Institute for Health Research and Policy

Institute Growing Despite Competitive Climate

These are challenging times in health research. The budget of the National Institutes of Health, the primary funder of our nation’s health research, remains flat. With inflation, the pool of available funds is smaller, which means fewer research grants, more competition for competing renewal grants and large-scale initiatives that are not reissued. Given this state of affairs, one might expect our institute to be a pressure cooker with a shrinking portfolio of research and fewer faculty collaborators. Au contraire!

The institute remains a growing and vibrant intellectual community of health researchers at UIC. Whether measured in research dollars, number of collaborating faculty, or number of collaborating departments and colleges, 2006 was a year of growth. This year we welcomed our newest affiliate, the Center for Pharmacoeconomic Research.

As you will see in this report, however, the measurable successes of IHRP go far beyond the numbers. The institute provides opportunities for non-faculty researchers to develop their careers through leadership roles in large-scale investigations. Our center and program leaders are committed mentors who are instrumental in helping new investigators. Our research partnerships create new resources for investigators not just at UIC, but in the broader Illinois academic community. Through partnerships with national organizations, IHRP-based research results have played a central role in stopping a multinational corporation from disseminating an ineffective health program.

As IHRP enters its 10th year, we do so with great pride in our accomplishments, deep appreciation for the support of UIC leadership and the School of Public Health, and continued commitment to fostering the collaboration of researchers across disciplines, mentoring and training the next generation of health researchers, addressing disparities in health, and working in partnership with community leaders and residents to promote health in their communities.

Susan J. Curry, PhD
Director, Institute for Health Research and Policy
Professor of Health Policy and Administration

Robin J. Mermelstein, PhD
Deputy Director, Institute for Health Research and Policy
Director, Center for Health Behavior Research
Professor of Psychology

William Baldyga, DrPH, MA
Associate Director, Institute for Health Research and Policy

Michael L. Berbaum, PhD
Director, Methodology Research Core
Senior Biostatistician

Frank J. Chaloupka, PhD
Director, Health Policy Center
Distinguished Professor of Economics

Marian L. Fitzgibbon, PhD
Director, Health Promotion Research Program
Director, Section of Health Promotion and Research, Department of Medicine
Professor of Medicine and Health Policy and Administration

Susan L. Hughes, DSW
Co-Director, Center for Research on Health and Aging
Professor of Community Health Sciences

Thomas R. Prohaska, PhD
Co-Director, Center for Research on Health and Aging
Professor of Community Health Sciences

Glen T. Schumock, PharmD, MBA
Director, Center for Pharmacoeconomic Research
Associate Professor of Pharmacy Practice

Richard B. Warnecke, PhD
Director, Program for Cancer Control and Population Science
Professor Emeritus of Epidemiology, Public Administration and Sociology

Jack Zwanziger, PhD
Director, Center for Health Services Research
Director, Division of Health Policy and Administration, School of Public Health
Professor of Health Policy and Administration
A study by IHRP’s Health Policy Center published in 2006 found that some tobacco industry ads directed at parents may harm teens. Six months after the study’s online release, the National Association of Attorneys General confirmed that Philip Morris, the largest U.S. tobacco company and sponsor of the ads, would not resume its TV campaign called “Talk. They’ll Listen.”

The study, published in the December issue of the American Journal of Public Health, examined the effects of ads aimed at smoking prevention among youth sponsored by the tobacco industry. The study showed that tobacco companies’ ads encouraging youth to not smoke had no effect, while greater exposure to ads encouraging parents to talk to their kids about not smoking lowered perceptions of older youth about the danger of smoking and increased their likelihood of smoking. It was the first study to examine the effects of parent-targeted advertising by tobacco companies on youth.

The article generated media attention nationwide and inspired a New York Times editorial critical of the Philip Morris campaign, which had been aired since 1998. Fostering that media coverage were press releases by the Robert Wood Johnson Foundation, the American Legacy Foundation and the Campaign for Tobacco-Free Kids.

The Health Policy Center has long-standing relationships with these organizations, which “take the research and do something with it,” said center director Frank Chaloupka, distinguished professor of economics and one of the study’s authors.

