at Boulder who worked for Fisher as a postdoc and whose research has been continuously funded by NIH for the past 18 years, called then CHIP "a perfect training environment," a sentiment echoed by many other graduate students and postdocs.

"Everything I learned about grantmanship and about how to do research on a grand scale with the

potential to change people's lives, I learned from Jeff and Bill," Bryan said.

Mary Jane Rotheram, who led CHIPTS, a very successful national center for HIV prevention at UCLA funded by NIH, noted that, in addition to Fisher's research, his mentorship is among his most important professional achievements.

"Jeff has strategically positioned his team and his trainees in some of the most important institutions nationally, spreading his legacy across time and region. His South Africa work similarly leaves a legacy both in his trainees and the programs that are entrenched in the community," Rotheram said. "Our challenge will be how to maintain his work."

“

Jeff pushed me to achieve things I didn't think were possible, and I have no doubt that is what set me on an amazing trajectory for a career in academia.”

Susan Kiene, Professor of Global Health at San Diego State University

InCHIP Highlights of FY18

UConn's Institute for Collaboration on Health, Intervention, and Policy (InCHIP) is a national and international leader in health and health behavior research, supporting world-class research in domains as diverse as obesity, HIV, cancer, substance abuse prevention, elimination of health disparities, and many others. InCHIP provides exceptional resources to UConn researchers to facilitate their success in physical and mental health research.

InCHIP had a stellar year in FY18, achieving its greatest success ever in securing external grant funding, even in a difficult funding climate, successfully recruiting a major Center from another University that conducts mobile health and social media health promotion research, and further refining its organizational structure to provide even better services to UConn researchers.

New UConn mHealth and Social Media Research Center within InCHIP

In August 2017, the Center for mHealth and Social Media, headed by Professor Sherry Pagoto (Allied Health Sciences), moved to InCHIP from UMass Medical Center. This innovative center provides InCHIP and UConn with new strengths critical to the design and implementation of state-of-the-science mHealth and social media-based health promotion interventions that can be widely disseminated to improve the public health. The new Center has 9 FTE, provides invaluable resources to the entire University community, and brought \$4M in external grants with it to InCHIP. Since arriving, it has received substantial additional external funding. For more information about the accomplishments of this Center in FY18, see page 56 of the Annual Report.

Refinement of Our New Organizational Structure

During FY18, InCHIP continued to implement and refine major changes to its new organizational structure initiated in FY17, and expanded the ways it serves UConn's health-related researchers. The new Core structure augments InCHIP's ability to help researchers secure significant external funding for health-related research by offering: (1) trainings in grant writing and research team development, appropriate to each faculty member's career stage, (2) expert assistance and support to those developing and writing grant proposals, including internal reviews of proposals, (3) mentorships from experienced faculty researchers, (4) curated and targeted searches for grant funding opportunities, (5) seed grant funding, (6) community-engaged health research facilitation, and (7) exceptional pre- and post-award support, among other services.

During FY18, in addition to providing "one-stop shopping" to health researchers across UConn, InCHIP brokered major new research and funding collaborations at the University in numerous ways. For these reasons and others, InCHIP's external grant portfolio grew substantially in FY18.

Looking forward to FY19, Board of Trustees Distinguished Professor Jeffrey Fisher, InCHIP's founding Director, will step down as Director and retire on August 31, 2018 after sixteen years at the helm. He will be succeeded by InCHIP Associate Director and Professor Amy Gorin of the Department of Psychological Sciences. In FY19, InCHIP will continue to build its capacity in faculty research training and development, digital health research, and research engagement with community groups, striving towards the ultimate goal of promoting cutting-edge research that makes long-lasting positive impacts on the health of communities around the world. It is anticipated that InCHIP will continue to be highly successful in attracting external funding even in an uncertain funding environment. And new InCHIP Director Gorin and her team are expected to unveil several new initiatives in the coming year.

Please see the InCHIP Organizational Chart on page 60.

Since InCHIP's inception in 2002, InCHIP PIs have been awarded a remarkable **\$160.1 million in total costs, \$121 million in direct costs, and \$39.1 million in indirect costs.**

Grant Funding and Expanded Research Enterprise

In terms of external grant productivity, InCHIP had the best year in its history in FY18.

Research dollars awarded or expended comprise an index of volume of research activity. InCHIP's FY18 expended research dollars are its highest ever at \$13.0 million in total costs (compared to \$11.1 million in FY17) and \$9.6 million in direct costs (compared to \$8.5 million in FY17). Additionally, in FY18, \$3.4 million in indirect costs were recovered by the University from InCHIP external grant expenditures, the largest ever. Indirect cost recoveries from grants are very important to the University, especially in challenging fiscal periods.

This past year from May 16, 2017 to May 15, 2018, InCHIP had 102 active grants with the highest ever in total active funding across all grant years, comprising \$65.4 million in total costs, \$48.1 million in direct costs, and \$17.3 million in indirect costs. This is compared to \$56.1 million in total costs, \$42.5 million in direct costs, and \$13.6 million in indirect costs for the same period in FY17.

This past year, from May 16, 2017 to May 15, 2018, InCHIP PIs were awarded 46 new external grants to conduct research projects in diverse domains of health and health behavior. The new awards equated to \$20.0 million in total costs, \$14.0 million in direct costs, and \$6.0 million in indirect costs, and comprise the largest dollar volume of newly awarded InCHIP grants in one year in InCHIP's history. This is especially remarkable in the current federal funding climate.

Since FY02, when InCHIP was founded, InCHIP external funding has totaled a remarkable \$160.1 million in total costs, \$121.0 million in direct costs, and \$39.1 million in indirect costs.

InCHIP Principal Investigators (PIs) were very active in applying for external grants this fiscal year. From May 16, 2017 to May 15, 2018, InCHIP PIs applied for 113 external grants, requesting \$62.7 million in total costs, \$45.0 million in direct costs, and \$17.7 million in indirect costs. This level of requested funding represents one of the highest in InCHIP's history.

In FY18, InCHIP continued to be a worldwide leader in **HIV research**. Since its founding in FY02, InCHIP researchers have secured over \$100 million in external funding for HIV research. In FY18, newly funded initiatives include one to address complex and interactive issues surrounding HIV risk behavior and adherence to Pre-Exposure Prophylaxis (PrEP) in people who use drugs, and a new grant to test a novel intervention promoting HIV self-testing and PrEP use in young HIV uninfected Ugandan women engaging in high risk sexual activity, among others. PrEP is an HIV prevention strategy where HIV-negative individuals take anti-HIV medications before coming into contact with HIV to reduce their risk of becoming infected. The medications work to prevent HIV from establishing infection inside the body.

Obesity prevention is another major InCHIP focus. In FY18, InCHIP researchers were newly awarded grant funding for a plethora of obesity studies, including several to design, implement, and rigorously evaluate novel apps to promote and maintain weight loss in diverse populations.

Additional funded grants included one for a weight loss intervention targeted to the needs of post-partum mothers delivered via Facebook, a grant to assess the efficacy of peer autonomous support compared to traditional means in preventing weight regain, a grant examining how the community-level food environment (e.g., fast-food restaurants, convenience stores) impacts the success of interventions to improve preschoolers' diet, and a grant to launch a transdisciplinary mentorship program in mobile health research on weight loss and cardiovascular disease.

In **other critical health domains**, newly-funded initiatives included, among others, new InCHIP grants targeting cancer. Several examine interventions to reduce the use of indoor tanning machines, which are a significant cause of melanoma. Another investigates readjustment challenges cancer survivors face at the end of cancer treatment. Other new InCHIP grants focus on how implicit and explicit religious beliefs relate to health and well-being and medical decision-making, among other outcomes, and on understanding the comparative harms and benefits of first line pharmaceutical agents used to treat major depression in older adults to minimize patient harm and maximize benefits.

InCHIP research continued to be **international in scope** in FY18. Since FY02, \$35 million in InCHIP grants have been devoted to research in countries outside the U.S. to improve their health outcomes

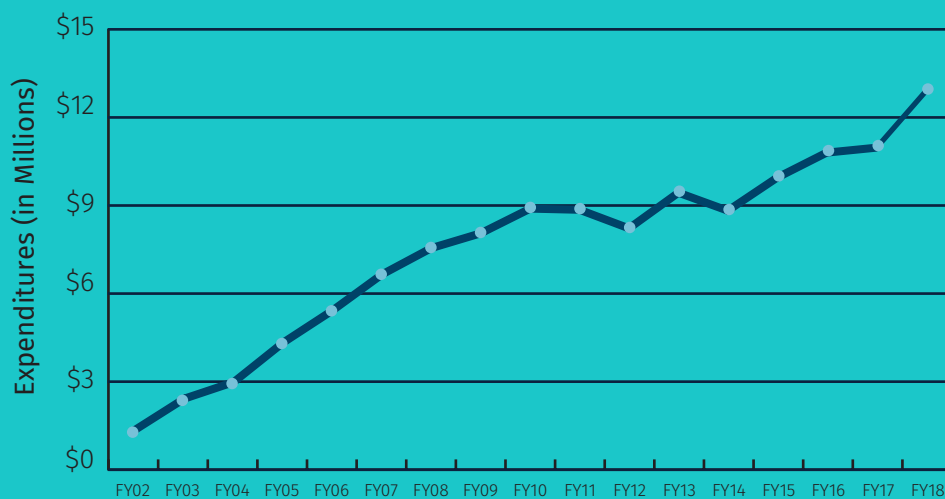
Several FY18 InCHIP projects had **important policy implications**. InCHIP's Rudd Center conducted work informing proposed national, state, and local policies on maintaining strong nutrition standards in federal food programs, adopting healthier restaurant meal policies for children, combating food swamps with zoning regulations, and prohibiting weight discrimination.

Other new InCHIP research programs with policy implications include one to ascertain the most effective means of communicating best child feeding practices to parents of children under two years of age, and one to improve cardiovascular health in low-income, under-insured, and uninsured women through a medication management program.

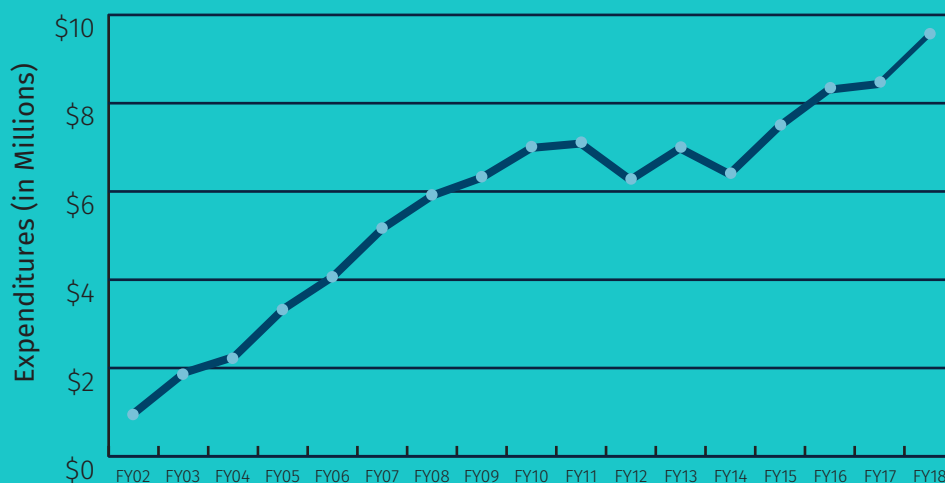
In addition to funding research, InCHIP external grants fund a substantial number of UConn graduate students. This past year, InCHIP grants supported 50 graduate students across multiple departments with \$640,000 in funding.

See the appendix on page 61 for a list of newly awarded and active grants in FY18.

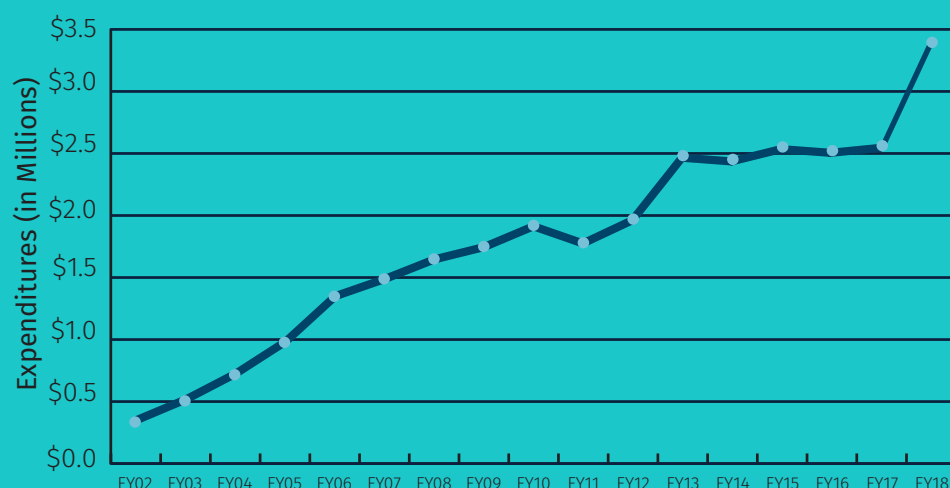
Total Costs Expended, Direct Costs Expended, and Indirect Costs Recovered Over the Past Year were the Highest Ever:



**Actual Total
Costs Per Year
Expended on
External InCHIP
Grants**



**Actual Direct
Costs Per Year
Expended on
External InCHIP
Grants**



Actual Total Costs Per Year Expended on External InCHIP Grants

Catalyzing Multidisciplinary Research Initiatives

In FY18, InCHIP's multidisciplinary affiliate network of health researchers experienced considerable growth, bringing its total membership to 409 faculty/researcher affiliates representing almost all UConn schools and colleges and nearly 60 other institutions.

InCHIP continued to sponsor 5 multidisciplinary Research Interest Groups (RIGs) focused on cancer prevention and control, eHealth/mHealth, HIV, interprofessional healthcare, and obesity. These RIGs currently have 130, 200, 34, 62, and 187 members, respectively, including researchers from UConn Storrs, UConn Health, other institutions, and the community. Throughout the year, each RIG hosted networking events, training workshops, and presentations to cultivate new collaborations among members that lead to innovative research and increased external funding.

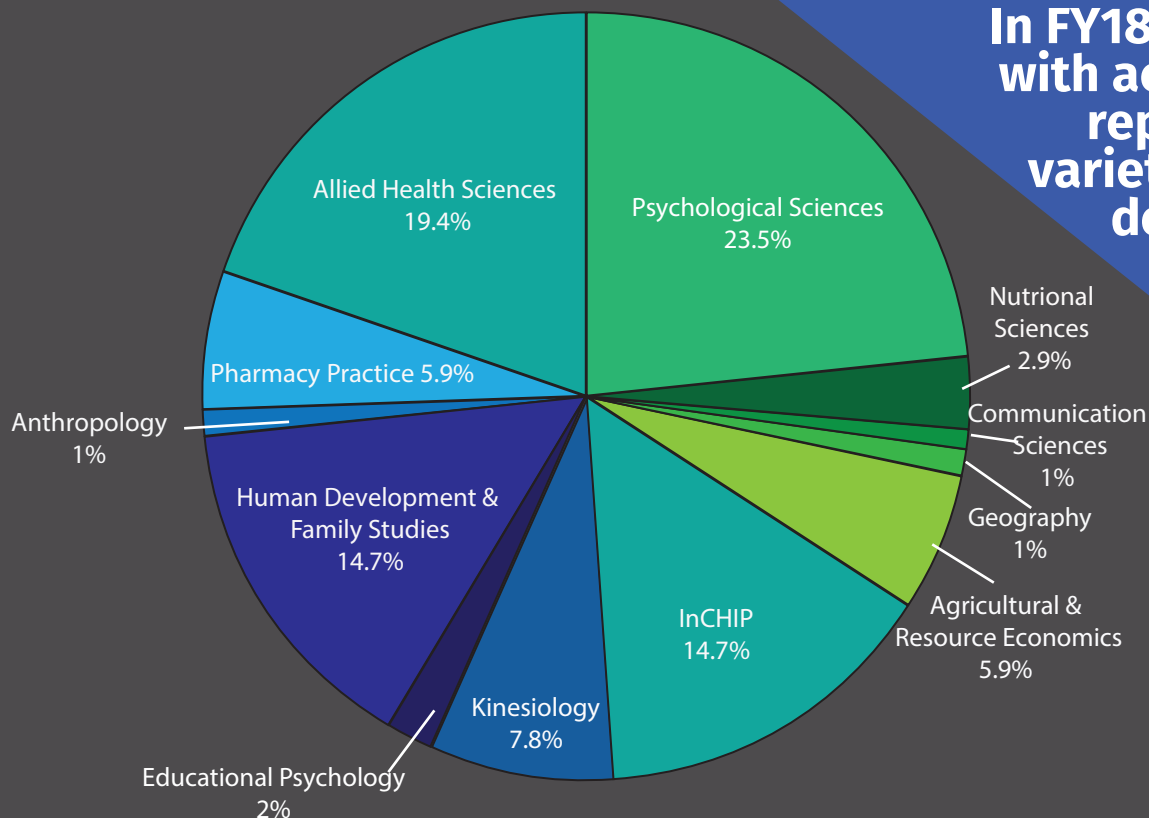
The **Training and Development (T&D) Core** had an extremely active year, led by InCHIP Associate Director Amy Gorin, PhD and InCHIP Boundary Spanner Grace Morris, MA. The T&D Core provides health researchers at all career stages, from graduate student to senior faculty, with training and mentoring in grant writing and assistance with research team development. This year, the Core: (1) pilot tested a mentorship program for junior faculty in which interested faculty were matched with research advisors from various departments to encourage interdisciplinary collaborations in health research, (2) offered an academic yearlong grant writing program, (3) held two Grant Proposal (GPI) Incubator meetings, a service by which faculty can submit grant ideas or proposals and receive feedback from senior faculty with extensive external funding experience, (4) held a grant writing training program in collaboration with UConn's Office of National Scholarships and Fellowships for graduate students applying for NIH and NSF fellowships, and (5) increased outreach to graduate students, faculty, department heads, and deans to inform the UConn community about Training and Development Core services through InCHIP's website, Listservs, campus-wide postings, and personalized letters to department heads and deans.

The **InCHIP Community-Engaged Health Research (CEHR) Core**, under the direction of InCHIP Associate Director Deborah Cornman, PhD, was created to foster collaborative relationships between UConn researchers and community partners who work together to creatively and effectively address important individual and public health issues in Connecticut and elsewhere. The most significant Core activity during FY18 was the organizing and hosting of a community-academic networking event entitled, "Healthy Communities Through Research: Fostering Equitable Community-Academic Partnerships." A total of 89 UConn faculty, graduate students, and individuals from community organizations attended

and explored potential research partnerships. This highly successful event represented a joint effort by InCHIP, UConn Hartford, Community Research Alliance, and UConn Office of Public Engagement. Other Core activities this past year included the creation of a Connecticut Community-Based Participatory Research Listserv (CTCBPR) for people interested in community-engaged health research in Connecticut; the opportunity for community organizations to become InCHIP affiliates and access various InCHIP resources and events; facilitation of several new research partnerships between UConn faculty and community partners; quarterly meetings of the CEHR Core Steering Committee comprised of UConn faculty and community leaders; outreach to numerous leaders from community-based organizations in Hartford; and participation in North End Hartford Promise Zone-UConn meetings and Community Research Alliance meetings, among others. In addition, the CEHR Core sponsored two \$15,000 seed grant awards for community-engaged health research projects co-led by an InCHIP faculty member and a community partner, and a workshop for UConn graduate students entitled “Cross-Cultural & Diversity Inclusiveness Training for Graduate Students.”

