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Building a strong foundation

Dear Friends:

This is the 11th issue of *Healthy Outcomes*™, a publication highlighting the research and achievements of the HealthPartners Research Foundation (HPRF). The Foundation has a vigorous and diverse program of health related research spanning clinical studies, health services research and basic science research, all aimed toward healthier outcomes for our members, patients and community.

With over 200 active studies, this issue provides only a small sampling of the wealth of research taking place at HPRF. In this issue we present a cross-section of our work that represents how the research conducted at the Foundation integrates research and health care, from studies working with diverse populations such as the Hmong, to studies on aging and chronic disease care, and issues in health care delivery such as emergency department crowding. We are also featuring areas of research such as obesity and cardiology. In this issue you will find new features that present the people and groups within HPRF that provide the support and structure that make our studies a success.

Our future is bright at the Foundation. Our study portfolio is growing through collaborations across the country and partnerships with care providers. Our next challenge will be to explore new ways to integrate our research work and practice settings, a challenge which will energize our work and learning environment.

Please join us in celebrating the many accomplishments of our research and clinician investigators. Research at the Foundation is possible through the commitment and hard work of many people.

We thank all of you who have supported the HealthPartners Research Foundation, from our collaborators to study participants, and especially those contributing to the financial support of the Foundation. Your contributions fund cutting-edge small studies, pilot projects, and promising new investigators. Finally, we thank the members and patients of HealthPartners and Regions Hospital for their participation and support of research that makes our work possible.
From behavioral research to clinical trials and laboratory science, HPRF researchers are working to address the problems of obesity and its significant health consequences.

Adolescent obesity

The rising prevalence of obesity among Americans has reached crisis proportions according to the Center for Disease Control and Prevention and the National Institutes of Health. Two-thirds of U.S. adults are overweight and 30 percent of children are overweight or at risk for being overweight. Obesity is associated with significantly increased risk for diabetes, heart disease, hypertension, stroke, osteoarthritis, and other chronic conditions, and could soon overtake tobacco as the leading cause of preventable death in the United States according to the *Journal of the American Medical Association*.

Researchers at HPRF are working to address this serious health problem. Leading the effort is Nancy Sherwood, PhD, a clinical psychologist with experience in behavioral obesity prevention and weight loss interventions in adolescents and adults. In collaboration with the University of Minnesota, and with funding from the Minnesota Obesity Center, Dr. Sherwood is conducting a study on adolescent obesity to better understand adolescent and parent perceptions regarding weight, health promotion, and types of weight management programs that would work for teens. This study will provide the data for a large-scale clinical trial to help teens manage weight problems.
Weight loss management

Dr. Nancy Sherwood is also conducting research on weight loss maintenance for adults. Long-term weight loss remains a critical challenge for obesity treatment, with most studies focused on preventing progression to overweight and obesity, or increasing the number of individuals who lose weight. With funding from the Minnesota Obesity Center and HPRF, Dr. Sherwood is studying new strategies to help people who have recently lost weight to keep it off over the long term. This information will be used to propose a full-scale randomized trial evaluating the efficacy of weight maintenance interventions over a two-year period.

Weight management interventions

Dr. Sherwood, Nico Pronk, PhD, and Raymond Boyle, PhD, are collaborating with Principal Investigator Robert Jeffery, PhD, at the University of Minnesota on the Weigh-to-Be Study, a randomized clinical trial evaluating the efficacy of mail and phone-based weight management interventions among adults. Data analysis from year one of this multi-year study indicate that low-cost intervention modalities can be used to assist health plan members to improve their weight management efforts. The study is funded through the National Institutes of Health (R01DKS3826).

Time of food uptake

Erhard Haus, MD, PhD, a leading researcher in the area of medical chronobiology including circadian rhythms in metabolism, has been studying the importance of the time of food uptake for its utilization. He found that the effect of a certain number of calories on body weight was dependent upon the time when the food was taken. In joint studies with colleagues of the Romanian Academy of Medical Sciences, the team measured the circadian rhythms of 13 hormones thought to play a role in the development of obesity. They found in overweight subjects, differences in the circadian cycles of several hormones that may be related to excessive body weight gain. Dr. Haus presented these data and overviews on the chronobiology of body weight regulation at international meetings in Sapporo (Japan), Toronto (Canada), and Tel Aviv (Israel), and at graduate courses in Paris (France) and Cappadocia (Turkey).