“Communicating with policymakers requires a fair amount of time and effort,” Chaloupka said. He and lead author Melanie Wakefield, of the Cancer Council Victoria in Melbourne, Australia, prepared for the communication of their findings over several months before the article’s release, developing press releases and key messages, and rehearsing their responses to the questions they anticipated from the media.

The Robert Wood Johnson Foundation, which funds much of the Health Policy Center’s work, retains a public relations agency to support these communications efforts.

“The biggest challenge is distilling the message down,” said Chaloupka. “You need to be able to explain the research in a way that policymakers will understand.”

The Health Policy Center is nationally recognized for merging and analyzing large data sets from different sources to develop comprehensive models that reveal the effects of economic factors, control policies and other environmental influences on health behavior.

“You need to be able to explain the research in a way that policymakers will understand.”

In this study, the researchers examined commercial TV ratings for 75 U.S. media markets from Nielsen Media Research to measure the exposure of youth to ads sponsored by tobacco companies. The researchers merged these data with data from Monitoring the Future, a school survey with a nationally representative sample conducted annually by the University of Michigan.

The Health Policy Center’s research focuses on the impact of economic, policy and other environmental influences on health behaviors, including cigarette smoking and other tobacco use, alcohol use and abuse, illicit drug use, physical activity and diet. Much of this research focuses on youth and young adults. ⬤
Institute for Health Research and Policy

Policy

Institute Contributions to Illinois Health Policy, 2006

William Baldyga, DrPH, MA, worked with the Illinois Department of Public Health (IDPH) and the Chicago Patient Safety Forum to organize the Governor’s Patient Safety Summit, held at UIC on October 16, 2006. The summit drew more than 165 health care providers and public health officials from across the state and created an agenda for the state health department of activities to reduce medical errors in Illinois. IHRP Director Susan Curry, PhD, delivered the summit’s introductory address.

The IDPH contracted senior research specialist Gayle Byck, PhD, to develop a state plan for genetics services. Building on her earlier statewide needs assessment of such services, Byck partnered with geneticists, genetic counselors, health care providers, health department officials and others to develop the plan. The preparation included a day-long planning conference and four community forums held around the state to raise awareness of the plan and draw input. The plan will include strategies to address the needs for genetics services across the lifespan, including public and provider education, financing and reimbursement, access to services, and ethical, legal and social issues. Byck will complete the plan in spring 2007.

With funding from the Retirement Research Foundation, Susan L. Hughes, DSW (left), and Audrey Gordon, PhD, partnered with the Illinois Department on Aging’s Long-Term Care Ombudsman Program, which oversees the quality of care in the state’s 1,218 nursing homes and 190 sheltered care facilities. The researchers surveyed ombudsmen throughout the state about staffing, workload, funding and legal support, and compared their data with researchers conducting similar studies in California and New York. They learned that 65% of Illinois ombudsman programs are responsible for many more than the maximum of 2,000 nursing home residents recommended by the Institute of Medicine. They are sharing this and other findings with Illinois ombudsmen and policymakers.

Charles W. LeHew, PhD, worked with local health departments to develop and evaluate the implementation of plans to reduce the burden of oral cancer in central Illinois, East St. Louis and six counties along the Mississippi River. In these areas, most cases of oral cancer are diagnosed at late stages of the disease, increasing morbidity and mortality. LeHew found that some effective intervention elements are being sustained after the 18-month funding period in counties where health departments linked oral cancer interventions to existing tobacco control programs. LeHew also conducted baseline
surveys of African American men in two South Side Chicago neighborhoods to ascertain their knowledge of oral cancer and preventive health practices in preparation for a 2007 intervention study funded by the American Cancer Society.

Karen Peters, DrPH (left), William Baldyga, DrPH, MA, and Sunanda Gupta, MD, MPH, assessed the capacity and current activities of local health departments toward heart disease and stroke prevention. The survey, conducted with the IDPH’s Heart Disease and Stroke Prevention Program, measured local health departments’ current practices, programs, policies, infrastructure, priorities and plans for the prevention and control of heart disease and stroke in Illinois. Health departments in all 94 local county health departments in Illinois participated in this Web-based survey. Peters, Baldyga and Gupta are working with the Centers for Disease Control and Prevention (CDC) to share this model with other states.