In summary, FY18 at InCHIP has been notable for InCHIP’s extraordinary success at catalyzing interdisciplinary health research at UConn and securing very substantial external funding to support it. In FY18, InCHIP also refined several new initiatives designed to stimulate multidisciplinary research and collaboration, while continuing to excel in traditional domains where it has historically been strong. Additionally, InCHIP continued to provide exemplary research support services. As we enter FY19, InCHIP is well-poised to serve as the nexus for world-class UConn investigators researching cutting-edge advances in health.

In FY18, InCHIP PIs with active grants represented a variety of UConn departments



Percentage Distribution of Active InCHIP External Grants by Department (Out of 102 Total Grants as of May 15, 2018)

InCHIP Investigators are Awarded Funding to do a Wide Range of Important, Innovative Research

InCHIP researchers had a very successful year in FY18, with 46 grant proposals awarded external funding. The funded studies address a wide range of health topics and populations. Below are highlighted just a few of the impressive studies that are newly underway.



PI: Lisa Butler, PhD, MPH, PhD (InCHIP)

Title: *Optimizing Mother & Child Health and Development in Botswana*

Funder: Gates Foundation

Project Summary: This study involves developing a novel multicomponent, community-based, adolescent-friendly intervention, designed with and for pregnant adolescents and new mothers in Botswana, aged 15 to 19 years. The purpose of the intervention is to: (a) raise awareness and understanding of and reduce stigma associated with perinatal depression, (b) rapidly identify adolescents experiencing symptoms of depression during pregnancy and/or in the post-partum period, and (c) provide individualized support, using a problem-focused cognitive behavioral therapy approach, to optimize maternal health and mental health outcomes, responsive parenting behavior, and infant health and development outcomes amongst adolescent mothers and their infants. Key innovations in Dr. Butler's approach include use of an adolescent-directed, media-enhanced intervention, and use of a brief depression screening tool delivered by SMS to identify adolescents experiencing symptoms of depression in pregnancy and/or after delivery to enable rapid referral as well as linkage to support by a community social worker who uses a tablet-based application to support activities during home visits.



PI: Michael Copenhaver, PhD (Allied Health Sciences)

Title: *Testing an Integrated Bio-behavioral Primary HIV Prevention Intervention among High-Risk People Who Use Drugs*

Funder: NIH / NIDA

Project Summary: This randomized controlled trial is testing the efficacy and cost-effectiveness of CHRP-BB, an integrated bio-behavioral, community-friendly health recovery program that incorporates the use of PrEP with an evidence-based behavioral approach aimed at enhancing PrEP adherence and HIV risk reduction among high-risk people who use drugs (PWUD). PWUD remain a priority population as they represent a critical conduit for new HIV infections that are transmitted through preventable drug- and sex-related HIV risk behaviors. Pre-Exposure Prophylaxis (PrEP) – the daily self-administration of antiretroviral medication – has enormous potential to bolster primary HIV prevention outcomes among PWUD. PrEP is a FDA-approved biomedical HIV prevention strategy recommended by the CDC and WHO for key populations, including PWUD. Despite unequivocal evidence supporting PrEP, its scale-up has been nearly absent among high risk PWUD. Moreover, adherence to PrEP is crucial if it is to be effective with high-risk individuals. Recent research, however, indicates that optimal PrEP adherence may be compromised by neurocognitive impairment (NCI), particularly among PWUD. Due to chronic drug use, related lifestyle experiences, and other health challenges, many PWUD experience NCI. Advancing combination approaches capable of harnessing the synergy and efficiency possible via multiple evidence-based strategies is most effective. This combination strategy is especially important when intervening with high risk PWUD with NCI due to the potential decreased effectiveness of PrEP when adherence is suboptimal, thereby necessitating behavioral interventions that focus on reducing HIV risk and increasing PrEP adherence. Building on promising preliminary work, this trial is filling a critical void by testing an integrated bio-behavioral approach that incorporates the use of PrEP with an evidence-based behavioral approach in a manner that accommodates NCI among PWUD. If efficacious and cost-effective, the CHRP-BB intervention could be rapidly disseminated for implementation as part of routine care within common drug treatment programs – a true integration of HIV prevention science and drug treatment services.



PI: Tricia Leahey PhD (Allied Health Sciences)
Title: *Peer Support for Weight Loss Maintenance*
Funder: NIH / NIDDK

Project Summary: NIH has identified weight loss maintenance as the next major challenge in obesity treatment. Continuous care models that involve ongoing patient-professional contact yield promising maintenance outcomes. However, the traditional approach of providing continuous care by professional staff is costly and thus unsustainable. Patient-delivered interventions in which trained patients deliver treatment, may be a unique solution to providing continuous care at low cost and with organic sustainability. Moreover, qualitative data suggest that, given their shared experience, fellow patients have a unique sense of empathy not duplicated by professionals, family, or friends. Thus, patient-delivered treatment may be a uniquely powerful, sustainable, and cost-effective treatment experience. However, patient-delivered treatment has never been tested for continuous care and has never been evaluated for weight loss maintenance. Dr. Leahey's study is the first test of patient-delivered treatment for weight loss maintenance. This is also the first study to: (1) train patient providers to deliver ALL treatment components (previous trials relied on a hybrid approach in which professionals and patients co-delivered treatment), (2) examine the long-term sustainability of patient-provided treatment once formal treatment ends (patients' continued correspondence via email or text will be examined), (3) explore the unique mechanisms (empathy, inspiration, hope, compassion) by which patient-provided care exerts its effects, and (4) examine the cost-effectiveness of patient-provided treatment vs. current best practice. In a recent trial, her team showed that during the initial maintenance phase (when weight regain is common) trained patient providers yielded additional weight loss. The primary hypothesis is that weekly patient-delivered treatment will yield better weight loss maintenance outcomes at 18 months compared to current best practice. If effective, this study will demonstrate that patient-provided care is a new and transformative intervention approach that provides continuous care in a sustainable, cost-effective manner.



PI: Sherry Pagoto, PhD (Allied Health Sciences)
Title: *Using a Narrative-Based Approach to Reducing Indoor Tanning*
Funder: NIH/NCI

Project Summary: Indoor tanning is a major preventable risk factor for melanoma, the deadly form of skin cancer and now the #1 cancer in women ages 25-29. The Surgeon General's 2014 Call to Action to Prevent Skin Cancer emphasizes the need to reduce indoor tanning by developing and disseminating tailored messages to high-risk populations. Social media may be a powerful means to reach tanners given tanners are young adults and use social media at higher rates than non-tanners. Although social media have the capacity to reach users with health messaging, not all users are persuaded by health messages. Recent work has revealed that tanners are aware that tanning increases risk for skin cancer. For many, the immediate benefits of tanning (e.g., physical appearance) override concerns about long-term consequences (e.g., cancer). Messages that increase the salience of the immediate negative consequences of indoor tanning might be more effective at changing behavior. The goal of this study is to develop a social media intervention that is comprised of peer-generated social media content about (1) negative experiences with indoor tanning, (2) positive reactions to quitting tanning, and (3) positive experiences using tanning alternatives. To inform the intervention, Dr. Pagoto and her team will extract and content analyze tanners' tweets about their experiences with tanning to identify narrative content for the intervention. They will use social marketing theory and a user-centered design approach to develop a social media feed that tanners find interesting and persuasive. To identify topics of high interest to tanners, Dr. Pagoto's team will content analyze topics tanners share on social media and then conduct focus groups of tanners to provide deeper perspective, pre-test intervention messages, and obtain consensus on the feed moderator persona (e.g., peer), an engagement strategy, and preferred social network platform (e.g., Instagram, Facebook) for the intervention. Finally, they will conduct a pilot feasibility trial to evaluate an 8-week social media-delivered intervention relative to a similar feed with no tanning-related content. They will examine the intervention's effect on persuasive impact and beliefs about the desirability of indoor tanning. This work will inform a randomized controlled trial testing the efficacy of this intervention on tanning and message dissemination.



PI: Crystal Park, PhD (Psychological Sciences)

Title: *Multilevel Resilience Trajectories in the Transition to Cancer Survivorship*

Funder: NIH / NCI

Project Summary: For individuals with cancer, the end of active treatment and return to life “as usual” is widely recognized as a difficult transition. The physical and emotional intensity of active treatment with attendant support and structure are suddenly replaced with expectations that survivors will readily resume life just where they left off. Individuals vary greatly in terms of their adjustment during this critical transition point into survivorship, which can set the course of their long-term well-being. Prior to this study, no com-

prehensive research explaining the underlying mechanisms and outcomes of resilience had been conducted. Resilience trajectories provide a useful way to model individual differences in survivors’ post-treatment adjustment. In this study, Dr. Park and her team are examining adjustment to the challenge that end of primary treatment poses to cancer patients/survivors. Based on the Social Cognitive Restorative Model of Wellbeing, they aim to determine the pre-challenge (pre-transition) biological, personal and social factors that predict trajectories of survivors’ recovery and resilience in four different life domains (physical and psychological health and well-being, social functioning, and health behaviors), with multiple self-report and objective indices comprising each domain. Their prospective study is following 575 individuals diagnosed with breast, prostate, or colorectal cancer across the transition to survivorship, administering assessments during active treatment, within three months of completing treatment, and six, nine, and twelve months post-treatment. Dr. Park’s ultimate goal is to identify processes (mechanisms) that mediate the pathways between patients’ final stages of primary cancer treatment and quality of their subsequent reintegration into “life as usual” that hold potential as targets of intervention, based on their influence on resilience trajectories. The study’s specific aims are to identify the different trajectories of survivors’ adjustment through the transition (e.g., resilience, recovery, delayed recovery, chronic difficulties) by domain and the extent to which trajectories are related or distinct across domains, to examine predictors and processes that explain these different trajectories, and to determine if characteristics such as type of cancer or gender moderate their influences. Characterizing these trajectories, their determinants, and their underlying processes are essential for promoting resilience in survivorship and for developing effective and targeted interventions.



PI: Molly Waring, PhD (Allied Health Sciences)

Title: *Delivering a Post-Partum Weight Loss Intervention via Facebook vs In-Person Groups: A Feasibility Pilot Trial*

Funder: NIH / NHLBI

Project Summary: Post-partum weight retention contributes to obesity for many women, increasing risk for cardiovascular disease and other chronic diseases and complicating future pregnancies. Lifestyle interventions have been shown to be modestly efficacious for post-partum weight loss in randomized controlled trials, yet interventions with numerous visits are logistically challenging for many post-partum women. Innovative and efficacious treatment models for post-partum

weight loss that fit into the busy lives of new moms are needed, and cost-effectiveness is critical for adoption. Delivering interventions via Facebook allows is a way to connect to post-partum women where they are, more fully integrating into their lives and daily routines. Dr. Waring's team has developed a post-partum weight loss intervention based on the Diabetes Prevention Program, tailored to the needs of post-partum women, and delivered via Facebook. The goal of this project is to gather critical preliminary data to finalize the design of a large randomized controlled trial to compare the non-inferiority and cost-effectiveness of this post-partum weight loss intervention delivered via Facebook vs. in-person group sessions. Dr. Waring and her team are conducting a pilot randomized trial with 72 overweight or obese post-partum women, examining the feasibility of recruitment, sustained participation, contamination, retention, and feasibility of assessment procedures, particularly measurement of cost-related data, in both treatment conditions; weight loss is an exploratory outcome. Additionally, in pre-pilot and post-intervention focus groups, they will solicit women's feedback on posts with low engagement, and will iteratively refine these posts to make them more engaging. The proposed project will provide preliminary data needed to finalize the design of a subsequent large non-inferiority trial. Demonstrating cost-effectiveness in addition to efficacy of this Facebook-delivered post-partum weight loss intervention is critical to support widespread implementation.

See Appendix Beginning on Page 61 for a list of all the newly awarded and active grants in FY18.

A New InCHIP Grant Investigates Americans' Perspectives on Health Equity

By Beth Krane

A leading U.S. health foundation has enlisted an InCHIP expert to assist in its efforts to help build a national “culture of health.”

The Robert Wood Johnson Foundation approached UConn Associate Professor of Anthropology Sarah Willen to help broaden and strengthen its understanding of Americans' perspectives on health equity and deservingness. The foundation's “culture of health” framework aims to promote health equity and cultivate a sense of health as a shared value.

With help, in part, from an InCHIP Rolling Seed Grant and advice from mentors at both InCHIP and CDC, Willen responded to the Foundation by building an interdisciplinary research team and advisory board, conducting a two-day planning workshop, and preparing a detailed proposal.

The Robert Wood Johnson Foundation awarded Willen and her research team a two-year grant to support a two-phase study, ARCHES (Americans' Conceptions of Health Equity), which launched last month. The team is beginning by conducting interviews in Cleveland, Ohio, with Americans from diverse socioeconomic, professional and racial and ethnic backgrounds and then will use those qualitative findings to develop and conduct a national survey. An additional study component is an ethnographic study of HIP-Cuyahoga, a regional health equity initiative based in Greater Cleveland.

Willen and her team plan to investigate “how Americans think about a question that plays a pivotal, but largely implicit, role in American public discourse about society's obligations to its members: the question of ‘who deserves what in the health domain, and why,’” she said.

“Often we hear health researchers and folks in public health say things like, ‘Everyone deserves to live the healthiest life possible,’” Willen said. “That's a bold statement, and we don't know whether it's supported by all Americans. In fact, it's possible some see things quite differently. Our goal is to develop a better understanding of how people's moral values and personal experiences influence their views and their actions.”

Willen's focus on health-related deservingness emerged from her research on unauthorized migration and health in different countries, including Israel.

“Health researchers who work on international migration know full well that ideas about who is and who is not deserving of attention or investment vary considerably from one country to the next,” said Willen, who also directs the Research Program on Global Health and Human Rights at UConn's Human Rights Institute. “Whether we are health officials, policymakers, voters, or researchers, our views are always influenced by moral values and commitments that tend to remain unspoken.”

“Now we want to open up these questions and pursue them more broadly here in the U.S.,” Willen said. “How do people think about what they themselves deserve in the health domain? How do people’s views and experiences influence their ideas about what others deserve? And, moreover, how might these ideas change over time?”

Willen said her group will examine how individuals’ positions on these issues might affect their health behaviors as well as their perspectives on health disparities, sense of social interconnectedness, and level of civic involvement.

Willen’s core research team includes co-investigators Colleen Walsh, Assistant Professor of Health Sciences at Cleveland State University, and Abigail Fisher Williamson, Assistant Professor of Political Science and Public Policy & Law at Trinity, as well as UConn Anthropology PhD Candidate William Tootle, Jr. The project also involves research consultants from Brown University, Case Western Reserve University, Cleveland State University, Syracuse University, and the University of South Florida.

The first study phase, in Cleveland, involves interviews with 140 people, including elected officials, public health professionals, community leaders, philanthropists, clergy, and local residents. Half of those interviewed will be active in HIP-Cuyahoga, and half will not. Researchers also will attend HIP-Cuyahoga meetings, observe its events, and track its public messaging.

Willen chose to conduct the study’s first phase in Cleveland because it is similar to many American cities, yet also exhibits some of the country’s greatest disparities in health outcomes by race/ethnicity and class, including indicators like infant mortality, childhood lead exposure, and life expectancy. And HIP-Cuyahoga presents a nationally-recognized model for responding to those health inequities.

The second phase of the study will test the team’s qualitative findings with a national survey of 3000 Americans.



Sara Willen, PhD (Anthropology)

Willen said InCHIP Director Jeffrey Fisher, InCHIP Associate Director Amy Gorin, and InCHIP PI and Director of the Rudd Center for Food Policy and Obesity Marlene Schwartz, who has worked extensively with the Robert Wood Johnson Foundation, were all instrumental in helping her respond to the Foundation’s initial interest in her research.

In accepting the grant, Willen has committed to a host of deliverable products including academic papers and presentations, a case study and teaching module focusing on HIP-Cuyahoga, blog posts, and op-ed pieces for mainstream media.

“One of the most exciting things about working with RWJF is their challenge to consider the implications of our research from the outset,” Willen said. “Not only do we need to produce rigorous findings, but we also need to think constantly about the bigger questions that researchers sometimes neglect: Why does this matter? Who should care about our findings? And how can we make our findings accessible to the right people, in the right way? How might our work change minds?”

InCHIP Researchers Make Major Scientific Contributions in the Fight Against HIV

By Beth Krane

Since HIV/AIDS emerged in 1981 as an alarming new public health threat, biomedical breakthroughs have transformed it from a death sentence to a manageable chronic disease in those countries with adequate resources. However, those advances alone are not responsible for the remarkable inroads with the epidemic.

Until the advent of antiretroviral therapies (ART) in 1996, there were no truly effective biomedical treatments for HIV. And until the relatively recent roll-out of pre-exposure prophylaxis (PrEP) in 2012, there were no effective biomedical means of preventing HIV transmission. The only effective way to prevent HIV transmission was behavior change. And even taking PrEP requires practicing certain behaviors regularly.

“The story of HIV is all about behavior,” InCHIP Principal Investigator (PI) and UConn Distinguished Professor of Psychological Sciences Blair Johnson said. “More money has been spent on HIV-related behavior change than on changing behaviors tied to any other public health threat apart from smoking.”

InCHIP’s world-renowned behavioral science researchers have dedicated their careers to fighting HIV/AIDS and have made major scientific contributions to the field during each distinct stage of the epidemic. Since 2002, InCHIP behavioral scientists have received more than \$100 million in external grants to support their HIV-related research, mostly from the National Institutes of Health (NIH).

The Early Years of the HIV/AIDS Epidemic

Throughout much of the 1980s, misinformation, fear, and alarming discrimination surrounded HIV/AIDS. It was during these early years of the epidemic that InCHIP Founding Director and UConn Distinguished Professor of Psychological Sciences Jeffrey Fisher and his brother, William Fisher, began to collaborate and apply their backgrounds in social psychology, including in sexual behavior and behavior change, to the overwhelming public health crisis of HIV/AIDS.

“At the time, the state of AIDS prevention science consisted largely of best guesses of people other than psychologists who generally thought that simply informing the public about AIDS (“Abstinence or condom use can prevent becoming infected”) or scaring people (“You could die from AIDS if you’re not careful”) were the best ways to prevent it,” the Fishers wrote in *Pioneers in AIDS*. The Fisher brothers’ focus has been on concep-

tualizing the determinants and dynamics of HIV risk behavior and on designing, implementing, evaluating, and disseminating effective HIV risk behavior change interventions.

The IMB Model of AIDS Preventive Behavior

“We had the chutzpah to sit at the feet of major theorists and say, ‘In the context of AIDS prevention, existing conceptual models are missing some critical components,’” said Bill Fisher, a Distinguished University Professor of Psychology and of Obstetrics and Gynecology at University of Western Ontario.