Karen Peters, DrPH, is evaluating the implementation of the newest Illinois Oral Health Plan. She and William Baldyga, DrPH, MA, have worked with the IDPH Division of Oral Health, the IFLOSS Coalition, the UIC College of Dentistry and other statewide partners for more than six years, evaluating the implementation of the previous plan and the development of this new one. A draft of the new five-year plan, the state’s second, was released at a statewide summit in November 2006. It focuses on improving access to oral health services among underserved urban and rural populations across the state.

Karen Peters, DrPH, hosted the semiannual conference of the Illinois Arthritis Initiative at the institute in October 2006. More than 50 members of the statewide coalition, which includes Arthritis Foundation chapters, advocacy groups, local public health departments and social service organizations, convened to discuss health promotion programs and primary prevention. The conference also saw the release of the state’s second five-year arthritis action plan, which emphasizes the needs of underserved adults with arthritis, especially those who are minorities, rural residents, uninsured or underinsured. More than 22 percent of Illinois adults have been diagnosed with arthritis and the number of people affected by this disabling condition is expected to increase as the population ages.

Dianne Rucinski, PhD, is providing technical assistance to the Healthy Schools Campaign, a statewide children’s health advocacy group, on its Partnership to Reduce Asthma and Obesity in Latino Schools. She is helping the organization and its partners in West Town and Little Village to foster community participation, conduct surveys using sound methods, develop shared perspectives on problems and solutions related to the challenges of obesity and asthma, and design effective interventions. An area probability survey conducted in West Town provided community organizations with a new perspective that fostered a greater interest in prevention rather than treatment, says Rucinski.

Dianne Rucinski, PhD, served as a technical adviser to the Illinois Division of Insurance and Department of Public Health as they developed a plan, funded by the U.S. Health Resources and Services Administration, to provide uninsured citizens with affordable health insurance. She also provided her expertise to the state’s Adequate Health Care Task Force. In 2005, Rucinski evaluated childhood and adult immunization outreach programs for the IDPH and the Chicago Department of Public Health.
Eight miles southwest of the university on Kedzie Avenue stand the storefront offices of the Latino Organization of the Southwest (LOS), the only organization in southwest Chicago dedicated to serving Latinos. Seven days a week, you will find tutoring and recreation programs for kids, classes for adults, community organizing workshops and emergency assistance programs.

“This is a community in transition. There’s a lack of resources for families,” said LOS director and longtime community organizer Hector Rico, who has lived in the area for 20 years and founded the organization in 1992.

The Illinois Prevention Research Center, an IHRP research project funded by the Centers for Disease Control and Prevention for more than 15 years, has partnered with LOS since 1999. In their first collaboration, they raised awareness of diabetes in the community in the bilingual project ¡Sí Se Puede!, or Yes We Can! They now are working on a five-year study that aims to prevent diabetes among Latinos and African Americans, who are at high risk for the disease and suffer more severe consequences from it. Laurie Ruggiero, professor of community health sciences, is that study’s lead researcher. Susan J. Curry, professor of health policy and administration and IHRP director, oversees the prevention research center’s work.

LOS leads the center’s community advisory board (Rico serves as the board’s chair), advises the project on a range of community interactions and introduces the research team to potential community partners. Several LOS staff members and volunteers have joined the research team as coaches trained to lead groups of community residents to lose weight by exercising more and improving dietary habits.

Rico said that as partners, LOS and the center offer new resources to the community, especially education and an annual community wellness fair at Marquette Park. He also said that this partnership has enhanced the organization itself with new skills and resources.

“The staff benefits from the networking and new contacts with educators. This relationship creates professional growth,” he said, adding that this in turn builds community leadership.

Because of its work with IHRP researchers, LOS has accurate data about the community’s health and has developed grant writing skills. As a result, the organization has secured funding for new health initiatives, including a breast and prostate cancer awareness program.

**As partners, LOS and the center offer new resources to the community.**

Rico supports the goals of community participatory research, in which the community and their academic partners work hand in hand. In such collaborations, he said, both the community and research team learn and grow. Key to a making that relationship work are “mucho” respect, open communication and sensitivity to the pressures of the community organization—all qualities found in the IHRP-LOS relationship, said Rico. •
Community Partners

State Cancer Registry Plays Critical Role in Study

With funding from a collaboration between the UIC Cancer Center and IHRP, the Illinois State Cancer Registry has established a process that shortens the reporting time of cancer diagnoses to identify potential study participants more quickly. This is the first time the registry has implemented this process, called rapid case ascertainment (RCA), since being established in 1986.