The Fisher brothers identified some of “the missing puzzle pieces” in 1988. Now used internationally to conceptualize and change HIV risk behavior and many other unhealthy behaviors, the Information-Motivation-Behavioral Skills (IMB) Model they developed together asserts that easy to enact, script-like HIV prevention information, personal and social motivation to act on HIV prevention information, and objective and perceived behavioral skills for enacting HIV preventive behaviors are all essential to initiate and maintain HIV preventive action. According to the IMB Model, HIV prevention information and HIV prevention motivation typically will work through the application of HIV prevention behavioral skills to result in HIV preventive behaviors, but sometimes information and motivation may have di-

rect effects on preventive behavior.

Jeff and Bill Fisher conducted the earliest tests of the IMB model with college students and men who have sex with men. They found support for the structure of the model and that information, motivation and behavioral skills account for significant variance in HIV risk and preventive behaviors in these two populations. The brothers and others around the world have tested the IMB model in the context of HIV risk and preventive behaviors a substantial number of times. The Fishers also have conducted randomized controlled trials of IMB Model-based interventions to change HIV risk behavior and found that those interventions produced significant and sustained increases in HIV preventive behavior in university students, urban minority high school students, and people living with HIV (PLWH) in both the U.S. and South Africa. At least 50 published, rigorously evaluated HIV prevention interventions have used the IMB Model to reduce HIV risk behavior in different populations around the world, and the model has been adopted widely by public health entities that do HIV prevention work internationally. IMB-model-based interventions also have been developed and adopted to change behaviors in a number of other health areas, including medication adherence, medical protocol initiation and maintenance, diabetes self-management, and obesity prevention.

Jeff Fisher started CHIP (later renamed InCHIP) in 1989 with his first NIH HIV prevention grant with Bill Fisher. As its Director, he recruited other outstanding behavioral scientists working in HIV prevention to CHIP and built what would become an internationally known group of HIV prevention researchers. He also established CHIP as an exceptional program for training new HIV prevention researchers who have gone on to do important work in the field.

The Influence of Peers

During the early 1990s, UConn Sociology Professor Robert Broadhead, who later would become a CHIP PI and is now a Professor Emeritus, introduced a novel and controversial approach to HIV prevention with injection drug users (IDUs). Broadhead's Peer-Driven Intervention (PDI) relied on IDUs to reach out to their IDU peers and educate them in the community about HIV prevention and risk behaviors. These "educators" then recruited their peers to a local storefront for additional HIV prevention services, for which the educators received a nominal cash reward for their efforts. The reward was based on how well



Robert Broadhead, PhD
(Sociology)

they did educating their peers on a body of HIV prevention information, as measured by a brief test administered to each peer recruit. To extend the impact of the PDI, each peer recruit also was offered the opportunity to become an educator and to recruit up to three new peers.

"We blurred the lines between service providers and clients. In the PDI, drug users were our collaborators and we paid them for their well-earned efforts," Broadhead said. "The reward system occasionally met with resistance from various officials and members of the public. Some argued the reward enabled drug users to buy more drugs, but the PDI couldn't have operated without rewarding IDUs for their efforts. The nominal cash rewards were an integral part of its methodology, both literally and symbolically."

The PDI proved highly successful. Having initially demonstrated the PDI's effectiveness in Connecticut through a five-year National Institute on Drug Abuse (NIDA) grant, Broadhead received an additional NIDA grant to implement the model in multiple sites in Yaroslavl, Russia, where injection drug use remains a driving force in the spread of HIV. He also received additional funding from NIDA, the Global Fund to Combat HIV, Malaria and Tuberculosis, and other sources to disseminate the PDI globally - in Russia, Ukraine, China, and Vietnam.

Close Relationship Risk

In 1997, the Fisher brothers along with Stephen Misovich, then a graduate student, published an important review paper calling attention to a major source of HIV risk: close relationship partners. They found that heterosexuals and homosexuals,

adolescents and adults, minorities and non-minorities, IDUs, and commercial sex workers all were less likely to practice safer sex with close relationship partners, or partners they knew well, compared to more casual sexual partners. This pattern was highly problematic, the Fishers cautioned, because many close relationship partners had engaged in HIV risk behavior over an extended period of time, did not know their HIV status, and therefore had the potential to contract HIV from or transmit HIV to such partners.

Jeff and Bill Fisher echoed their warning about close relationship risk in a video series they developed and filmed at UConn called *People Like Us*. The videos featured six attractive, primarily heterosexual high school and college students who had never been particularly risky and who contracted HIV from their relationship partners. In the videos, the students discussed their illness, their suffering and how others treated them post-diagnosis. Within a year of filming, all six had died from AIDS.

“Every time we showed the video series on campus, we received calls from local HIV testing sites asking if we had shown the videos again,” Jeff Fisher wrote in *Pioneers in AIDS*. “It was that effective in motivating behavior change.”

InCHIP’s Strength in HIV-Related Meta-Analysis

Blair Johnson, recruited by Jeff Fisher to UConn from Syracuse in 1999, received continuous funding from the National Institute of Mental Health (NIMH) to conduct meta-analyses of published HIV prevention studies from 1998 through 2016. His Synthesis of HIV/AIDS Research Project or SHARP (now Systematic Health Action Research Program) focused on adolescents, women, minorities, IDUs, and PLWH, and assessed potential barriers to intervention success, such as substance use, depression, discrimination, and lack of resources. Johnson’s meta-analyses also have provided support for using theory-based approaches when developing HIV prevention interventions and have identified the strongest theories for doing so.

In 2009, Johnson’s team published a meta-analysis in the *Journal of Acquired Immune Deficiency Syndromes (JAIDS)* that showed intensive safer sex interventions consistently increased condom use among African Americans. In fact, the interventions actually decreased the number of sexual partners over the long term for African American teens – a finding that refuted

the “boomerang effect” argument made by abstinence-only proponents that teaching youth about safer sex would increase sexual activity. In 2012, Johnson and then UConn Psychological Sciences graduate student Carter Lennon published findings in *Social Science & Medicine* that HIV prevention interventions were more likely to reduce sexual risk behavior in women, especially minority women, when as a possible byproduct of HIV risk reduction, women reduced their levels of depression significantly compared to their baseline levels. In 2014, Johnson and former SHARP team member Allecia Reid showed that negative attitudes of whites toward blacks and residential segregation between the two racial groups significantly hindered African Americans’ success at behavior change with proven HIV interventions. Johnson and Reid’s findings, which also were published in *Social Science & Medicine*, reflected SHARP’s growing emphasis over time on how social structures and environmental contexts impact individuals’ ability to benefit from HIV prevention interventions.

Prevention with PLWH

During the late 1990s, Jeff and Bill Fisher and InCHIP PI and UConn Professor of Psychological Sciences Seth Kalichman were among the first behavioral scientists to focus on an underresearched but critical source of HIV transmission – onward transmission of HIV through sex and injection drug use. With about one-third of PLWH reporting potential exposure events, working with PLWH to practice safer sex and drug use presented opportunities to reduce new infections.

“We moved gingerly into prevention with people living with HIV. The last thing we wanted to do was stigmatize them more than they already were,” Bill Fisher said.

In 2001, one year before Jeff Fisher recruited him to UConn, Kalichman published results from one of the first interventions for HIV-positive men and women in the *American Journal of Preventive Medicine*. The intervention, *Healthy Relationships*, helps PLWH develop skills to cope with HIV-related stress, to navigate risky sexual situations, and to weigh disclosing HIV status to sex partners. *Healthy Relationships* has been proven to reduce PLWH’s instances of condomless sex and number of HIV-negative or status unknown sex partners and to increase their condom use and refusal of unsafe sex. It is included in the U.S. Centers for Disease Control and Prevention (CDC)’s *Compendium of Evidence-Based*

Interventions and Best Practices for HIV Prevention and remains one of the CDC's most widely disseminated interventions to date.

In 2004 and again in 2006, the Fisher brothers and their research team, including InCHIP Associate Director Deborah Cornman, and InCHIP Affiliate K. Rivet Amico, in collaboration with Yale University physician Gerald Friedman, published findings from their *Options for Health* intervention for PLWH in JAIDS. Options was integrated within PLWH's routine clinical care visits and consisted of brief conversations between the patient and her/his clinician. Clinicians used the IMB model and motivational interviewing techniques to elicit strategies from patients for making needed changes in risk behavior or maintaining safer behaviors. Then each clinician and patient agreed on an individual behavior change goal that the patient was to achieve by the next visit; the goal was written on a prescription pad, which was handed to the patient at the end of the visit. Evaluated at two large HIV clinics in Connecticut, Options significantly reduced unprotected anal and vaginal sex. The intervention was subsequently implemented at 15 demonstration sites in New York State and included in the CDC's Compendium of Evidence-Based Interventions for HIV Prevention. The intervention also was adapted for South Africa ([see InCHIP in Africa section on page 24](#)).

In 2009, a full decade after they secured their first grant for prevention with PLWH and more than 25 years into the HIV epidemic, the Fisher brothers with graduate student Taylor Kohut reviewed how many published HIV prevention interventions were designed for PLWH. They found that, even at that point in the epidemic, only six percent, or 58 out of 898, focused on this important population. InCHIP became internationally known for its intervention research with PLWH. More broadly, its interventions to help PLWH change risk behavior have been widely used and saved lives.

Adherence to ART

The development of effective ART in 1996 changed HIV from a death sentence to a treatable disease, but the initial formulations' side effects and other barriers to proper medication adherence created a looming threat. If patients could not reach near perfect rates of adherence to demanding regimens, they could both develop and transmit to others drug-resistant strains of the HIV virus. InCHIP investigators responded with novel interventions to address barriers to

and improve medication adherence.

Life Windows and the IMB Model of Adherence

In 2003, the Fisher brothers, Cornman, and Amico received a NIMH grant to design, implement, and evaluate a computer-based ART medication adherence intervention called *Life Windows*, which assessed patients' IMB barriers to consistent ART adherence and then provided them with 20 interactive intervention activities to address the diverse ART adherence barriers that the team had identified. Life Windows was tested in a randomized control trial at five Connecticut HIV clinics, where it was integrated into patients' regular care visits. The team found that compared to a control group, those using *Life Windows* were more likely to have perfect or optimal adherence and that their adherence was more likely to improve over time. The intervention also was adapted for African countries ([see InCHIP in Africa section on page 24](#)).

In 2006, the Fisher brothers, Amico, and then UConn Psychological Sciences graduate student Jennifer Harman published an IMB Model of Adherence to ART. Similar to the Fishers' original IMB Model, the IMB Model of Adherence asserts that adherence to therapy and subsequent health outcomes are directly linked with an individual's levels of adherence-relevant information, motivation, and behavioral skills. The model also identified individual and situational moderators of ART adherence success, including psychological health, chemical dependency, stability of living conditions, and access to medical care, and posits a feedback loop between health outcomes and subsequent adherence. The model's structure has been supported, and its IMB components account for significant variations in ART adherence behavior. It has been used by researchers and public health officials in adherence promotion interventions for ARV and other drugs, including clinical trials of new drugs.

CDC-Recognized Medication Adherence Interventions

Among Kalichman's large body of work in the area of medication adherence are two CDC-recognized interventions: Phone-Delivered Support Counseling for HIV Treatment Adherence and In the Mix. Both interventions were initially implemented and evaluated in Atlanta, where Kalichman's *Southeast HIV and AIDS Research and Evaluation (SHARE)* project is based.

Phone-Delivered Support Counseling for HIV Treatment Adherence is an effective and cost-ef-

ficient individual intervention for HIV clinic patients who have past experience taking ART and who self-report less than 95 percent adherence. The intervention includes one 45-minute in-person counseling session followed by four biweekly counseling sessions delivered via phone. The intervention, which used motivational interviewing techniques and provided corrective feedback and problem solving strategies, significantly improved medication adherence and viral suppression in patients receiving it.

In the Mix is a fully integrated intervention for PLWH targeting both sexual risk reduction and medication adherence. The intervention includes individual and group counseling sessions, and the final session includes creating a personalized plan for treatment decisions, adherence, and safer sex. Kalichman measured intervention outcomes including sexual behaviors, medication adherence, self-reported sexually transmitted infections (STIs), and self-reported viral load. *In the Mix* has been proven to significantly reduce sex with HIV-negative or status unknown partners, reduce unprotected sex, and increase medication adherence. Participants also were less likely to report new STIs.

Measurements of and Barriers to Adherence

Kalichman's team also has been at the forefront of measuring medication adherence and identifying and conceptualizing individual, social, and structural barriers to adherence. Until SHARE innovated the unannounced phone-based pill counts for assessing ART adherence, there were few reliable, valid, and inexpensive measures of adherence. The team adapted more complex and expensive methods for home-based pill counts to a phone-based count and demonstrated the more efficient, cost-effective phone-based version was as effective. Kalichman said the unannounced phone-based pill count procedures are the foundation for SHARE's adherence research, and several other research groups around the U.S. are using them as well. SHARE also has examined factors surrounding poverty, such as food insecurity, as significant obstacles to accessing, managing and adhering to treatment.

InCHIP in Africa

A number of InCHIP's HIV-related grants have funded work in some of the African countries hardest hit by the epidemic. Since a global coalition of health providers, researchers, activists, and PLWH successfully campaigned for increasing access to ART in Africa beginning in 2001, InCHIP PIs have worked in South Africa, Mozambique, Ethiopia, Uganda, Kenya, and Botswana.

A South African Version of Options

With a substantial NIMH grant, Jeff Fisher and Bill Fisher's research team including Cornman, Amico, Post doc Paul Shuper, Yale Physician Gerald Friedland, and South African physicians Sandy Pillay and Umesh Laloo, implemented a South African version of its Options for Health intervention, Izindlela Zokuphila, at 16 clinical sites in KwaZulu-Natal where PLWH were receiving ART treatments. One of the adaptations made to Options for South Africa was to train lay counselors to deliver the intervention instead of physicians because of the limited availability of physicians in the region. The randomized, controlled trial of Izindlela Zokuphila included nearly 1,900 PLWH and proved the intervention's effectiveness in South Africa. At 18-month follow-up, PLWH who received the Izindlela Zokuphila intervention reported greater reductions in HIV transmission risk behaviors, including sex with HIV-negative or status unknown partners, than a standard of care control group.



An Options counseling session in South Africa.

HIV Risk Reduction and Medication Adherence in African Militaries

Cornman, who was part of Fisher's Options and Life Windows teams, received multiple rounds of funding from the U.S. President's Emergency Plan for AIDS Relief (PEPFAR) to substantially adapt interventions the team had developed to increase safer sex and ART adherence for HIV-positive members of the military and their families in Mozambique, Ethiopia, and Uganda. HIV infection rates



Options Team in South Africa



Deborah Cornman and Soldier with Training Certificate in Mozambique

within the militaries in these three countries far outpaced the already staggering rates found in the civilian population. Among the factors that contribute to risky sexual behavior and suboptimal levels of ART adherence among soldiers with HIV include long separations from their families; availability of commercial sex workers; easy access to alcohol; difficulty accessing, storing and taking medications during deployments; stigma; and high levels of stress associated with being in the military. Cornman developed very successful programs to address these and other factors in Mozambique and Ethiopia that were delivered by people with HIV who were trained to be peer educators. They provided ongoing one-on-one counseling to soldiers and their families with HIV. In addition, they conducted group educational sessions in the waiting areas of the HIV clinics on a wide range of topics to support people with HIV living healthy lives.

Understanding that violence and the threat of violence can increase women's vulnerability to HIV, PEPFAR also funded Cornman to develop a multi-level gender-based violence prevention program for male soldiers in the Mozambican military. Not only did the intervention teach soldiers about the negative effects of gender-based violence, it provided them with training in effective communication skills, stress management, how to minimize their alcohol use, and safer sex. The intervention was implemented nationwide with the goal to reduce gender-based violence in the military. PEPFAR funded this project because violence and the threat of violence can increase women's vulnerability to HIV by making it difficult or impossible to negotiate safer sex. Preventing gender-based violence set the terms of an equal relationship.

She developed all of these programs to be sustainable after the PEPFAR funding ended.

Alcohol-Related HIV Risk and Medication Non-Adherence

In 2010, the U.S. Agency for International Development (USAID) published a case study encouraging healthcare providers in developing countries to use one of Kalichman's highly successful HIV risk reduction interventions he had developed for use with HIV-negative individuals being treated in South African STI clinics. *Phaphama*, meaning "wise up" in Zulu, effectively targeted the convergence of two severe public health problems - harmful levels of alcohol use and HIV - with a single, 60-minute counseling session. A randomized, controlled trial funded by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and conducted in Cape Town between 2005 and 2009 showed that *Phaphama* reduced unprotected sexual acts by 65 percent, a change sustained for at least six months.

"Alcohol and sexual risks are closely associated. There are several reasons why, including clouded decision making, sexual expectations, and social norms, so breaking the alcohol and sexual risk cycle is well recognized as a promising strategy," Kalichman said. "But for an intervention to work, you have to have people's attention. That is why an STI clinic offers such a promising opportunity for prevention. When people are diagnosed with an STI, like syphilis or gonorrhea, it can be a wake-up call, a teachable moment that opens the door for a brief intervention to reduce HIV risks. In South Africa, where as many as one in five people have HIV and alcohol use is among the highest in the world, the importance of such an intervention is clear."

Kalichman's SHARE team also was the first to discover some PLWH's reluctance to maintain their

The HIV Treatment Cascade

Diagnosed with HIV

Linked to Care

Engaged or retained in care

Received antiretroviral treatment

Achieved viral suppression

ART regimen because of inter-toxicity beliefs about the dangers of mixing ART with alcohol or drugs.

Pediatric Disclosure

InCHIP PI and Associate Research Professor Lisa Butler has spent the past two decades developing and implementing interventions focused on maternal and child health in South Africa, Uganda, Kenya and now Botswana. Twice, in 2013 and again in 2016, Butler contributed to World Health Organization (WHO) guidelines for adolescent HIV care and treatment.

Of all her efforts in Africa, Butler's ongoing work with Ugandan caregivers of children living with HIV stands to have the most profound public health impact. Caregivers are urged by WHO to disclose their children's status to them by age 12. Due to increasing ART access in sub-Saharan Africa, children born with HIV are now living longer and are reaching an age when they could better manage their health care including medications. They also are approaching adolescence when they may begin to be sexually active and have the potential to transmit the virus. However, for many reasons, including concerns about stigma, a large number of caregivers have not disclosed their children's HIV status to them, Butler said. Also, in some cases, the caregiver is not the parent because the parent died from AIDS, so a double disclosure - that the caregiver is not the parent and that the child is HIV-positive - is needed. An intervention Butler developed and tested in response to a call from the National Institute for Child Health and Development (NICHD) proved tremendously successful. Caregivers in Butler's intervention were 30 times more likely to fully disclose their children's HIV status to them.

"Caregivers really welcomed the intervention," Butler said. "They

called it life changing."

With additional support from the Boston Children's Hospital Aerosmith Endowment Fund for Prevention and Treatment of AIDS and HIV Infection, Butler also produced a 12-minute documentary about adolescent disclosure called *The Power of Knowing: Experiences of Youth and Caregivers with Pediatric HIV Disclosure*. Available on WHO's website, the documentary has been accessed more than 1,750 times and from 82 countries.

Entry into and Retention in Care

The HIV Care Continuum, also called the HIV Treatment Cascade, is a model for tracking engagement in the stages of HIV medical care from initial diagnosis and linkage to care to retention in care, receiving ART treatment and achieving viral suppression. In 2013, increasing engagement in each stage of the HIV Care Continuum became a key part of the National HIV/AIDS strategy in the U.S.