By law, hospitals report cancer cases within six months of diagnosis to the registry, a program of the Illinois Department of Public Health (IDPH). For a time-sensitive study examining health disparities, the registry implemented RCA and secured participation of 51 hospitals in Cook County to report breast cancer cases within 30 days of diagnosis.

The researchers, led by Richard Warnecke, director of the Center for Population Health and Health Disparities for the UIC Cancer Center, are examining how a woman’s neighborhood, social network and cultural beliefs influence the care she receives. They aim to enroll 1,000 women newly diagnosed with breast cancer (425 Caucasians, 425 African Americans and 150 Hispanics) who live in Chicago. The women are interviewed about their diagnosis, treatment, social support and community involvement. For optimal recall, the interview takes place within several months of diagnosis.

After ascertaining the cases, IDPH staff working on the project contact each patient by mail and, if she does not reply after two letters, follow up with a script-based phone call. Only if she expresses interest in the study does the IDPH staff forward her contact information to the UIC Survey Research Laboratory (SRL), part of the research team. SRL staff screen her for eligibility and enroll her in the study. The IDPH’s time and resources on the study are paid by the Center for Population Health and Health Disparities with funding from the National Cancer Institute.

Charles Firke, IDPH special projects manager, Illinois Department of Public Health

IDPH staff and researchers met at least weekly for more than a year to establish procedures and develop outreach materials, which required the approval of the university’s and the IDPH’s institutional review boards. Working with each hospital, IDPH staff explained RCA and the work involved. It took 10 months for the registry to fully establish its new communication routines with the hospitals.

Rapid case ascertainment began in September 2005. By the end of 2006, more than 1,500 cases were identified and 450 interviews were completed.

Firke said that one of the project’s pleasures is the enthusiasm of women who want to contribute to the study. Regardless of age, race and stage of cancer diagnosis, he said, women want to help other women. He added the project also advances the health department’s mission, which includes the reduction of health disparities.

“One of the purposes of the department is to support high-quality research,” said Firke. “We want to make rapid case ascertainment a permanent offering of the registry to universities.”

About 60,000 cancer cases, including approximately 8,000 breast cancers, are reported to the registry each year.
IHRP in 2005–2006: Growth and Honors

August 2005

With a doctorate in biostatistics, Young-Ku Choi joins the Methodology Research Core as a full-time member.

September 2005

- The Illinois State Cancer Registry implements rapid case ascertainment for the first time. They identify newly diagnosed breast cancer patients and inform them of a study conducted by the Center for Population Health and Health Disparities.

October 2005

- IHRP participates in a $2.1 million evaluation of the National Network of Tobacco Cessation Quitlines.

November 2005

- The Robert Wood Johnson Foundation awards Health Policy Center Director Frank Chaloupka $3.1 million to expand his Bridging the Gap research on the impact of policy and environmental factors influencing healthy youth behavior to include obesity studies.

- The National Cancer Institute’s Board of Scientific Advisors welcomes IHRP Director Susan J. Curry as a member.

January 2006

- With 17 years’ experience in grants and contracts administration at UIC, Robert Galbogi joins the IHRP finance team.

March 2006

- The Society of Behavioral Medicine bestows its annual Outstanding Mentor Award on IHRP Deputy Director Robin J. Mermelstein.

April 2006

- The Arthritis Research Institute of America awards its Betty Jean Hall Memorial Prize for Epidemiological Research in Osteoarthritis to Cheryl Der Ananian (center), a post-doctoral fellow in the Gerontological Training Program, one of four training programs managed by the institute.
June 2006

- IHRP’s Health Policy Center holds a planning meeting for a monograph sponsored by the National Cancer Institute and the World Health Organization on international tobacco control policy and economic issues. Frank Chaloupka, center director, is lead editor on the monograph.

- The research team for Socio-emotional Contexts of Adolescent Smoking Patterns successfully completes recruitment. After administering a screening survey to 12,970 ninth- and tenth-grade students from 16 Chicago area high schools, the researchers enroll 1,263 students in their longitudinal study.