According to 2014 CDC data, of the 1.2 million PLWH in the U.S., 82 percent knew they were infected, 66 percent had been linked to care within a month of diagnosis, 37 percent stayed in care, 33 percent received ART treatment and 25 percent achieved viral suppression. Additionally, a CDC study published in *Journal of the American Medical Association (JAMA) Internal Medicine* in 2015 found that nine out of 10 new HIV infections in the U.S. could be prevented through early diagnosis of those infected, and followed by prompt ongoing ART treatment to reduce HIV transmissibility in those who are infected. Amid this backdrop, InCHIP PIs have sought to understand barriers to entering and staying in HIV care and getting on ARVs, and so that ultimately, they can develop interventions to improve engagement throughout the entire continuum of care.

Engagement in Care among Black Men Who Have Sex with Men

InCHIP PI and UConn Associate Professor of Human Development and Family Studies Lisa Eaton, an expert on health and stigma, focuses on understanding the massive HIV epidemic among Black men who have sex with men (MSM).

“According to CDC data, if current trends continue, one in two Black men who have sex with men could be living with HIV in their lifetime,” Eaton said at an InCHIP Lecture Series talk she delivered this spring. “It’s unbelievable, at this moment in time in the U.S., we have a public health crisis unfolding every day.”

Black MSM do not report more sexual partners, more unprotected sex or more substance use than other populations, said Eaton, who developed a CDC-recognized HIV risk reduction intervention for HIV-negative Black MSM. However, she said, there does tend to be a higher community viral load among this population, which suggests Black MSM are not accessing treatment at the same rates as others. Viral load refers to the level of viral replication present in a person’s bloodstream. A high viral load indicates the virus is actively reproducing and has greater potential to damage the person’s immune system, and the person has greater potential to transmit the virus. Community viral load groups individual viral load measurements from members of a population together to compare between populations.

“My angle is that stigma affects every point of the HIV Care Continuum,” Eaton said.

In a 2015 article she published in the American Journal of Public Health, Eaton shared that nearly one-third of 550 Black MSM surveyed at a

community event reported experiencing racial and sexual orientation stigma from health care providers, and nearly half reported mistrust of medical establishments. Among HIV-negative Black MSM, those who experienced greater stigma and global medical mistrust had longer time gaps since their last medical exam. Among HIV-positive Black MSM, experiencing stigma from health care providers was associated with longer gaps since their last HIV care appoint-



Left to right: Lisa Eaton, Jeff Fisher, Crystal Park and Seth Kalichman at CHIP in 2008

ment. Eaton also recently published in the Journal of Behavioral Medicine the first study to assess experiences of stigma among Black MSM before and after HIV diagnosis, which offers a novel understanding of how stigma unfolds over time.

She currently is developing interventions to increase HIV testing and to improve access to PrEP (Pre-Exposure Prophylaxis) among Black MSM.

Maximizing Health Outcomes for Those Already in Care

InCHIP PI and Professor of Allied Health Sciences Michael Copenhaver came to CHIP in 2002 to work on one of Jeff Fisher’s HIV prevention grants after completing his post-doctoral training in clinical psychology at Yale University. Kalichman, who also came to CHIP in 2002, was one of his mentors.

Copenhaver has dedicated his career to HIV prevention among opioid-dependent individuals in treatment, including in methadone maintenance programs and prisons. A major focus of his research has been adapting and streamlining proven interventions to make it easier to put them into practice and sustain them. He also is among the first to study how neuro-cognitive impairment (NCI), a common side effect of pro-



Methadone

longed drug use and HIV, can affect participants' ability to retain and utilize intervention content.

"It's extremely disappointing to see a great intervention sit there, untouched, when it could be widely used," Copenhaver said. "I focus on how interventions could work best in real-world, resource-strapped settings and make sure using them doesn't become a burden on staff members."

The Substance Abuse and Mental Health Services Administration (SAMHSA) within the U.S. Department of Health and Human Services gave Copenhaver's Community-Friendly Health Recovery Program (CHRP) for HIV-negative IDU its highest rating in its National Registry of Evidence-Based Programs. Copenhaver condensed a proven 12-session intervention into just four sessions based on feedback from patients in methadone maintenance programs and medical providers and demonstrated that the condensed version still significantly increased participants' HIV risk reduction skills. He also recently completed adapting an effective intervention for HIV-positive opioid-dependent people and has developed HIV prevention interventions for drug-involved soon-to-be-released prisoners transitioning



Pre-Exposure Prophylaxis (PrEP)

from prison back into the community.

Pre-Exposure Prophylaxis (PrEP)

PrEP was approved by the FDA in 2012 as the first biomedical means of preventing HIV from being contracted when exposed to the virus. Recommended for HIV-negative individuals at very high risk for contracting the disease, PrEP has been shown to reduce risk of HIV infection by up to 90 percent. Still, PrEP is used by fewer than 20 percent of those who could benefit from it most in the U.S.

Amico was on one of the first study teams to study the effectiveness of PrEP and has become a leading expert on it. Eaton, Kalichman and Copenhaver currently are studying PrEP uptake.

Demonstration Trials

Amico was part of the first research team that demonstrated the effectiveness of PrEP for preventing HIV in a clinical trial involving nearly 2,500 HIV-negative men and transgender women who have sex with men. Published in the New England Journal of Medicine in 2010, the team's report affirmed that taking PrEP provided protection against HIV infection and that detectable levels of the drug in participants' blood were more highly associated with PrEP's positive effect. Amico published findings with the same team again in 2014 in The Lancet Infectious Diseases. The team had assessed PrEP uptake, adherence and sexual practices among participants in several PrEP trials and found that the effectiveness of PrEP was increased with greater uptake and greater adherence during periods of higher risk. Amico also has studied whether PrEP use is associated with risk compensation behaviors, such as not using condoms, not disclosing one's serostatus or not knowing partners' status, and she did not find increased risk compensation behaviors in PrEP trial participants. Amico's continued research focus on PrEP includes clinical trials of a new PrEP formulation, measurements of PrEP adherence, and barriers to and facilitators of PrEP uptake in different high-risk populations.

PrEP Uptake in Men and Transgendered Women Who Have Sex with Men

Eaton and Kalichman published findings about PrEP awareness and uptake in AIDS and Behavior in 2017. They surveyed Black and White men and transgender women who have sex with men at a gay pride event in the southeastern United States and reported a significant discrepancy between awareness of PrEP (63 percent) and PrEP use (nine percent). They also found that believing PrEP was for promiscuous people (a stigmatizing belief) was related to low interest in PrEP use. Among Black MSM in Atlanta, 94 percent were aware of PrEP, 76 percent were interested in it yet only three percent were using it.

Earlier this year, Eaton authored an invited editorial for the American Journal of Public Health assessing what needs to be done or changed to encourage greater PrEP uptake among the populations that need it most. She endorsed an article in the same issue which called for shifting the responsibility to start PrEP discussions from patients to providers and making PrEP part of routine preventive medical care. Eaton also called for new models of health care delivery that address social and structural barriers to care.

“With every advancement we make in our treatment arsenal, we must concurrently prioritize how options will be provided to all who would benefit,” Eaton wrote. “If we fail to keep delivery in line with prevention options, we will exacerbate the currently observed health disparities.”

PrEP and Drug Users

PrEP has been proven to be 70 percent effective among drug users, but to date, there have been almost no randomized controlled trials assessing PrEP uptake and adherence in this high-risk population. Funded by a \$3 million grant from NIDA, Copenhaver will conduct the first PrEP trial within a methadone maintenance program, and it will be among the first PrEP trials in any type of drug treatment setting.

“There’s still reluctance within the medical community to prescribe PrEP to drug-using populations because of stigma. They are viewed as too unstable to properly adhere to the medication,” Copenhaver said. “Some providers see a giant headache with no patient benefit, but others see the potential for tremendous benefit.”

Copenhaver aims to demonstrate the benefit of PrEP with high-risk HIV-negative opioid-dependent people in treatment at the APT Foundation in New Haven, where he has conducted HIV prevention research since 1999. He will test a bio-behavioral intervention he adapted to promote optimal PrEP adherence and reduced sexual and drug-related HIV risk behaviors with up to 250 participants who are enrolled IDUs at the clinic. Among other topics, the intervention will teach participants how to manage PrEP side effects and improve communication with their medical providers. Copenhaver also will address neuro-cognitive impairments that may hinder participants’ intervention success and assess stigma surrounding PrEP use in this population.

The Future of InCHIP HIV Research

With PrEP’s potential to curb the spread of HIV and with the current federal funding climate, Copenhaver anticipates needing to advocate for continued research in this area. He also sees mentoring new and junior HIV behavioral scientists as more important than ever.

“If people just dabble with PrEP, they might think they’re protected, but they’re not,” he said. “It’s not just having a pill. That’s never the complete answer. You always need the behavioral piece.”

Eaton underscored the importance of continued research: “We really do still have an HIV epidemic. Our fight isn’t over!”

Just as Copenhaver and Eaton were mentored at InCHIP and have established their own highly successful research careers, they now are mentoring junior faculty members and seeing their careers progress, including InCHIP PI Debarchana (Debs) Ghosh in Geography, recently promoted to Associate Professor and tenured, and InCHIP Affiliate Ryan Watson in Human Development and Family Studies. Kalichman also continues his NIMH Social Processes of HIV/AIDS Training Grant for graduate students.

“Especially now, in this funding environment, if junior researchers don’t have the advantage of someone showing them how to do this kind of work, they are going to hit a wall,” Copenhaver said. “InCHIP does an amazing job of accelerating junior faculty, catapulting them really.”

InCHIP has also been recognized by many of its former graduate students and post docs as a wonderful place to receive their training, which put them well ahead of peers trained at other institutions when they received their doctorates.

InCHIP's Core Structure

At every stage of research, from posing a research question to applying for funding to implementing an intervention, InCHIP's Core Structure provides "one-stop shopping" for researchers.



Administrative Core Provides Grant Management Support Tailored to Each Researcher's Needs

The Administrative Core is comprised of InCHIP's dedicated and experienced professional staff who provide a "one-stop shop" for pre-award and grant management services to all InCHIP Principal Investigators (PIs).

From initial submission of a grant application to progress reports and award closeouts, the services provided by this Core are distinguished by the individual attention given to each researcher. The Core's emphasis is on ensuring investigators have the ability to focus on their research rather than on navigating the bureaucracy surrounding their grants.

For any InCHIP Affiliate seeking to submit a grant consistent with InCHIP's mission, the Core offers pre-award services that include help preparing a grant budget, creating a biographical sketch, filling out administrative forms, and submitting the proposal through Sponsored Program Services.

In FY18, the Core assisted with the submission of 113 external grant applications that requested nearly \$62.7 million in total costs. Forty-six have been newly awarded funding thus far, comprising over \$20.0 million in total costs, which is the

largest dollar volume of new InCHIP grants in InCHIP's history. These results reflect the commitment the Administrative Core staff has to delivering high-quality pre-award services to InCHIP PIs.

After a grant is awarded, the Core continues to provide extensive grant management support to the Principal Investigator (PI) in a variety of areas, including sub-awards, purchasing, hiring staff, payroll, travel, and effort reports, among others. The staff in the Core have significant experience and expertise navigating the complex issues inherent in large domestic and international research projects.

Overall, InCHIP researchers expended over \$13 million in total costs this past year, all facilitated and supported by the remarkable Administrative Core.

“As one Principal Investigator commented, “The team is amazing. The best I have ever worked with. Truly!”

Meet the Administrative Core Team

Steven Jagielo – Administrative Manager: Oversees InCHIP's day-to-day business operations and provides human resources and payroll support to InCHIP PIs.

AnnMarie White – Fiscal Manager: Provides pre- and post-award grant management support, including assistance with budget preparation and submitting applications through Sponsored Program Services.

Melissa Stone – Financial Assistant II: Assists InCHIP PIs with grant budget management, grant-related purchases, participant incentive advances, sub-awards and consulting agreements, and projection reports.

Lynne Hendrickson– Financial Assistant II: Coordinates domestic and international travel for InCHIP PIs, manages InCHIP's internal seed grant program, provides pre-award support, helps prepare effort reports, and assists with facilities management.

Niva Ranjeet – Financial Assistant I: Processes undergraduate and graduate student, special, and summer payroll for InCHIP PIs.

Melanie Skolnick- Program Assistant I: Coordinates the logistics of the InCHIP Lecture Series and provides administrative support to the Directors.

Josh Hardin – InCHIP IT: Provides front-end desktop and specialized technical support to InCHIP PIs, including assistance with IT portions of grant applications.



Training and Development Core Provides Training and Mentorship to Faculty and Graduate Students to Improve their Grant Writing Skills

Under the leadership of InCHIP Associate Director Amy Gorin, PhD and InCHIP Boundary Spanner Grace Morris, MA, InCHIP's Training and Development Core provides health and wellness researchers at all stages of their career (from graduate student to senior faculty), with training and mentoring in grant writing and assistance with research team development.

Below is an overview of the services offered by the Training and Development Core during FY18:

- **Faculty Mentoring:** This year, the Core pilot tested a mentorship program for junior faculty in which interested faculty were matched with a team of 2 to 3 research advisors from various departments to encourage interdisciplinary collaborations in health research. This service will be expanded in FY19.

This year, find your way through the grant writing woods at InCHIP.

What will the boot camp cover?

How to find and respond to relevant funding announcements from NIH, NSF, and other agencies using Pivot, Spin, and the Foundation Directory.

How to turn your CV into a compelling biosketch.
How to build your dream research team.

How to construct a grant budget within UConn guidelines.

How to write a winning specific aims section and an innovative research plan.

How to respond to reviewer feedback.

Sign up ASAP!

Go to: chip.uconn.edu/cores/training-and-development/

Click on the Sign up for Boot-camp button.

Any Questions or concerns?

Contact Grace Morris: grace.morris@uconn.edu

InCHIP Training and Development Core

Grant Writing Boot Camp 2017-2018

Boot Camp Begins
September
18th 12-1PM at
InCHIP.

What to expect?

Over the course of this year, you will write the various sections of your grant and receive feedback from fellow participants and InCHIP investigators with grant writing expertise. By the end of the 10-session boot camp, you will have a solid grant proposal that is ready to be submitted to an external agency.

Who should attend?

This series is designed for faculty who conduct health-related research. Faculty who want to pursue external funding and who are committed to writing a grant proposal during this academic year are encouraged to participate.

Grant Writing Boot Camp:

- The Training and Development Core offered an academic year-long "Grant Writing Boot Camp" to faculty that comprised trainings, meetings to review progress, and peer and expert reviews.
- Thirteen faculty from 7 departments and 3 campuses participated in the Boot Camp. Several of the participants submitted external grant applications in FY18, and one participant was awarded an InCHIP Faculty/Researcher Seed Grant.

- **Grant Proposal Incubator:** The Core held two Grant Proposal Incubator (GPI) meetings on November 13, 2017 and March 26, 2018. The Incubator, which is co-led by Distinguished Professor of Psychological Sciences and InCHIP Principal Investigator (PI) Blair Johnson, PhD, and Professor of Allied Health Sciences and InCHIP PI Michael Copenhaver, PhD, provides faculty with the opportunity to get feedback on their grant ideas and proposals from senior faculty with extensive external funding experience. The Incubator that occurred in March was an opportunity for faculty applying for InCHIP Faculty Seed Grants to receive support and feedback on their proposals prior to submission.
- **K-Career Development Award Seminar:** The Core held a seminar on NIH K-Career Development Grants this spring that was led by Sherry Pagoto, PhD (Allied Health Sciences). The seminar, which was attended by 26 faculty and post-docs from multiple campuses, marked the beginning of a K Writing Group aimed at supporting junior faculty and post-docs as they prepare their K-Award proposals.
- **Summer Graduate Fellowships Writing Institute:** In May 2018, the Core held a grant writing training program in collaboration with UConn's Office of National Scholarships and Fellowships for graduate students applying for NIH, Fulbright, and NSF fellowships. The program aims to incentivize graduate students as they apply for external funding for their graduate research and career development.



To access these services or for questions, please contact Training & Development Core Director Amy Gorin, PhD at:

amy.gorin@uconn.edu

Intervention Core Offers Multiple Training Workshops on Intervention Development

The Intervention Core provides expertise and support to health-related researchers across UConn, helping them design, implement, evaluate, and disseminate innovative interventions that target vital health behaviors like diet and exercise, medication and treatment adherence, and alcohol and substance use.

Effective interventions are key to modifying people's health behavior and improving their health. The Intervention Core leverages InCHIP's extensive experience in health behavior interventions to help InCHIP Affiliates and the broader community of health behavior researchers at UConn develop innovative, evidence-based interventions that can have a significant impact on the health of people around the world.

Under the guidance of InCHIP Director Jeffrey Fisher, PhD (Psychological Sciences) and InCHIP PI Kim Gans, PhD, MPH (Human Development and Family Studies), the Core has built a network of intervention experts who are available to collaborate with other researchers at UConn to design, evaluate, and disseminate effective innovative health behavior change interventions.

To date, the Intervention Core has recruited 20 UConn faculty members from an array of schools and departments to serve as experts. This includes faculty from the Neag School of Education, School of Dental Medicine, School of Nursing, Community Medicine and Health Care, Occupational and Environmental Medicine, Geography, Human Development & Family Studies, Kinesiology, Nutritional Sciences, Psychological Sciences, and Statistics, among others.

This year the Intervention Core held a series of workshops to assist InCHIP affiliates to develop interventions that are more effective.

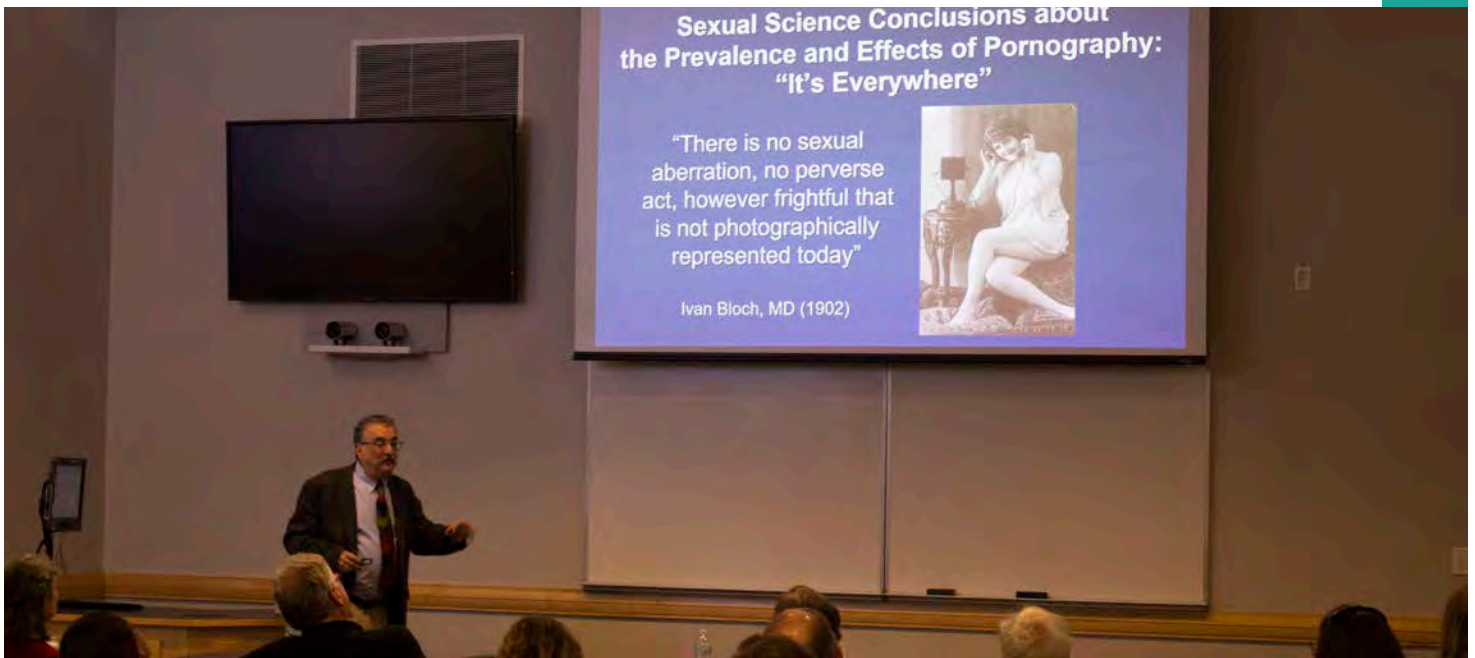


Kim Gans, PhD, MPH, and Jeffrey Fisher, PhD, Co-Directors of Intervention Core

FY18 Intervention Workshops:

October 26, 2017: **Dr. Rosalie Corona (Virginia Commonwealth University)** presented a workshop entitled "Adapting Evidence-Based Health Interventions for Working with Latina/os." Participants were provided an overview on how to culturally adapt evidence-based prevention and treatment interventions, specifically applied to Latina/o populations.

February 15, 2018: **Dr. David Sherman (University of California, Santa Barbara)** led a workshop entitled "Using Affirmation to Improve the Efficacy of Health Promotion Interventions." Participants were taught self-affirmation theory and led through a discussion on the conditions where self-affirming activities, such as writing about values, can improve the effectiveness of health interventions and ultimately promote more positive health outcomes.



Bill Fisher, PhD (Western University) begins his talk on addressing sexuality in HIV/AIDS interventions.

April 2, 2018 **Dr. Guy Parcel (University of Texas, at Houston)**, delivered a full-day workshop entitled "Introduction to Intervention Mapping." Intervention Mapping (IM) is a series of steps to help health promotion and health education planners develop theory- and evidence-based programs and logic models.

On April 23, 2018 **Dr. Lisa Butler (University of Connecticut)** led a workshop entitled "Participatory Methods of Developing Health-Promotion Media and Materials for Low-Literacy Populations." Participants were led through a rapid process of developing and producing health-promotion media and materials for use as part of intervention studies and/or health promotion programs.

On April 26, 2018 **Dr. William Fisher (Western University)** led a workshop entitled "What's a Nice Scientist Like You Doing in a Place Like This? Behavioral Science and the Design of Clinical Trials in Sexual Medicine." Dr. Fisher led participants through a discussion of two decades of clinical trial design and interpretation in the area of sexual psychopharmacology, including the development of sexual performance enhancing drugs such as Levitra (PDE5 inhibitors) and Addyi (flibanserin).

To learn more about the resources and services described above, please visit the Intervention Core website at chip.uconn.edu/intervention/.



InCHIP's Community-Engaged Health Research Core Works to Build Equitable Academic-Community Research Partnerships

Community-engaged health research is a shared endeavor between academic and community partners in which health issues are examined within the context of people's everyday lives. To fully understand the complexities of a health issue and effectively address them, both the University and the community partner should play a substantial and meaningful role in planning and conducting the research, as well as in interpreting, disseminating, and translating the results. A reciprocal relationship between the partners that is based on trust is essential. InCHIP's Community-Engaged Health Research (CEHR) Core was created to foster these types of relationships between UConn researchers and community partners so they can work together on creating innovative, sustainable, and effective solutions to some of the most pressing health problems in Connecticut and beyond.

It has been an exciting and busy year for the Community-Engaged Health Research Core, led by InCHIP Associate Director Deborah Cornman.

The Core's Steering Committee was very active and engaged, meeting multiple times to set priorities and help organize events and activities. The Committee members, who very generously donate their time to this endeavor, are from UConn and community organizations in Hartford.

1. Grace Damio, MS – Director of Research and Service Initiatives at Hispanic Health Council
2. Ann Ferris, PhD, RD – Professor of Medicine, Public Health, and Nutritional Sciences, Former Director of Center for Public Health and Health Policy, UConn Health
3. Judith Fifield, PhD, RN – Director of Ethel Donaghue TRIPP Center, UConn Health
4. Susan Furbish, RD – Assistant Director of Husky Programs, UConn Health
5. Kim Gans, PhD, MPH – Professor of Human Development and Family Studies, UConn
6. Kathryn Libal, PhD – Associate Professor of Social Work, Director of Human Rights Institute, UConn
7. Sally Mancini, MPH – Director of Advocacy Resources, Rudd Center for Food Policy and Obesity, UConn
8. Jennifer Bruening McGarry, PhD – Professor and Department Head of Educational Leadership,

Executive Director of Husky Sport, Neag School of Education, UConn

9. Gina Muslim – Director of Northeast Hartford Partnership at Community Solutions

10. Martha Page, MPH, CPH – Executive Director of Hartford Food System

11. Wizdom Powell, PhD – Associate Professor of Psychiatry, Director of Center for Health Equities, UConn Health

12. Carol Polilfroni, EdD, CNE, NEA-BC, RN, ANEF – Dean of Nursing, Director of Office of Public Engagement, UConn

13. Kristen Cooksey Stowers, PhD – Postdoctoral Fellow, Rudd Center for Food Policy and Obesity, UConn

14. Peg Weeks, PhD – Senior Scientist & Executive Director of Institute for Community Research



Deborah Cornman, PhD
Director of
Community-Engaged
Health Research Core

search and Training at the Hispanic Health Council in Hartford. It was designed to help participants examine their attitudes and assumptions about individuals

and communities who have identities, experiences, and beliefs different from their own. Attended by 15 UConn graduate students, the workshop received positive feedback, with participants indicating that the training will help them work more effectively with communities to address important public health issues.

Community-Academic Networking Event

On May 11, 2018, InCHIP's Community-Engaged Health Research Core, along with the Community Research Alliance, UConn Hartford, and the Office of Public Engagement sponsored a networking event

Cross-Cultural and Diversity Inclusiveness Training

In order to develop equitable, sustainable, and productive UConn-community partnerships, it is critical that University and community partners know how to work effectively with one another. Therefore, one of the goals of the CEHR Core is to build the capacity of faculty, graduate students, and community partners to conduct effective community-engaged health research. One way InCHIP's CEHR Core worked towards this goal this past year was to sponsor a "Cross-Cultural & Diversity Inclusiveness Training" specifically for UConn graduate students. This was based on the very positively



Core Director, Deborah Cornman welcomes attendees to the Core's community networking event entitled: "Healthy Communities Through Research: Fostering Equitable Community-Academic Partnerships" held at the Hartford Public Library.

received training held in the Spring of 2017 for UConn faculty and research staff.

The FY18 workshop was conducted on April 20, 2018 by Grace Damio, MS, CD/N, the Director of Re-

entitled, "Healthy Communities Through Research: Fostering Equitable Community-Academic Partnerships." The goal of the event was to bring together members of community organizations and academ-

ic researchers to foster equitable and productive community-academic research partnerships. The forum highlighted examples of successful community-academic partnerships, and included a facilitated networking session where community and academic attendees met one another, discussed the needs of the community and how to address them, identified common interests, and began exploring possible collaborative research projects. There were 89 attendees, comprised of 59 faculty and graduate students from 30 schools, departments, and centers across UConn along with 30 leaders from nonprofit organizations, medical facilities, funding agencies, and city and state government agencies. The event proved to be a tremendous success, and the CEHR Core along with its community partners will continue to build upon the progress that was made at this initial networking event.

Community-Engaged Health Research Seed Grant Competition

In FY18, InCHIP's CEHR Core awarded two \$15,000 seed grants for community-engaged health promotion research projects co-led by an InCHIP faculty member and a community partner. The projects had to be mutually beneficial to both partners, and have the potential to make significant scientific contributions and lead to positive changes in the health of the community. The numerous applications that were submitted addressed a variety of health issues, and they were innovative and well-written. A review committee comprised of three faculty researchers and a community partner reached consensus on the two strongest applications, which are summarized below.

- **“Children’s Mental Health in Meriden: Identifying Community Needs and Resources”** - This project is a University-community collaboration between UConn Associate Professor of Psychological Sciences Stephanie Milan, PhD and Assistant Superintendent for Teaching and Learning Miguel Cardona, EdD from Meriden Public Schools. They will serve as Co-PIs on this project that will involve using community-engaged approaches to better understand why the majority of children with mental health needs do not receive treatment. According to the PIs, the gap between the need for versus use of children’s mental health (CMH) services results from three widespread problems: inadequate identification of children with mental health needs, restricted access to services because of practical and psychological barriers, and limit-

ed engagement in ongoing treatment. The CMH treatment gap is largest in low-income communities, and is one reason for racial, ethnic, and economic disparities in the prevalence of psychological disorders. Because children exist within larger systems, efforts to reduce the CMH treatment gap require family approaches that incorporate schools and communities. In this study, a UConn-Meriden Public School team will obtain local data about CMH needs and services via three community-engaged research activities: (1) a needs assessment using a community-developed measure and existing database that covers over 90% of the student population, (2) focus groups and interviews with diverse key stakeholders, and (3) service mapping of CMH providers throughout the city. Results will provide a more contextualized understanding of CMH resources, barriers, preferences, and needs. This project will generate preliminary data for inclusion in grant proposals, establish a UConn-Meriden Public School partnership, and begin to build a knowledge base for promoting the health of children and families in the community.

- **“Supporting Diet Quality and Health Through Food Pantries in Hartford”** –Marlene Schwartz, PhD (Director of UConn Rudd Center for Food Policy and Obesity and Professor of Human Development and Family Studies) and Katie Martin, PhD (Vice President and Chief Strategic Officer of Foodshare in Bloomfield) are collaborating on a study to improve the nutritional quality of foods in food pantries in Greater Hartford. According to the PIs, food insecurity, poor dietary habits, and difficulty managing diet-related diseases are three related public health problems. Food insecurity is currently experienced by 12% of all U.S. households, and these Americans have lower dietary quality and are at elevated risk of several chronic diet-related diseases: type 2 diabetes, hypertension, and hyperlipidemia. Due to limits of the federal food assistance programs, the food banking system has become a major source of food for these families, with many clients going to food pantries once a week or more. However, the nutritional quality of the food in food pantries is inconsistent with the dietary needs of the users. Therefore, improving the nutritional quality of the foods in pantries

is a currently untapped opportunity to positively influence clients' diets and health. Over the past two years, the PIs have collaborated to develop the Supporting Wellness at Pantries (SWAP) system. SWAP uses the key nutrients

associated with diet-related diseases (i.e., saturated fat, sodium, sugar) to rank pantry foods as green, yellow, or red. To date, several food pantries in Connecticut have implemented SWAP. In preparation for a larger grant proposal, this study is: (1) assessing the demographics and diet-related disease prevalence in the population served by Hartford area pantries, (2) developing and validating research tools to assess the nutritional quality of food options available at food pantries and selected by clients, and (3) comparing the nutritional value of foods available and selected by clients at SWAP versus non-SWAP pantries. This project represents a collaboration between researchers at UConn Rudd Center for Food Policy and Obesity and Foodshare, the food bank that serves Hartford and Tolland Counties. The plan is to use the measures developed and client-level data from this study as pilot data in an NIH grant proposal to study the impact of SWAP on diet and health outcomes among food insecure people.

Other Core Activities in FY18

- The Core created and launched a Connecticut community-based participatory research (CBPR) listserv (CTCBPR@LISTSER.UCONN.EDU) that provides a forum for people interested in CBPR and other types of community-academic research partnerships to share their knowledge and experience in order to contribute to the field of CBPR and address Connecticut's public health issues.
- There is now an application for community organizations who are interested in health research to become community affiliates of InCHIP. As affiliates, they have the opportunity to participate in various InCHIP workshops, lectures, and research groups, and they can get assistance from InCHIP's Boundary Spanners with finding UConn collaborators and relevant funding opportunities.
- The Core began working on the development of a Community-Engagement Studio, which is a structured forum for academic researchers to get feedback and guidance on their research from community experts, ideally before the research project is implemented.
- Core Director Deborah Cornman met with the leaders from various community organizations throughout the year to explore opportunities for collaboration, and she and the Boundary Spanners were able to successfully facilitate the development of multiple new partnerships between UConn researchers and community organizations.

**To access any of the CEHR Core services, please contact Deborah Cornman,
CEHR Core Director:
deborah.cornman@uconn.edu**

InCHIP Funds Innovative Seed Grant Projects that Address a Range of Health Issues

In FY18, InCHIP continued its highly successful seed grant competitions. These competitions provide funding to UConn investigators to stimulate new research in health behavior that is likely to lead to external funding. Historically, some of InCHIP's largest and most successful external grants were made possible by including in the grant proposals critical pilot data that was collected with the support of these annual seed grant funds. When last calculated in March 2018, every \$1 of seed grant money invested by InCHIP had produced approximately \$37 in external grant awards.

FY18 InCHIP Faculty/Researcher Seed Grants

InCHIP offered two \$15,000 seed grant awards for faculty and researchers at UConn, one of which prioritized junior faculty who had never received more than \$100,000 per year (total costs) in external grant funding. Grant applicants were encouraged to reach out to the various Cores for assistance with their grant proposals, including participating in the Grant Proposal Incubator for feedback on their Specific Aims. The following faculty were awarded funding for their innovative proposals:

- Stephanie Gernant, PharmD (Pharmacy Practice): "Increasing Community Pharmacies' Efficiency in the Delivery of Transitions of Care"
- Molly Waring, PhD (Allied Health Sciences): "Development of an Instagram-Delivered Gestational Weight Gain Intervention"

FY18 InCHIP Community-Engaged Health Research Seed Grants

This seed grant competition provided \$15,000 in funding for each of two community-engaged health research studies that met a need identified by the community. To be eligible for this funding, proposed studies had to be for health behavior or health policy research conducted in community settings in Connecticut, using a participatory research framework and actively involving community stakeholders in the conceptualization, design, implementation, and/or evaluation. Among the many strong proposals that were submitted, the following two were selected for funding:

- Stephanie Milan, PhD (Psychological Sciences) and Miguel Cardona, EdD (Meriden Public Schools): "Children's Mental Health in Meriden: Identifying Community Needs and Resources"
- Marlene Schwartz, PhD (Human Development and Family Studies) and Katie Martin, PhD (Food-share): "Supporting Diet Quality and Health through Food Pantries in Hartford"

FY18 InCHIP-UConn Center for mHealth and Social Media Seed Grant

InCHIP and the UConn Center for mHealth and Social Media collaborated on a pilot grant program that promotes research leveraging social media to study physical or mental health. The seed grant provided \$15,000 in funding for one proposal. To be funded, a proposal had to present a novel approach to using social media and discuss how the proposed research would advance social media science. Following a rigorous review of the many proposals, the following proposal was chosen for funding:

- Christopher Carroll, MD (Pediatrics): "Defining Sociomes in Pulmonary, Critical Care & Sleep Medicine"

FY18 InCHIP Rolling Seed Grants

InCHIP offers Rolling Seed Grants for UConn faculty and researchers who are InCHIP affiliates. These grants provide funds to support the development of new interdisciplinary research teams with high potential for securing external funding through activities such as a one-day workshop or series of structured meetings to develop a research agenda and identify team leaders, conduct small pilot studies, or publish a high-impact literature review to establish a team's expertise in a new area.

This past year, InCHIP provided seed grant funds to the Connecticut Institute for Brain and Cognitive Sciences (IBACS) for "The Cognitive Bladder Project," which is an ongoing collaboration between, UConn Health's Center on Aging and the Department of Urology, and InCHIP. The goal of this project is to understand and ultimately treat chronic bladder urgency via cognitive interventions. This year, InCHIP and IBACS partnered to fund a scholarship for a MPH student who conducted a comprehensive literature review to establish the incidence and prevalence of lower urinary track symptoms and urgency. Next steps will include developing a questionnaire to assess urgency and related cognitive experiences (e.g., forgetting about the urge, distraction) and then exploring potential interventions.

InCHIP Boundary Spanners Foster Team Science

InCHIP is very much focused on “team science” and developing multidisciplinary teams that work collaboratively to develop innovative solutions to society’s most urgent healthcare challenges. Over the past year, InCHIP brokered numerous research partnerships that not only spanned UConn departments, schools, and campuses, but also community organizations. Key to forming these partnerships were InCHIP’s Boundary Spanning services.



What is Boundary Spanning?

Boundary Spanning involves reaching across the silos of disciplines, departments, and institutions to build multidisciplinary research teams that address complex public health problems. Since 2010, InCHIP’s Boundary Spanners have worked full-time to identify and connect investigators with experts and resources at UConn and beyond, and to identify funding mechanisms to support this work. Their role is to help build and support sustainable, col-

laborative teams across organizational boundaries.

Boundary Spanning services are tailored to the needs of the researcher and can include any of the following:

- **Targeted Funding Searches:** InCHIP Boundary Spanners will search for federal, state, local, or foundation-based funding mechanisms for faculty affiliates. Boundary Spanners can also provide information about previously awarded projects for specific federally-sponsored grants.
- **Team Building:** Boundary Spanners will help faculty affiliates find and connect with collaborators across UConn, at other institutions, and in the community who have the specific topical or methodological expertise needed for a given research project.
- **Team Coordination and Development:** Boundary Spanners can assist budding research teams establish expectations, define roles, and determine best practices for communication in order to ensure effective and cooperative teamwork.

In FY18, InCHIP’s Boundary Spanners Grace Morris, MA and Aaron Plotke did an exceptional job conducting dozens of targeted funding searches, connecting faculty to potential collaborators at UConn and elsewhere, and helping to organize and coordinate all of InCHIP’s networking events and training workshops.

To access any of these services, please contact our Boundary Spanners at boundary.spanners@chip.uconn.edu.

2017-18 InCHIP Lecture Series Brings World-Renowned Health Behavior Researchers to UConn

Some of the brightest leaders in health behavior research came to share their cutting-edge work with UConn faculty and students at the InCHIP Lecture Series in 2017-18.

The lectures spanned a broad spectrum of health-related topics, including aging, cash incentives, climate change, digital health, health promotion, HIV prevention, maternal stress, obesity, oncology, and sexual health. InCHIP was extremely honored to host the following presenters:

Fall Semester 2017

Wizdom Powell, PhD, UConn Health

“They Can’t Breathe: Neighborhoods, Racialized Stress, and Substance Use Among Young Adult African American Men”

Lisa Butler, PhD, UConn

“Pediatric HIV Disclosure: Results of a Randomized Controlled Trial in Kampala, Uganda”

Rosalie Corona, PhD, Virginia Commonwealth University

“Engaging Families and Communities to Promote Health”

William H. George, PhD, University of Washington
“Heat of the Moment’ Experiments: Mediators and Moderators of the Alcohol and Sex Risk Link”

Sara Bleich, PhD, Harvard T.H. Chan School of Public Health; Radcliffe Institute for Advanced Study

“Philadelphia Beverage Tax: Early Data on Price and Sales”



David Sherman, PhD (UC Santa Barbara) begins his lecture on stress reduction through self-affirmation.