July 2006

- The institute hosts the Planning Conference for the Development of an Illinois State Genetic Services Plan. Researcher Gayle Byck is the lead planner.

August 2006

- The Center for Pharmacoeconomic Research, located in the College of Pharmacy and directed by Glen T. Schumock (left, with colleague Simon Pickard), affiliates with the institute.

- The first five students in the new UIC Clinical Research Training Program begin classes: Shellee Grim, clinical assistant professor in pharmacy practice (standing, left); Jamie Berkes, clinical instructor in digestive diseases and nutrition (standing, right); Sonia Ibrahim, clinical assistant professor in ambulatory pharmacy services (seated, left); and Keri Kim, clinical assistant professor in pharmacy practice. Not pictured: Micaela Della Torre, fellow in obstetrics and gynecology.
When the grant proposal for Social-Emotional Contexts of Adolescent Smoking Patterns was first submitted to the National Cancer Institute, reviewers expressed considerable doubt about the recruitment goals. For example, could the research team find 1,200 teens and parents who would participate in a three-year study with a demanding study protocol? Could a diverse study sample be recruited from suburban schools?

The investigators responded with some pilot data to support their goals, and in May 2006, in the second year of the program project study, a field team led by Kathleen Diviak achieved them. After surveying almost 13,000 ninth- and tenth-graders in 16 suburban high schools about their experiences with cigarette smoking, the team enrolled 1,263 students with their parents into several intensive substudies. The group is as racially and ethnically diverse as metropolitan Chicago. “We have a fabulous team,” said Diviak, who coordinates the recruitment and retention activities in this program project, or PO1, study. She hired, trained and supervises the field team of ten full-time staff and several research assistants. She also maintains relationships with the high schools, manages documentation for the institutional review board, and writes reports and scholarly manuscripts.

Large research studies, such as this $13 million program project study, depend on highly competent staff members. Diviak’s work on the study began with the first brainstorming session for grant development. As a post-doctoral fellow, she had worked on several tobacco studies for the principal investigator, Robin Mermelstein, including the forerunner of the PO1, for which Diviak had achieved strong recruitment and retention rates.

Diviak said she has learned much from her more senior colleagues on the research team about the federal grant application process and the best ways to design a study to address research questions. She said her understanding of data analysis has become more sophisticated, especially from her work with the “top-notch statisticians” in the Methodology Research Core.

Diviak said her supervisory skills have grown from observing Mermelstein run a study with nine co-investigators from different disciplines, building consensus, resolving intellectual conflicts and ensuring everyone feels heard. She speaks highly of Mermelstein, who was named Outstanding Mentor by the Society of Behavior Medicine in 2006. Mermelstein, professor of psychology, directs the Center for Health Behavioral Research and is the institute’s deputy director.

Mermelstein is interested in her staff’s development and helps them network, Diviak said. “As busy as she is, she takes the time to meet with people. She keeps me informed about things that she knows will interest me or be good for my professional development,” Diviak said. Likewise, Diviak encourages her staff, a number of whom have left the study for graduate school as the research shifts into a new phase.

“It’s hard when really great people leave, but it’s exciting to talk with them about their professional goals and see them pursue those goals,” Diviak said.
Facility Member Reaches New Career Milestone

With her first RO1 grant from the National Institutes of Health in 2006, Melinda Stolley, an assistant professor of medicine, laid a cornerstone of a strong academic research career. Successful completion of an RO1, or investigator-initiated study, is a critical credential for subsequent federal funding.

Stolley will use the $2.6 million grant for a health promotion study of adults who were treated for cancer as children.

Survivors of childhood cancer face an increased risk of chronic health conditions in their adulthood, but little is known about these “late effects” among ethnic and racial minorities. Stolley will survey African American, Latino and white adults who had pediatric cancer. She will compare lifestyle factors such as smoking, physical activity and diet with health status, health care, and sociocultural, cognitive and environmental factors regarding health.

Stolley previously earned an NIH career development grant and smaller grants from nonprofit agencies, and served as co-investigator on RO1 studies, all with the support of Marian Fitzgibbon, professor of medicine and health policy and administration. Fitzgibbon directs the Section of Health Promotion Research in the Department of Medicine and the Health Promotion Research Program at the institute.