InCHIP's Lecture series is attended by a wide variety of UConn graduate students, post-docs, faculty, and staff.

Spring Semester 2018

Lisa Eaton, PhD, UConn

"Unpacking and Addressing Stigma: Interventions for HIV/STI Prevention among Black Gay/Bisexual Men"

Jeffrey Bratberg, PharmD, University of Rhode Island

"Opioids, Addiction, and Medication Safety: Balancing Solutions at the Intersection of Public Health, Pharmacy, and Policy"

David Sherman, Ph.D, University of California, Santa Barbara

"Reducing Stress and Facilitating Adaptive Health Behaviors: A Self-Affirmation Perspective"

Tamara Afifi, Ph.D, University of California, Santa Barbara

"The Theory of Resilience and Relational Load: Implications for Families and Health"

William Darrow, Ph.D , Florida International University

"A Stitch in Time Saves Nine – Tuskegee, Patient O, and Evidence-Based Public Health"

Claude Mellins, Ph.D, Mailman School of Public Health, Columbia University

"The Sexual Health Initiative to Foster Transformation (SHIFT): Examining Sexual Health and Sexual Violence on College Campuses"

Brian Hainline, M.D, NCAA's Sports Science Institute / New York University / Indiana University

"Concussion, Mental Health, and the Future of College Sport"

William A. Fisher, Ph.D, Western University London, Ontario, Canada / UConn

"Do Good Values Make Bad Science? Research Case Studies in HIV/AIDS, Pornography, and Sexuality"



Jeffrey Bratberg, PharmD (University of Rhode Island) lectures on possible solutions to the opioid crisis in pharmacy practice.

Lecture Series Sponsors

InCHIP is extremely grateful for the generous sponsorship provided by the following UConn schools, departments, institutes, centers, and other groups:

- UConn Alcohol Research Center
- UConn Allied Health Sciences
- UConn Biomedical Engineering Department
- UConn Center for the Study of Culture, Health and Human Development
- UConn Center for Environmental Health and Health Promotion
- UConn College of Liberal Arts and Sciences
- UConn Department of Communication
- UConn Department of Human Development and Family Studies
- UConn Department of Kinesiology
- UConn Department of Psychiatry
- UConn Health Disparities Institute
- UConn School of Business
- UConn School of Medicine
- UConn School of Pharmacy
- UConn School of Social Work

InCHIP Centers and Groups Create Opportunities for Unique Collaborations at UConn and Beyond

InCHIP serves as an umbrella Institute for multiple research centers and groups, helping to facilitate research collaborations both within and across these organizations. InCHIP centers and groups include the Rudd Center for Food Policy, UConn Center for mHealth and Social Media and Obesity, UConn Center for mHealth and Social Media, the Collaboratory for School and Child Health (CSCH), UConn Health Outcomes, Policy, and Evidence Synthesis, and the Biosensor Center for Health, Intervention, and Prevention (Bio-CHIP).

In addition, there are five InCHIP Research Interest Groups (RIGs): Cancer Research Interest Group (Cancer RIG), eHealth/mHealth Research Interest Group (EMRIG), HIV Research Interest

Group (HIV RIG), Interprofessional Healthcare Research Interest Group (IPH RIG), and Obesity Research Interest Group (ORIG).

Each of these multidisciplinary RIGs provides a forum for researchers from across disciplines, campuses, and the community to work collaboratively and seek funding to conduct innovative research on specific health topics. RIG members not only come from numerous departments and schools across UConn but also from community-based organizations in Connecticut.

Some of the highlights over the past year can be found on the pages that follow.

Centers and Groups within InCHIP

InCHIP Centers & Collaboratives

Rudd Center
for Food Policy

UConn Center for
mHealth & Social
Media

Collaboratory
for School &
Child Health

UConn
HOPES

Bio-CHIP

InCHIP Research Interest Groups

Cancer

eHealth/
mHealth

HIV

Interprofessional
Healthcare

Obesity

InCHIP Research Interest Groups

InCHIP Cancer RIG Facilitates Fruitful Collaborations

The Cancer Research Interest Group (Cancer RIG) serves as a hub for connecting researchers interested in biopsychosocial issues across the entire cancer control continuum of prevention, early detection, diagnosis, treatment, survivorship, and end-of life. This RIG, which is led by InCHIP PI Crystal Park (Psychological Sciences), is currently comprised of 130 researchers from across UConn and as well as other institutions and organizations.

During the Fall 2017 semester, members of the Cancer RIG met to discuss possible ways to advance cancer research collaborations at the intersection of psychosocial and biomedical research, with a particular emphasis on developing projects involving investigators from both UConn Storrs and UConn Health. In addition to Connecticut Children's Medical Center, a variety of UConn Schools, Departments and Centers were represented, including Educational Psychology, Human Development and Family Studies, Kinesiology, Molecular and Cell Biology, Nursing, Occupational & Environmental Medicine, Pharmacy Practice, Psychological Sciences, Center for Advancement in Managing Pain,

and Center for Molecular Medicine.

Building upon conversations that began in the Fall of 2017, a group of five UConn faculty went to Helen & Harry Gray Cancer Center at Hartford Hospital in January of 2018, to meet with radiation oncologist and researcher Andrew Salner, MD to discuss possible collaborative research projects.

In addition, a multidisciplinary team of Cancer RIG researchers from InCHIP, Pharmacy Practice, Psychological Sciences, Statistics, and the Smilow Cancer Hospital Care Centers came together several months ago to work on a grant proposal that was submitted in March of 2018 in response to a National Cancer Institute (NCI) program announcement on "Oral Anticancer Agents: Utilization, Adherence, and Health Care Delivery." The proposed study, which is currently under review, will focus on identifying the facilitators of and barriers to treatment adherence among patients receiving oral anticancer agents.

The Cancer Care Continuum

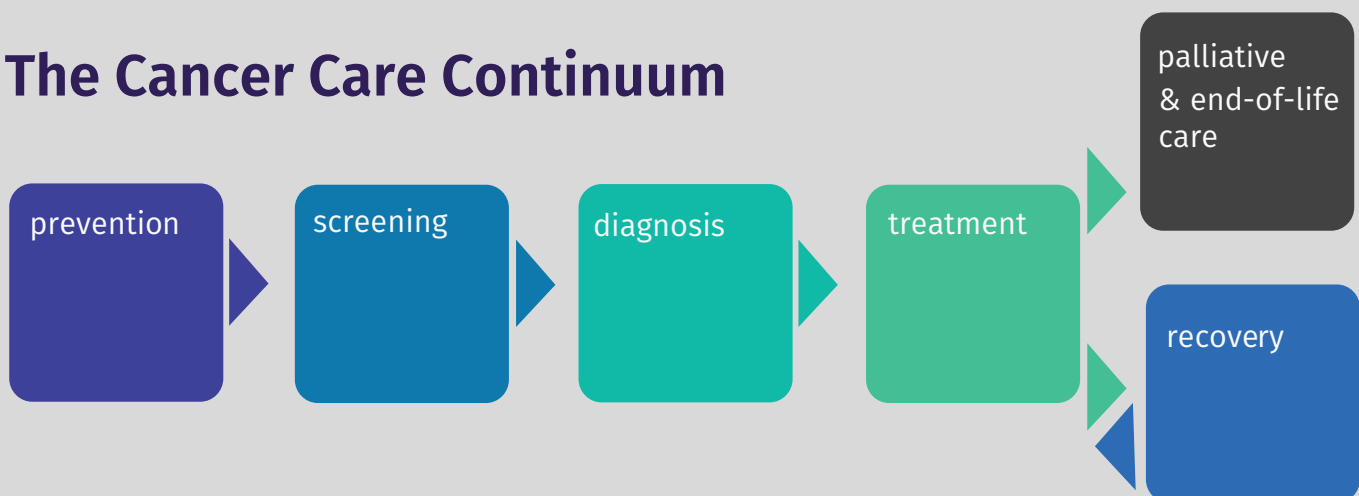




Photo by Andres Urena
on Unsplash

InCHIP's eHealth/mHealth Research Interest Group Partners **with the UConn Center for mHealth and Social Media**

The eHealth/mHealth Research Interest Group (EMRIG) brings together researchers from across UConn, other institutions, and the community who are interested in using digital technologies to modify and improve health behaviors. Digital technologies are increasingly becoming a core part of health behavior interventions, and the use of mobile technologies, social media, web-based interventions, and sensors have the potential to make interventions more targeted, effective, and scalable. Because successful digital health research requires a diverse array of expertise, including in computer science, communication, and big data analysis, the EMRIG facilitates networking events, lectures, training workshops, and webinars to help inform and connect investigators across disciplines, and foster the development of new and innovative ways to promote health behavior change.

The EMRIG has the largest membership of InCHIP's Research Interest Groups, with 200 members. During FY18, EMRIG Co-Directors Deborah Cornman, PhD and Debarchana Ghosh, PhD began collaborating with Sherry Pagoto, PhD and Molly Waring, PhD, the Directors of the new UConn Center for mHealth and Social Media. In the fall of 2017, this Center moved from UMass Medical School to UConn and became part of InCHIP (for more information about the Center, see page 55). The ultimate goal is to integrate the EMRIG into the UConn Center for mHealth and Social Media. Not only will this benefit the EMRIG members who can take advantage of the Center's many services and expertise, but it will also benefit the Center who can access the large network of

researchers interested in digital health research.

As part of this collaboration, InCHIP's EMRIG and the Center for mHealth and Social Media co-sponsored a seed grant competition that provided pilot funding for research on social media and health. Dr. Christopher Carroll was awarded seed grant funding for his innovative proposal entitled "Defining Sociomes in Pulmonary, Critical Care & Sleep." Additionally, the Center and the EMRIG convened a meeting with UConn IRB staff about IRB procedures and human subjects issues associated with social media research.

In addition to the joint efforts with the Center for mHealth and Social Media, the EMRIG hosted two events during the academic year. The first event, held on November 15, 2017, was a workshop entitled "How Can You Make Use of GIS in Your Health Research?" This introductory workshop was conducted by Dr. Ghosh (EMRIG Co-Director and Associate Professor of Geography) and her graduate students, and it focused on the application of Geographic Information Systems (GIS) to public health research. The event was attended by over 40 faculty and graduate students across 23 departments. During the spring semester, the EMRIG also hosted a lecture by Reuven Dar, PhD from Tel Aviv University entitled "Effects of Real-time Monitoring and Notification of Smoking Episodes on Smoking Reduction: Test of a Novel Smoking Cessation Phone App." The lecture focused on the use of wearable technology that can monitor habitual smoking behavior and be used in the development of personalized smoking cessation interventions.

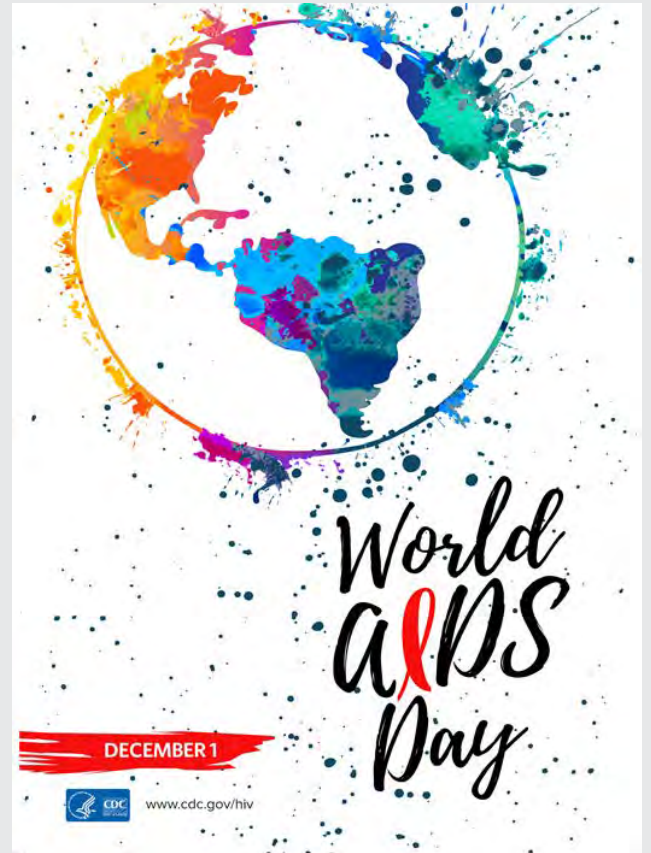
HIV Research Interest Group Hosts a Series of Presentations and Workshops on Current HIV Research and Findings

The HIV Research Interest Group (RIG) builds on InCHIP affiliates' groundbreaking research in the area of HIV prevention and treatment, where InCHIP has its roots. Under the direction of InCHIP Director Jeffrey Fisher, PhD (Psychological Sciences), the primary goal of the HIV RIG is to bring together researchers from multiple disciplines who share a common interest in HIV prevention, HIV testing, and the continuum of care from initial diagnosis to treatment. In addition to developing successful multidisciplinary collaborations to conduct impactful cutting-edge research, this group aims to build upon current UConn faculty members' tremendous expertise in HIV research to train a new generation of HIV researchers.

This year, for World AIDS Day on December 1, 2017, the HIV RIG provided a screening of the documentary entitled "The Silent HIV Crisis Sweeping the American South," followed by a group discussion. This film seeks to understand why the Southeast is the epicenter of the HIV epidemic in the U.S. According to the CDC, half of gay and bisexual black men in the southeast will be diagnosed with HIV in their lifetimes, if the current trends continue.

On January 25, 2018, InCHIP Affiliate and Principal Investigator Lisa Eaton, PhD (Human Development & Family Studies) made an InCHIP Lecture Series presentation on "Unpacking and Addressing Stigma: Interventions for HIV/STI Prevention among Black Gay/Bisexual Men." This was followed by a roundtable discussion on how to develop and implement interventions to reduce stigma, which serves as a critical barrier to beneficial health outcomes. Dr. Eaton reviewed how stigma reduction interventions can be designed for different levels of analysis (e.g., individual, group, community), and she talked about different models that can be used for delivering stigma reduction-focused content.

David Fiellin, MD from Yale University delivered a lecture on March 27, 2018 on implementation science entitled "Is It Harder to Change Patient or Provider Behavior?: Lessons for Addiction and HIV."



World AIDS Day Poster: CDC 2017

Research from Implementation Science." He first discussed what implementation science is and provided an overview of some of the implementation science methodologies and frameworks. Dr. Fiellin then highlighted some examples of implementation science research in the areas of substance use treatment in HIV clinics and opioid use disorder treatment in emergency departments. He also discussed opportunities for collaboration in implementation science throughout New England.

On March 29, 2018, the HIV RIG hosted William Darrow, PhD, a world-renowned sociologist and public health researcher who was a member of the CDC task force that studied AIDS in 1981 and played a key role in determining that HIV is sexually transmitted. Dr. Darrow's InCHIP Lecture Series presentation, "A Stitch in Time Saves Nine – Tuskegee,

Patient O, and Evidence-Based Public Health” was followed by a roundtable discussion entitled “From Patient 0 to Getting to Zero — A Brief History of the AIDS Epidemic.” This provocative discussion facilitated by Dr. Darrow included a review of the post-HAART history of the AIDS epidemic, plausible explanations for more recent changes in the HIV epidemic, and the effectiveness of HIV prevention

programs in the U.S.

Finally, on April 30, 2018, Chris Gordon, PhD, Branch Chief of the Division of AIDS Research at the National Institute of Mental Health, conducted a webinar in which he outlined NIH’s funding priorities in HIV prevention science. This included a review of current and future funding opportunities as well as future trends in HIV research.

Interprofessional Healthcare Research Interest Group Promotes Research on Team-Based Healthcare

Chaired by InCHIP Affiliate Michelle Judge, PhD, RD, CD-N (Nursing), the Interprofessional Healthcare Research Interest Group (IPH RIG) has a current membership of 62 researchers from UConn and other institutions who are interested in patient-centered interprofessional health research and expanding collaboration and teamwork in healthcare. Interprofessional healthcare refers to the coordinated care of patients by a collaborative team of healthcare providers.

FY18 marked the second year for the IPH RIG, which has worked closely with the University-wide Committee on Interprofessional Excellence in Healthcare (CIPEH) to promote research on the impact of team-based healthcare on patient health outcomes. The IPH RIG hosted multiple meetings this past year to organize and structure the activities of the group and to discuss the best ways to facilitate interprofessional healthcare research at UConn. In keeping with the purpose of this RIG, many different health professions were represented at these meetings, including medicine, nursing, pharmacy, physical therapy, psychology, and speech-language pathology.

Various activities are planned for next year including a networking event in October of 2018.



An East Hartford Public School Student displaying their fresh picked vegetables.

Obesity Research Interest Group Fosters Collaboration among Faculty and Graduate Students

Co-directed by InCHIP Associate Director Amy Gorin, PhD (Psychological Sciences), Rudd Center for Obesity & Food Policy Director Marlene Schwartz, PhD (Human Development and Family Studies), and Kim Gans, PhD, MPH (Human Development and Family Studies), the Obesity Research Interest Group (ORIG) is a multidisciplinary network of 187 investigators, affiliates, and students who share a common interest in understanding, preventing, and treating obesity. ORIG members represent numerous departments (e.g., Allied Health Sciences, Human Development and Family Studies, Kinesiology, Nutritional Sciences, Pediatrics, Psychological Sciences) and area hospitals (e.g., Connecticut Children's Medical Center, Hartford Hospital), and have expertise in obesity prevention and management, nutrition, and physical activity.

To facilitate collaborative research, ORIG sponsored several events this past year, in-

cluding a Welcome Reception for Graduate Students in the Fall of 2017, where faculty presented existing datasets and ideas for publications, and offered graduate students and other faculty the opportunity to join these research projects.

In addition, ORIG hosted an InCHIP Lecture Series presentation by Dr. Sara Bleich, PhD from Harvard T.H. Chan School of Public Health, whose presentation focused on sugar-sweetened beverage (SSB) taxes and preliminary data from the Philadelphia Beverage Tax initiative.

And in May 2018, senior-level ORIG members from various UConn departments and campuses met to discuss and plan future research and training initiatives for FY19 and beyond.



Rudd Center Leadership: (left to right) Tatiana Andreyeva, Marlene Schwartz, Rebecca Puhl, and Jennifer Harris

Science and Public Policy Intersect at The Rudd Center for Food Policy and Obesity

Ranked as one of the highest-performing childhood nutrition and health non-profit organizations in the country, the mission of the Rudd Center is to promote solutions to childhood obesity, poor diet, and weight bias through research and policy. The Rudd Center believes that every child, regardless of who they are, where they live, and what they look

like, deserves the opportunity to eat healthfully. This is not the reality today. The Rudd Center is committed to interrupting this cycle of inequity by conducting research to inform advocacy and policy, supporting evidence-based solutions, challenging the status quo, and holding the food industry, media, government, and others that affect the food environment accountable for their actions.

Since its inception, the Rudd Center has been clearly established in both national and international circles as the place where science and public policy intersect, where new and constructive dialogue takes place, and where innovation linked to action is a guiding philosophy.

Brief Overview of FY18 Achievements:

- In FY 2018, the Rudd Center was awarded 16 external grants totaling \$2,364,835. These funds were awarded from a variety of agencies including the Robert Wood Johnson Foundation, NIH, Horizon Foundation, Feeding America, and Connecticut Department of Public Health. In addition to the awarded grants, there are currently 12 external grant proposals, totaling \$3 million, which are currently under review.
- The Rudd Center's research has informed several proposed national, state, and local policies in the past year, addressing issues such as maintaining strong nutrition standards in federal food programs, healthier restaurant kids' meal policies, combating food swamps with zoning regulations that support healthier communities, and prohibiting weight discrimination. The Rudd Center has also conducted research in the past year to inform policies for: (a) food banks to distribute healthier foods, (b) supporting Connecticut childcare centers in understanding



In September, 2017, the Rudd Center Director and Postdocs meet with leaders in Connecticut Food Banking systems.

and implementing updated nutrition standards in the Child and Adult Care Food Program, (c) a Seattle sugary drink tax and proposed state level sugary drink tax legislation, and (d) the Children's Food and Beverage Advertising Initiative to expand the definition of "child-directed advertising," expand the ages of children covered, and update the category-specific uniform nutrition criteria. These are just some examples of the important research conducted by the Rudd Center to inform policy.

- Rudd Center core faculty have continued active research collaborations with 15 faculty across 9 departments and disciplines at UConn as well as with faculty researchers at 27 universities across the country and internationally (including Australia, Germany, Switzerland, and the United Kingdom). They have also continued existing and established new research collaborations with 15 state and national organizations.
- In FY18, Rudd faculty supervised 19 undergraduate students, 5 Masters students, and 11 PhD students. And they expanded their postdoctoral fellowship program by hiring a fifth post-doctoral fellow (in Nutritional Sciences from UConn) to join their existing 4 post-doctoral fellows from Duke University (Public Policy), Rutgers University (Social Psychology), Tufts University (Agriculture, Food, and Environment), and University of Texas at Austin (Nutritional Sciences).
- This year, the Rudd Center continued to communicate with a broad range of national policy and advocacy organizations on a regular and ongoing basis. Their role is to help advocates and policy groups identify aspects of policies that evidence suggests are important to include (or exclude) in order to maximize impact on public health, as well as interpret the science and respond to challenges with existing data and evidence. In FY18, the Rudd Center communicated with 95 national policy and advocacy organizations. Rudd Center faculty and policy experts also interacted with legislators responding to their requests around food policy, creating and disseminating relevant evidence-based resources, and providing expert testimony at legislative hearings.
- In terms of press coverage in FY18, the Rudd Center maintained a robust media presence nationally and in Connecticut, increasing media metrics in some key areas and continuing to garner significant publicity for the University. According to an analysis on Meltwater (a web-based media monitoring platform), there were 5,004 media appearances (print and online, U.S. media) related to UConn research from May 1, 2017 through April 30, 2018. Of these appearances, the Rudd Center accounted for 3,160 appearances – 39% of the total, up from 31% in the previous reporting period.
- The Rudd Center's social media presence also grew during this reporting period. The Center's Twitter followers reached 16,278, increasing by more than 3,900 since the Center was welcomed to UConn in 2015. Facebook followers ("likes") increased to nearly 4,900 – up by more than 700 since the Center's arrival. From May 1, 2017 to April 30, 2018, there were more than 155,500 total page views for the main Rudd Center website. Other Rudd Center websites also had substantial numbers of page views in this reporting period, including the WellSAT 2.0 website (79,965), which is used by school officials across the country to assess the quality of their districts' school wellness policies. Finally, the Rudd Center's monthly Health Digest newsletter, sent electronically via email, has approximately 7,100 subscribers.

This represents just a snapshot of the remarkable and important work that the Rudd Center has engaged in this past year.

InCHIP's Collaboratory on School and Child Health (CSCH) Sponsors a Wide Range of Activities

InCHIP's Collaboratory for School and Child Health (CSCH) was developed by Co-Directors Sandra Chafouleas, PhD (Educational Psychology) and Carol Polifroni, EdD, NEA-BC, CNE, RN, ANEF (Nursing/Office of Public Engagement) and a multidisciplinary team of faculty "to facilitate innovative and impactful connections across research, policy, and practice arenas relevant to school and child health. CSCH serves as a central resource to University and external partners engaged in efforts that inform healthy, safe, supportive, and engaging environments for all children."

CSCH had a very productive FY18, increasing its number of affiliates to 114 and organizing and sponsoring a variety of significant activities. Some of the highlights include the following:



Encore Conference and Seed Grant Competition

On September 18, 2017, CSCH held its first annual Encore Conference, where attendees could actively network and also learn, at an "encore" poster session, about school and child health research that CSCH affiliates had previously presented at external conferences. The conference was open to all CSCH affiliates and reflected the truly multidisciplinary nature of the Collaboratory, with affiliates in attendance from six different UConn schools and colleges, 17 different UConn departments, two UConn Centers, and five community organizations/schools.

Attendees were not only provided with the opportunity to peruse posters and network, but also to find collaborators if interested in making a seed grant pitch. Twelve different groups of people chose to make 3-minute pitches for a CSCH \$8,000 seed grant competition. These grants provided funds to investigators to support projects that align with CSCH's vision to promote an integrated approach to health and learning consistent with the Whole

School, Whole Community, Whole Child (WSCC) model. Using an online voting tool at the event, attendees voted for their favorite pitches. The top five winners were invited to submit a proposal, and CSCH Steering Committee members selected the seed grant recipients. The two winning multidisciplinary teams are:

Rory McGloin, PhD (Communication) and Jaci Van Heest, PhD (Kinesiology/Educational Psychology) for their project, "Gearing up! Using Exergaming to Impact Health in Overweight Children." They are examining whether a 10-week school-based physical activity intervention delivered via an exergaming bicycle positively impacts acute and transfer physical activity behaviors among overweight/obese youth.

Lisa Sanetti, PhD (Educational Psychology), Alicia Dugan, PhD (Occupational and Environmental Medicine), and Michele Femc-Bagwell, PhD (Educational Leadership) for their project, "Applying the Healthy Workplace Participatory Program to Address Teacher Wellbeing: A Mixed-Methods Pilot Study." This team is piloting and evaluating the effectiveness, acceptability, and feasibility of a workplace health and wellness intervention for teachers in a public school.

Science Salon

The Collaboratory was excited to partner with UConn and the UConn Foundation to host the first UConn Science Salon of the 2018 series ("science café events designed to encourage public discourse at the intersection of science and culture"). The event, "How Schools Succeed by Nurturing the Whole Child," took place on the evening of Thursday, November 9, at the Lyceum in Hartford, CT. Approximately 50 people took part in the exciting discussion about how teachers, researchers, and

schools in the state are helping the whole child be healthy, resilient, and ready to learn.

Desi Nesmith, Chief School Turnaround Officer with the Connecticut Department of Education and Neag School alumnus, moderated the panel, which included CSCH Co-Director Sandy Chafouleas; CSCH Steering Committee member Lindsay DiStefano, PhD, ATC (Kinesiology); and UConn alumna Althea Brooks, Executive Director of the Bridge to Success Community Partnership in Waterbury, CT.

CSCH Media Training and Live Talk Event

In the fall of 2017, CSCH collaborated with Rory McGloin, PhD and Stephen Stifano, PhD (Communication) to offer media training for affiliates. Drs. McGloin and Stifano worked with affiliates throughout the fall semester to develop their knowledge of effective communication about science, and to enhance their presentation skills in several different mediums.

As part of that multimedia training initiative, the Collaboratory partnered with the Public Health House Learning Community to host a live filming of TED-like talks on October 30, 2017. An audience of over 80 undergraduate students and graduate students observed four CSCH affiliates give live presentations. Drs. McGloin and Stifano coordinated the event, acting as both producers and hosts as they worked with both the audience and the presenters to talk about the process of preparing for live presentations and the procedures involved in the production of exciting video presentations.

- CSCH Co-Director Sandra Chafouleas, PhD: Think about the Link between Learning and Health: Schools as the Hub for Whole Child Success.
- CSCH Affiliate Jaci VanHeest, PhD: The Boy Who Learned How to Play.
- CSCH Steering Committee Member Lisa Sanetti, PhD: Teacher Wellbeing: Secure Your Own Oxygen Mask First Before Attending to Others.
- CSCH Affiliate Rebecca Campbell, PhD (Curriculum and Instruction): The Importance of School-Home Intersections: Language, Culture, and Health in the Florida Heartland

The event was a huge success, serving as a unique learning opportunity for students at various stages of training, providing practice in the art of communication about science, and generating multimedia footage. This event has led to a partnership with the First Year Learning Communities, and CSCH is planning more events for the 2018-19 academic year.

Twitter Chats

Following the CSCH Live talks, CSCH partnered with the UConn Neag School of Education to co-host two Twitter chats that focused on CSCH Live Talks. The first was about the effect of play on the brain and featured Jaci VanHeest. The second twitter chat was about teacher stress and teacher well-being and featured Lisa Sanetti. Participants were encouraged to watch the corresponding CSCH Live Talk before taking part in the chat.

Glastonbury Exchange Club Event

CSCH partnered with UConn Neag School of Education to discuss critical issues in trauma-informed schools and social, emotional, and behavioral health for area teachers and members of the Glastonbury Exchange Club, an organization dedicated to serving the local community. The event took place on the evening of April 19, 2018 in Glastonbury, CT. Approximately 30 people took part in the exciting discussion, which included viewing a short CSCH-produced video on the topic, followed by a panel discussion with question and answers.

Desi Nesmith, Chief School Turnaround Officer with the Connecticut Department of Education and Neag School alum, moderated the panel, which included CSCH Co-Director Sandy Chafouleas (Neag School); CSCH Steering Committee member Lisa Sanetti (Neag School); and CSCH Steering Committee member Alice Forrester of Clifford Beers Clinic in New Haven, Connecticut.

Since the Association for Supervision and Curriculum Development (ASCD) and Centers for Disease

Whole School, Whole Community, WholeChild Model Blueprint Tool and Video Modules

Control (CDC) jointly released the Whole School, Whole Community, Whole Child (WSCC) model in 2014, schools and organizations have begun working through issues related to effective implementation. In partnership with staff from New Haven Public Schools and the Connecticut State Department of Education, CSCH Steering Committee members have developed a WSCC Blueprint to guide action planning, implementation, and evaluation efforts that inform coordination of policies, processes, and practices in school and child health with respect to the WSCC model. Additional supporting materials include a series of brief video modules and written briefs that explain the WSCC model and its ten components, discuss examples of school initiatives, and describe the positive outcomes school personnel have seen as a result. All WSCC Blueprint materials will be released throughout the Summer of 2018.

The Collaboratory on School and Child Health's Focal Areas

CULTURE AS CONTEXT

COMMUNITY INVOLVEMENT

COUNSELING, PSYCHOLOGICAL, AND SOCIAL SERVICES

EMPLOYEE WELLNESS

FAMILY ENGAGEMENT

HEALTH EDUCATION

HEALTH SERVICES

NUTRITION ENVIRONMENT AND SERVICES

PHYSICAL EDUCATION AND
PHYSICAL ACTIVITY

PHYSICAL ENVIRONMENT

SOCIAL AND EMOTIONAL CLIMATE

SOCIAL DETERMINANTS OF HEALTH

HEALTH CARE DISPARITIES

UConn Center for mHealth and Social Media has a Productive First Year at UConn

The mission of the UConn Center for mHealth and Social Media is to increase capacity for mHealth and social media research at UConn, create research collaborations with universities around the world, facilitate industry-academic partnerships, and become an international leader in the use of technology for health behavior change. The Center's priorities are in the areas of research methodology and training.

Dr. Sherry Pagoto (Professor, Allied Health Sciences) is the Director of the Center, Dr. Molly Waring (Assistant Professor, Allied Health Sciences) directs the Methodology Core, UConn graduate Brandon Nickel serves as the Center Coordinator, Jessica Oleski is the Program Director, and Azaria Boots is the Program Assistant.

The Center has been extremely productive since moving to UConn in August 2017. They have engaged in a variety of activities, including but not limited to: conducting multiple innovative research projects; submitting several external grant applications; providing training through webinars, workshops, and student internships; publishing in peer-reviewed journals; presenting scientific papers at conferences; organizing and hosting one conference and co-sponsoring a second one; and co-sponsoring an internal seed grant. More information about the Center's many accomplishments in FY18 can be found below.

Research, Publications, and Presentations

- In FY18, Center faculty Pagoto and Waring had nine active grants and contracts for a total of \$7M. Their collaborators on these projects are at Rutgers University, Worcester Polytechnic University, East Tennessee State University, Klein Buendel (Denver, Colorado), UMass Medical School, and UConn. In addition, they submitted six grants

and contracts totaling \$2.2M, and they were consultants on two others, for a total of seven grant proposals. Collaborators on these pending grants are at Vanderbilt University, Brown University, University of Massachusetts Medical School, and UConn. (See Appendix on page 61 for a list of their active grants.)

- In the past year, Center faculty published 13 scientific papers in peer-reviewed journals on the topics of digital health and social media.
- Center faculty were invited to give nine talks on digital health and/or social media research at both national and international venues, and they presented 13 scientific papers at regional, national, and international conferences in FY18.
- Dr. Pagoto published five articles/blog posts for outlets including MedCityNews, Personal and Connected Health Alliance, and the UConn Center for mHealth and Social Media blog, and her work and comments have appeared in three online articles.

Trainings

- The Center hosted three webinars in the past year that collectively attracted hundreds of participants. These included, "How to Write Op-Eds and Why You Should" held on March 18, 2018; "Developing and Adapting Behavioral Interventions for Social Media Delivery" held on December 21, 2018; and "How the National Library of Medicine Can Add Evidence to Your Health App" held on November 7, 2018.
- The Center conducted two workshops this year, entitled *Writing a "K" Career Development Grant* in May 2018 and *How to Develop a Professional Social Media Presence* in

Center Leadership



Center Director: Sherry Pagoto, PhD (Professor, Allied Health Sciences)



Director of Center's Methodology Core: Molly Waring, PhD (Assistant Professor, Allied Health Sciences)



In May 2018, the Center held UConn Center for mHealth and Social Media Conference: Digital Health At the Intersection of Academia and Industry

Academia in July 2018.

- The Center provided internships for seven undergraduate students this past year, and they will be hosting two high school students in the Young Scholars Senior Summit program and an undergraduate intern this July.
- Dr. Pagoto has recruited a masters student and a doctoral student to start in Fall 2018, and Dr. Waring has recruited a masters student to start in Fall 2018.

Consultation

- The Center received 21 requests for consultation this year. Five led to grant submissions.
- Many requesters were in need of services (e.g., social media, app development) but had no funds to pay for these services. Because the Center does not have the resources to provide free services to all comers, they explored opportunities to provide support to grant applications, help investigators find collaborators with relevant experience, and/or point investigators to relevant training experiences.

Annual Conferences

- The Center co-sponsored the "Promoting Research in Social Media in Health Symposium (PRISM)," which was held at University of California San Francisco on December 8, 2017. PRISM is a one-day research symposium that fosters a collaborative learning community for researchers in social media and health. The symposium hosted researchers, industry partners, and patients from over 40 unique institutions, including UPenn,

Harvard, Facebook, and others.

- The Center organized and hosted the “UConn Center for mHealth and Social Media Annual Conference.” This year’s conference theme was “Digital Health at the Intersection of Academia and Industry” and focused on bringing academics and industry leaders together to discuss how to increase the impact of digital health solutions via academic-industry collaborations. The conference included four distinguished speakers: (1) John Torous, MD, Co-Director of Digital Psychiatry Program at Beth Israel Deaconess Medical Center, (2) Brennan Spiegel, MD, Director of Health Services Research at Cedars Sinai Medical Center, (3) Kate Wolin, ScD, Chief Science Officer of Interactive Health and former CEO of ScaleDown, and (4) Emil Chiauuzzi, PhD, Principal Scientist at PatientsLikeMe. These speakers gave keynote lectures and hosted breakout sessions on the topics of tech/app evaluation, bringing research to market, online patient communities, and medical virtual reality. A panel discussion on bridging the gap between academia and industry followed. The final event of the conference was a poster reception in which 25 researchers presented their work. The conference attracted 126 attendees, a quarter of which were students, 75% women, and 21% people of color. One-third of attendees traveled from out of state, 58% were based at UConn, and another 8% were from elsewhere in Connecticut.

Seed Grant Competition

- The Center and InCHIP collaborated on a pilot grant program that promotes research leveraging social media to study physical or mental health. Following a comprehensive review of applications, \$15,000 in seed grant funding was awarded to Christopher Carroll, MD, Professor of Pediatrics at UConn Health, for his project entitled “Defining Sociomes in Pulmonary, Critical Care, and Sleep.”



Dr. Kate Wolin, Chief Science Officer, Interactive Health, addresses attendees of the UConn Center for mHealth and Social Media Conference: Digital Health At the Intersection of Academia and Industry



Welcome to InCHIP's New Director Amy Gorin Professor of Psychological Sciences

Following a national search, it was announced in Spring 2018 that InCHIP Associate Director and Professor of Psychological Sciences, Amy Gorin, PhD, will be replacing Jeffrey Fisher, PhD (Board of Trustees Distinguished Professor of Psychological Sciences) as InCHIP Director upon his retirement at the end of this summer. Dr. Gorin envisions InCHIP being a national model for how to develop health and wellness investigators, support high impact research, and disseminate scientific findings to influence practices and policies that ultimately improve public health. Central to her vision, Dr. Gorin asserts that “through the transdisciplinary integration of scientific approaches (e.g., behavioral, genetic, policy, public health), research at InCHIP will advance how we prevent and treat complex health issues.”

Dr. Gorin is a clinical psychologist whose work focuses on the development of innovative treatment strategies to improve long-term weight loss and maintenance, with an emphasis on motivational and environmental processes that affect weight control. Dr. Gorin's research reflects the value she places on interdisciplinary collaboration, having current research collaborations with faculty from Allied Health Sciences, Communication, Kinesiology, Nutritional Sciences, Pediatrics, and Pharmacy.