“She’s a great mentor for me,” Stolley said. Fitzgibbon hired Stolley almost 19 years ago when Fitzgibbon herself was a new researcher. Like other leaders and researchers at IHRP, Fitzgibbon has received several major NIH grants and serves on NIH study sections. She mentored Stolley through graduate studies in clinical psychology and chaired her dissertation committee. Later, Stolley served as a co-investigator on Fitzgibbon’s grants.

Stolley said that Fitzgibbon allowed her to develop an increasingly independent role as her skills and experience increased.

“She pushed me to achieve. She always asked, ‘What’s next?’ and pushed me to find the next step,” she said.

Stolley was awarded the RO1 grant after three proposal submissions—not uncommon for this grant mechanism. Fitzgibbon critiqued the proposal several times, paid for an external advisor to review it (from her funds as an IHRP program director) and allowed Stolley to present her proposal outline to the IHRP External Advisory Board, a national group of experts who Stolley said gave her “valuable feedback.”

Fitzgibbon offers “a nice balance of nurturing, but still allows me to figure things out on my own,” Stolley said. She added that Fitzgibbon always gave her public credit for her work.

Stolley also speaks highly of the institute’s Methodology Research Core, which she calls “an unbelievable resource.” Richard Campbell, professor of biostatistics and co-investigator on the study, was very helpful during the proposal development, she said. He helped identify sampling strategies for the non-cancer control group, suggested a statistical analysis plan and wrote the statistical section. Michael Berbaum, the core’s director, has helped Stolley on other projects related to her career development award. ❏
The enrollment of five trainees inaugurated UIC’s new Clinical Research Training Program in August 2006.

The trainees, all junior faculty members in pharmacy or medicine, have begun several years of part-time study toward a Master of Science with a new concentration in clinical research from the School of Public Health. Four more trainees began taking courses in the program in January.

“In academia, we’ll continue to learn for the rest of our lives,” said Shellee Grim, a program trainee and a clinical assistant professor in pharmacy practice. “This program is a very intentional way of catalyzing this process. It is a great way to learn research skills both in the classroom and in practice.”

She said the best part of the program is the mentored research project. In her research, Grim, a member of the infectious disease consultation team for transplant patients, is seeking biomarkers, including genetic profiles, that predict clinical outcomes in transplant patients with invasive fungal infections.

“The program is a great way to learn research skills both in the classroom and in practice.”

The research will take years, Grim said, but she hopes one day to use her findings to improve treatment of patients with these potentially life-threatening conditions. “If I know someone has a genetic marker linked to poor outcomes, I’ll recommend more aggressive therapy,” she explained.

Peter Williamson, associate professor of medicine, is mentoring Grim in this research.

“Mentoring is one of the most difficult parts of any advanced education program,” said Jack Zwanziger, who directs the training program and the institute’s Center for Health Services Research. “We are giving mentoring a lot of thought to make it as successful as it should be.”

The program involves faculty and researchers from all six health sciences colleges. It is funded in part with a five-year grant from the National Institutes of Health.

Zwanziger said a new master’s degree based on the training program is being considered by the university for 2008–2009.

For more information, see the program’s Web site at www.crtp.uic.edu.
From Research to Practice
The Story of an IHRP Research Project

The impact of IHRP research goes beyond the end of a grant. Intervention research begins with testing theory-based approaches in ideal conditions. Once an intervention is found to work in a controlled setting, it is tested and revised as needed for real-world conditions to ensure successful implementation by non-researchers. Here is the story of such an intervention developed at IHRP.

1997
Intervention Developed

With seed funding from the Greater Chicago Chapter of the Arthritis Foundation, Susan L. Hughes, DSW, professor of community health sciences, develops a program to prevent disability among older adults with osteoarthritis. The National Institute on Arthritis and Musculoskeletal and Skin Diseases funds Hughes to test the program, called Fit and Strong!, on 50 participants, in comparison to a control group, at the Levy Senior Center in Evanston.

1998
Center Established

The National Institute on Aging (NIA) establishes the Midwest Roybal Center for Health Maintenance at UIC with a five-year grant. Hughes is named director of the center. Her co-investigators adapt her model for other older adult populations: developmental disabilities (Tamar Heller, PhD), multiple chronic diseases (Tom Prohaska, PhD), and physical disabilities (James Rimmer, PhD). The funding allows Hughes to expand the Fit and Strong! study to include 215 participants.

2002
Evaluation Expands

Hughes receives funding from NIA to replicate Fit and Strong! at five Chicago Department on Aging Senior Centers and to test ways of maintaining physical activity after the intervention ends. Certified fitness instructors, rather than physical therapists, now deliver the intervention, reducing the cost.

2003
Center Grows

NIA renews funding for UIC Roybal Center, now called the Midwest Roybal Center for Health Promotion and Behavior Change. The center begins offering pilot grants, which, by the end of 2006, will incubate a dozen projects, including several that will evolve into major studies with federal funding.

2004
Findings Published

Hughes publishes preliminary findings about Fit and Strong! in The Gerontologist. She reports significant improvement in self-efficacy for exercise, decreased stiffness and pain in the lower extremities, and increased aerobic capacity among 80 program participants over six months.

2006
Intervention Disseminated

Hughes publishes final outcomes from the randomized trial of Fit and Strong! in The Gerontologist, showing significant continued improvements in exercise adherence, reduced pain and stiffness, and other benefits at 12 months.

Research colleagues request training in the program. Exercise instructors at Raleigh, N.C., senior centers and in McDowell County, W. Va., begin offering the program. The sites use a common set of measures to evaluate the program across populations, settings and geographic areas. More sites and trainings are scheduled.
Institute-affiliated authors published more than 108 scholarly publications in 2005–2006. Here is a sample.

**Selected Publications**

Financial Profiles

- For every dollar of state support received in FY2006, the Institute for Health Research and Policy generated $27 in research funding.

- With state line and extramural funding, the institute and its affiliated programs received $19,445,128 in FY2006.

- Governmental, nonprofit and private agencies awarded institute-affiliated projects $18,775,171 in new and continuous grants in FY2006.

- The institute has been awarded $118.8 million in research grants since it was established in 1997.

**Overall IHRP-Associated Funding, FY2006**
(Total: $19,445,128)

- State Funding $689,957 (4%)
- Grant Indirect Costs $4,112,876 (21%)
- Grant Direct Costs $14,642,295 (75%)

**IHRP Extramural Research Funding, FY2006**
(Total: $18,775,171)

- State and Local Government $543,597 (3%)
- Associations, Foundations and Private Agencies $4,584,076 (24%)
- Federal Government $13,627,498 (73%)

**Cumulative IHRP Research Funding, 1997-2006**
(Awards through June 30, 2006)

*Correction to the 2005 IHRP Annual Report: Total IHRP research funding received in FY2005 was $99.3 million, not $804.6 million as previously published.*
Snapshot of the Institute for Health Research and Policy, FY2006

Grant Activity
- Proposals submitted: **61**
- Number of these proposals funded to date: **28**
- Research projects conducted: **72**
- Total IHRP-associated research funding dollars: **$118.8 million**

Scholarly Activity
- Peer-reviewed articles published by IHRP-affiliated researchers: **108+**
- Conference presentations made by IHRP-affiliated researchers: **118+**
- Policy consultations provided by IHRP-affiliated researchers: **45+**

Community Partnerships
- Community organizations, health agencies, advocacy organizations and other groups that partnered with IHRP-affiliated researchers: **123**
- Number of Chicago area schools where IHRP conducted research: **43**

Campus Relationships
- UIC schools and colleges whose faculty members conduct research at IHRP: **11**
- UIC departments whose faculty members conduct research at IHRP: **43**
- Collaborating faculty: **112**

Staffing
- Professional staff members: **121**
- Fellows funded by National Institutes of Health training grants: **16**
- Graduate research assistants employed on research projects: **73**
- Undergraduates and other graduate students employed: **69**

Institute for Health Research and Policy
University of Illinois at Chicago, M/C 275
Westside Research Office Building
1747 West Roosevelt Road
Chicago, IL 60608
(312) 996-7222
(312) 996-2703 Fax

http://uic-ihrp.org
© 2007 The Board of Trustees of the University of Illinois

On the cover: The UIC Institute for Health Research and Policy supports a broad range of high-quality research to improve health practices and policies, especially those that address disparities in health related to race, ethnicity and socioeconomic status.