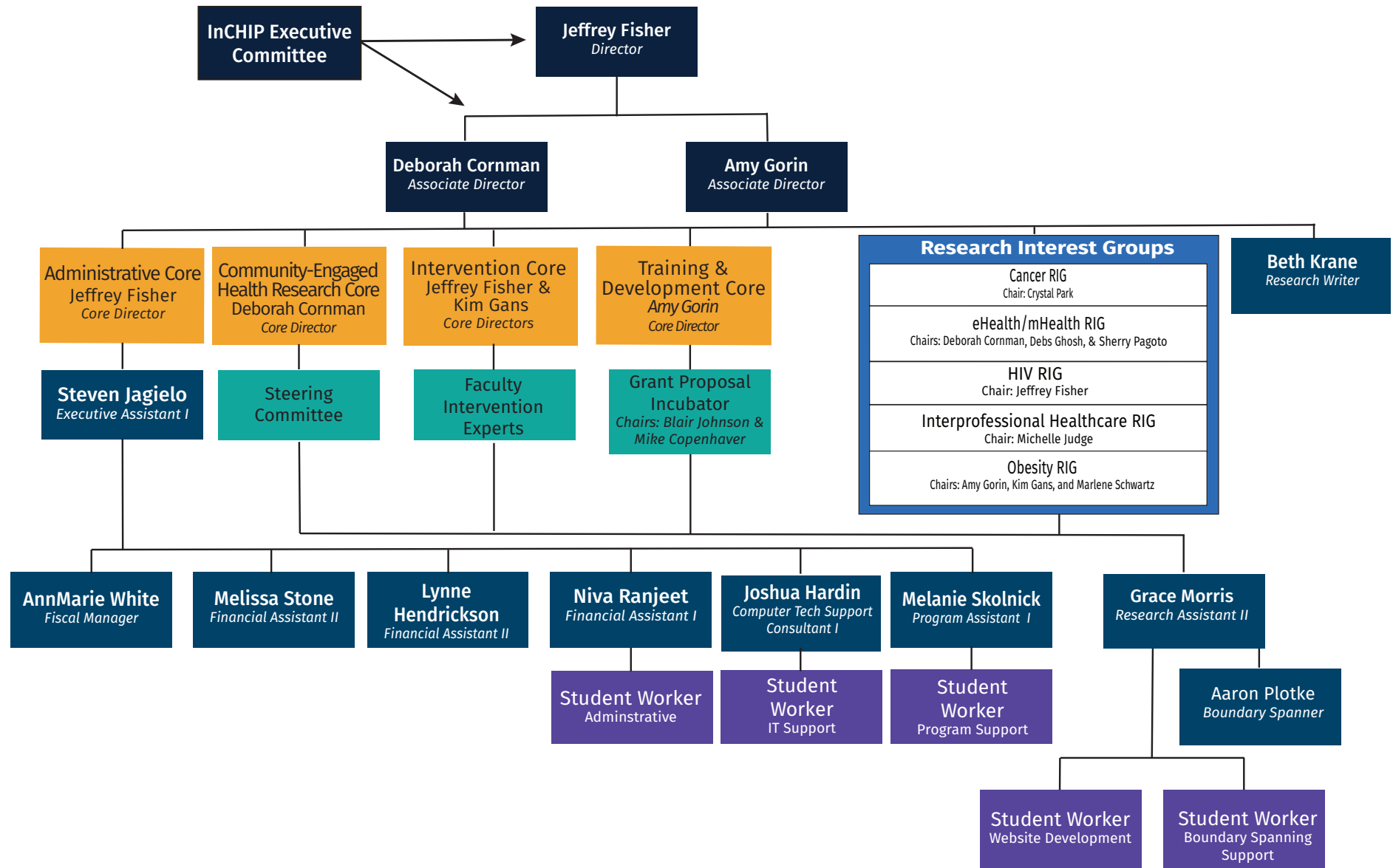
Following InCHIP's transition from a Center to an Institute in 2016, Dr. Gorin established and directed InCHIP's Training and Development Core, which offers training, mentorship, and grant proposal writing support to UConn researchers at every stage of their career from graduate student to tenured faculty.

Appendices

Contents

FY18 InCHIP Organizational Chart	60
InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)	61-78
InCHIP Mission Statement	79

FY18 InCHIP Organizational Chart



InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)										
Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Buckley, Thomas	PHAR	\$421,078	\$57,495	\$33,348	\$90,843	5	11/01/13	06/29/18	CT DPH / CDC	State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health - Pharmacy Initiative
Buckley, Thomas *	PHAR	\$48,768	\$30,866	\$17,902	\$48,768	1	06/30/17	06/29/18	CT DPH / CDC	State Public Health Actions to Prevent and Control Diabetes, Heart Disease, Obesity and Associated Risk Factors and Promote School Health - Pharmacy Initiative (Diabetes Enhanced) Year 5 SUPPLEMENT
Buckley, Thomas *	PHAR	\$60,000	\$47,619	\$12,381	\$60,000	1	06/30/17	06/29/18	CT DPH / CDC	Connecticut Pharmacy WISEWOMAN Project - CONTINUATION
Butler, Lisa	CHIP	\$3,226,304	\$520,131	\$115,365	\$635,496	5	05/01/16	04/30/21	NIH / NIMH	Multi-Sectoral Agricultural Intervention to Improve Nutrition, Health and Developmental Outcomes of HIV-Infected and Affected Children in Western Kenya

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)										
Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Chafouleas, Sandra	EDUC	\$1,259,296	\$0	\$0	\$0	3	07/01/15	06/30/18	US ED / IES	Exploring the Status and Impact of School-Based Behavior Screening Practices in a National Sample: Implications for Systems, Policy and Research
Chafouleas, Sandra	EDUC	\$150,000	\$50,000	\$0	\$50,000	3	07/01/16	06/30/19	Provost Office	Collaboratory on School and Child Health
Copenhaver, Michael	AHSC	\$3,107,659	\$0	\$0	\$0	6	04/01/12	03/31/18	NIH / NIDA	Secondary HIV Prevention and Adherence Among HIV-infected Drug Users
Copenhaver, Michael	AHSC	\$697,150	\$0	\$0	\$0	6	04/01/13	03/31/19	NIH / NIDA	HIV Prevention and Adherence Among Priority Drug Using Populations
Copenhaver, Michael *	AHSC	\$3,165,148	\$482,986	\$207,538	\$690,524	5	09/01/17	06/30/22	NIH / NIDA	Testing an Integrated Biobehavioral Primary HIV Prevention Intervention Among High-Risk People Who Use Drugs
Cornman, Deborah	CHIP	\$67,637	\$8,714	\$5,054	\$13,768	5	07/01/13	04/30/18	NIH / NIMH / Yale University	Center for Interdisciplinary Research on AIDS (CIRA)

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)										
Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Duffy, Valerie	AHSC	\$758,083	\$232,426	\$60,431	\$292,857	3	10/01/15	09/30/18	DSS / USDA / FNS	School and Family-Based SNAP-Ed
Eaton, Lisa	HDFS	\$328,372	\$40,408	\$24,043	\$64,451	5	06/01/13	03/31/18	NIH / NIDA / University of Pittsburgh	Understanding Delayed Access to HIV Prevention Services among Black MSM
Eaton, Lisa	HDFS	\$3,709,316	\$508,596	\$270,264	\$778,860	5	09/26/16	05/31/21	NIH / NIMH	Novel Stigma / Structural Interventions for Increasing HIV/STI Testing Among BMSM
Fein, Deborah	PSYC	\$1,396,562	\$163,454	\$85,526	\$248,980	5	09/25/14	05/31/19	Drexel / NIH	Early Detection of Autism Spectrum Disorders
Fein, Deborah *	PSYC	\$3,082,218	\$393,961	\$234,406	\$628,367	5	09/07/17	05/31/22	Drexel / NIH	Connecting the Dots: An RCT Relating Standardized ASD Screening, Intervention Access, and Long-Term Outcomes
Gans, Kim	HDFS	\$400,221	\$50,513	\$29,298	\$79,811	5	09/01/14	05/31/19	NIH / NHLBI / Brown University	Improving Nutrition and Physical Activity Environments in Home-Based Child Care
Gans, Kim	HDFS	\$39,618	\$0	\$0	\$0	2	06/01/15	05/31/17	NIH / NHLBI / Brown University	Improving Nutrition and Physical Activity Environments in Home-Based Child Care - SUPPLEMENT

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)

Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Gibbons, Frederick	PSYC	\$2,823,769	\$447,282	\$96,217	\$543,499	5	09/15/14	06/30/19	NIH / NIDA	Health Behaviors among Young Black Adults: Risk and Resilience
Glenney, Susan *	KINE	\$79,175	\$14,913	\$5,965	\$20,878	4	05/01/17	04/30/21	UCHC / PCORI	3D Team Care for Cognitively Vulnerable Older Adults
Gorin, Amy	PSYC	\$432,705	\$0	\$0	\$0	3	12/01/14	11/30/17	NIH / NHLBI	Test of a Theory-Based Weight Loss Program for Couples: Project TEAMS
Harris, Jennifer	CHIP	\$279,593	\$0	\$0	\$0	2	01/01/15	12/31/17	Dell Foundation	Unhealthy Food Marketing Targeted to Children: Research to Evaluate Potentially Misleading Practices and Support Advocacy to Encourage Industry Change
Harris, Jennifer	AHSC	\$45,819	\$10,226	\$5,931	\$16,157	3	05/05/15	02/28/18	Regents of the University of Michigan / NIH	Food Marketing Vulnerability and Increased Risk for Weight Gain in Adolescents

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)

Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Holle, Lisa *	PHAR	\$8,037	\$8,037	\$0	\$8,037	1	05/01/18	04/30/19	International Society of Oncology Pharmacy Practitioners (ISOPP)	Can Spinners Improve Understanding of Adverse Events in Patients with Cancer?
Johnson, Blair	PSYC	\$141,185	\$0	\$0	\$0	1.5	01/01/16	07/31/17	Elsevier LTD	Senior Editorship, Social Sciences & Medicine
Johnson, Blair *	PSYC	\$334,336	\$38,243	\$0	\$38,243	3.5	08/01/17	12/31/20	Elsevier LTD	Senior Editorship, Social Sciences & Medicine - CONTINUATION
Johnson, Blair	PSYC	\$713,107	\$152,558	\$90,772	\$243,330	3	01/01/17	12/31/19	Columbia University / NIH	InCHIP Healthy Habits Systematic Review Project
Kalichman, Seth	PSYC	\$3,327,281	\$0	\$0	\$0	6	02/01/12	01/31/18	NIH / NIDA	Behavioral Intervention to Enhance HIV Test / Treat (ITM2)
Kalichman, Seth	PSYC	\$2,813,490	\$0	\$0	\$0	6	04/01/13	01/31/19	NIH / NIDA	Enhanced STI / HIV Partner Notification in South Africa
Kalichman, Seth	PSYC	\$3,363,244	\$496,335	\$165,187	\$661,522	5	09/10/14	08/31/19	NIH / NIAAA	Comparative Effectiveness Trial for Retention-Adherence-Health
Kalichman, Seth	PSYC	\$137,474	\$16,160	\$9,373	\$25,533	5	07/28/15	06/30/20	San Diego State University / NIH / NIMH	Enhanced Linkage to HIV Care Following Home-Based HIV Testing in Rural Uganda

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)

Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Kalichman, Seth	PSYC	\$1,679,568	\$320,720	\$18,428	\$339,148	5	07/01/16	06/30/21	NIH / NIMH	Training in Social Processes of HIV / AIDS
Kalichman, Seth	PSYC	\$3,552,398	\$508,536	\$195,108	\$703,644	5	08/15/16	06/30/21	NIH / NIDA	Unified Intervention to Impact HIV Care Continuum
Kalichman, Seth	PSYC	\$303,257	\$71,913	\$41,710	\$113,623	3	03/01/17	08/31/19	NIH / NIAAA	Comparative Effectiveness Trial for Retention-Adherence-Health - SUPPLEMENT
Kalichman, Seth *	PSYC	\$482,790	\$57,223	\$34,048	\$91,271	3	09/01/17	07/30/20	State University of New York / NIH / NIDDK	Behavioral Adherence in Emerging Adults with Type 2 Diabetes: Ancillary Study
Kalichman, Seth *	PSYC	\$99,783	\$62,560	\$37,223	\$99,783	2	09/01/17	08/31/19	NIH / NIAAA	Comparative Effectiveness Trial for Retention-Adherence-Health – GENDER DIVERSITY SUPPLEMENT
Leahey, Tricia	AHSC	\$1,082,533	\$0	\$0	\$0	3	08/23/14	05/31/18	NIH / NIDDK	A Randomized Trial Testing Lay Health Coaches for Obesity Treatment
Leahey, Tricia	AHSC	\$164,515	\$32,755	\$18,998	\$51,753	5	09/25/14	08/31/19	VCU / NIH	Low Intensity Weight Loss for Young Adults: Autonomous vs. Extrinsic Motivation
Leahey, Tricia *	AHSC	\$3,155,862	\$437,514	\$260,321	\$697,835	5	08/20/17	05/31/22	NIH / NIDDK	Peer Support for Weight Loss Maintenance

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)										
Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Lepley, Lindsey	KINE	\$2,500	\$0	\$0	\$0	3	11/02/15	10/31/18	New England American College of Sports Medicine	Targeting Neural Pathways after ACL Reconstruction Using Eccentric Cross-Exercise
Lepley, Lindsey	KINE	\$22,998	\$2,772	\$416	\$3,188	3	07/01/16	10/01/19	NATA Research & Education Foundation	Eccentric Exercise to Promote Immediate Beneficial Adaptations in Muscle
Lepley, Lindsey *	KINE	\$707,260	\$130,974	\$10,478	\$141,452	5	04/01/18	03/31/23	NIH	Influence of Eccentric Exercise on Muscle and Joint Health After ACL Injury
Mancini, Sally *	CHIP	\$83,418	\$35,243	\$0	\$35,243	2	10/01/17	10/31/19	Center for Agriculture and Food Systems, Vermont Law School (CAFS) / USDA	Foodworks: Pioneering State and Local Food Policies - RENEWAL
McCaffery, Jeanne *	AHSC	\$218,784	\$140,644	\$78,140	\$218,784	2	08/23/17	03/31/19	NIH / NIDDK	Salivary Amylase Gene (AMY1) as a Predictor of Weight and Diet in Look AHEAD and DPP
Mobley, Amy	NUTR	\$75,703	\$0	\$0	\$0	2	10/01/15	09/01/17	Child Health and Dev. Institute of Connecticut Inc.	Development of Evidence-Based Child Feeding Messages to Prevent Obesity in Early Childhood

* Indicates that the project was newly awarded in FY18

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)

Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Park, Crystal	PSYC	\$64,144	\$12,738	\$7,388	\$20,126	3	07/01/16	05/31/19	UCSD / NIH / NC-CIH	Mind/Body Interventions for Chronic Low Back Pain and Neck Pain in Military Personnel
Park, Crystal	PSYC	\$1,474,771	\$251,737	\$111,904	\$363,641	5	09/15/14	06/30/19	NIH / NIGMS	Self-Regulation Skills as Predictors of URM Student Success Bio-medical Research
Park, Crystal *	PSYC	\$218,706	\$137,120	\$81,586	\$218,706	1	09/25/17	08/31/18	NIH / NCI	Multilevel Resilience Trajectories in the Transition to Cancer Survivorship
Park, Crystal *	PSYC	\$234,800	\$100,585	\$15,088	\$115,673	2	01/01/18	12/31/19	John Templeton Foundation	Development and Validation of a Measure of Implicit and Explicit Religious Beliefs
Pescatello, Linda	KINE	\$7,100	\$0	\$0	\$0	1	01/01/17	12/31/17	Seabury Foundation	A Comparison of the Practice of Two Tai Chi Interventions Tailored for Different Health Outcomes
Puhl, Rebecca *	HDFS	\$126,071	\$55,729	\$13,932	\$69,661	2	07/01/17	01/31/19	Weight Watchers	Weight Stigma, Internalized Bias, and Coping Strategies in a National Weight Loss Sample
Schwartz, Marlene *	HDFS	\$360,278	\$100,643	\$12,077	\$112,720	2.5	07/01/17	12/31/19	Horizon Foundation	Improving Nutrition in Howard County: A Strategic Science and Policy Initiative - SUPPLEMENT

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)

Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Schwartz, Marlene	HDFS	\$103,941	\$3,385	\$406	\$3,791	3	01/06/15	12/31/20	Partnership for a Healthier America	Evaluation of Commitments Made by Child Care Centers with Partnership for a Healthier America
Schwartz, Marlene *	HDFS	\$225,575	\$3,165	\$1,835	\$5,000	0.25	04/01/18	06/30/18	University of Illinois / USDA	National Wellness Policy Study – SUPPLEMENT
Schwartz, Marlene	HDFS	\$189,950	\$0	\$0	\$0	1.5	02/01/16	06/30/17	RWJF / HER	Developing a Reliable, Valid Measure of School Wellness Policy Implementation: The WellSAT-I
Schwartz, Marlene	HDFS	\$50,000	\$0	\$0	\$0	1	01/01/17	12/31/17	Food Trust / RWJF	The Emergency Food System in a Culture of Health
Schwartz, Marlene *	HDFS	\$114,948	\$105,295	\$9,653	\$114,948	1	07/01/17	06/30/18	RWJF / HER 10	Updating the Wellness School Assessment Tool: WellSAT 3.0
Schwartz, Marlene *	HDFS	\$219,701	\$23,318	\$13,874	\$37,192	5	09/01/17	08/31/22	University of Pennsylvania / NIH	Communicating the Health Risks of Sugar-Sweetened Beverages
Schwartz, Marlene *	HDFS	\$220,429	\$98,187	\$11,782	\$109,969	2	01/01/18	12/31/19	Horizon Foundation	Improving Nutrition in Howard County: A Strategic Science and Policy Initiative - CONTINUATION

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)										
Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Schwartz, Marlene *	HDFS	\$49,495	\$44,995	\$4,500	\$49,495	0.67	01/01/18	08/31/18	Feeding America	Promoting Foods to Encourage in Feeding America Food Banks
Snyder, Leslie *	COMM	\$262,299	\$81,445	\$48,460	\$129,905	1	04/01/18	03/31/19	Fred Hutchinson Cancer Research Center / NIH	MsFLASH: Living a Healthy Menopause
Taylor, Beth *	KINE	\$153,955	\$69,977	\$6,998	\$76,975	2	07/02/17	06/30/19	American Heart Association	Near Infrared Spectroscopy (NIRS) to Diagnose Statin-Associated Muscle Symptoms
Wang, Fei *	PHAR	\$281,068	\$148,999	\$0	\$148,999	2.5	05/01/17	12/31/19	CT DPH	Best Practices in Tobacco Use Prevention and Control
Waring, Molly *	AHSC	\$703,544	\$139,683	\$83,111	\$222,794	3	08/23/17	03/31/20	NIH / NHLBI	Delivering a Post-Partum Weight Loss Intervention via Facebook vs In-Person Groups: A Feasibility Pilot Trial
White, C. Michael	PHAR	\$255,000	\$31,645	\$18,355	\$50,000	5	12/01/14	11/30/19	AHRQ	Evidence-Based Practice Center (EPC) V

* Indicates that the project was newly awarded in FY18

InCHIP FY18 Newly Awarded and Active Grants (May 16, 2017 – May 15, 2018)										
Principal Investigator	Dept.	Total Costs Awarded	FY17 Direct Costs Awarded	FY17 Indirect Costs Awarded	FY17 Total Costs Awarded	Yrs.	Start Date	End Date	Agency	Title
Willen, Sarah *	ANTH	\$699,960	\$302,131	\$24,163	\$326,294	2	10/15/17	10/14/19	RWJF	Who Deserves a Healthy Life? How Implicit "Deservingness Assessments" Can Advance, or Obstruct, Efforts to Tackle Health Inequities
TOTAL ACTIVE GRANTS AWARDED		\$65,352,739	\$11,395,519	\$3,906,588	\$15,302,063					
* Indicates that the project was newly awarded in FY18										

Department:

AGRE Agricultural & Resource Economics

EDUC Education Psychology

NUTR Nutritional Sciences

AHSC Allied Health Sciences

ANTH Anthropology

CHIP Institute for Collaboration on Health, Intervention, and Policy

COMM Communication

GEOG Geography

HDFS Human Development and Family Studies

KINE Kinesiology

PHAR Pharmacy Practice

PSYC Psychological Sciences