Suppressing appetite

HPRF researchers HoJung Yoon, MD, and Leah R. Hanson, PhD, are studying treatments for obesity. They are currently examining the therapeutic potential of intranasal delivery of leptin, a protein produced by fat that travels to the brain and suppresses appetite. In people with obesity, leptin does not seem to suppress appetite, at least partly because it does not move across the blood brain barrier effectively. Dr. Yoon and Dr. Hanson are looking at whether intranasal delivery of leptin can overcome this problem.
Integrating Research and Practice

Improving care for people with diabetes and heart disease

Project QUEST for Health is a four-year study funded by the Agency for Health Care Research & Quality that aims to improve care for adults with chronic diseases. The study is a collaborative effort between researchers at HPRF, the University of Minnesota and 19 medical groups. It is a multi-site study designed to identify medical group and clinic characteristics that predict quality and cost of care for adults with diabetes mellitus (DM) or coronary heart disease (CHD). The broad participation of HealthPartners-affiliated medical groups in this study reflects the determination of both physicians and health plans to improve health for their patients.

The QUEST study team surveyed medical directors, managers, and administrators in 19 medical groups and 84 clinics, as well as 349 providers and 2,117 patients with DM and 1,920 patients with CHD; and also collected data from patient medical records for those consenting to review. The study looked at clinical and organizational factors that might affect outcomes for patients with CHD and DM.

After accounting for factors at the patient and provider level of care, the study team found that the most important organizational factors predicting better chronic disease outcomes were: giving high priority to care improvement; use of patient registries; stable leadership; financial incentives; clinic-based health education; and use of electronic information systems.

Individual reports for each participating medical group will provide information that shows how their group rated on quality measures and other important factors, as compared to an aggregate of all other groups in the study. Medical groups seeking to improve diabetes or heart disease care can focus on these areas as they move forward to make care better and more effective.

Funding: U.S. Agency for Health Care Research and Quality - RO1 HS09946

Study Team: HPRF: Patrick J. O’Connor, MD, MPH; Robin R. Whitebird, PhD; Leif I Solberg, MD; William A. Rush, PhD; A. Lauren Cram, PhD, Andrew F. Nelson, MPH; Gail Aumundson, MD

University of Minnesota: Jon Christianson, PhD; Paul Johnson, PhD; Andrew Van de Ven, PhD.
Minnesota is home to one of the largest Hmong populations in the United States. Providing health care to this group is a challenge to providers unfamiliar with the population’s unique cultural beliefs, values, and practices. Kathleen A. Culhane-Pera, MD, MA, physician/medical anthropologist and HPRF researcher, focuses on the role of culture in health and health care delivery.

Dr. Culhane-Pera has been involved in the medical care of the Hmong community in St. Paul since 1983 when fascinated by her interactions with patients who refused blood draws and operations, she began asking how she could connect with her patients across cultural divides and how she could change the system to improve their health care. Her interests led to a study on the use of group visits to provide diabetes care for Hmong adults with Type 2 diabetes mellitus.

The research found that participants’ mental health improved during group visits, although clinical results remained outside of target goals for diabetes. Dr. Culhane-Pera notes, however, that “addressing mental health issues may be necessary before these patients can make behavioral changes. Generally, delivery of medical care to Hmong patients is challenging due to cultural differences, limited English literacy, and an all-too-common climate of distrust about medications and medical interventions.”

Dr. Culhane-Pera’s recently co-edited the book, *Healing by Heart: Clinical and Ethical Case Stories of Hmong Families and Western Providers*, which is informed by her clinical work from the past 20 years. This work identifies clinical and ethical issues in cross-cultural health care and explores methods for providing culturally responsive health care for all patients. Dr. Culhane-Pera’s latest research project will focus on chronic diseases in the recent influx of Hmong refugees from Wat Tham Krabok to Minnesota.

**Funding:** HealthPartners Research Foundation

**Study Team:** Kathleen Culhane-Pera, MD, MA; Mai Kong, Bee Her, MD; A. Lauren Crain, PhD; Cheng Her, MD; Kevin Peterson, MD, MPH; Bruce Center, PhD; Mayseng Lee, MPH, MSIII; Shary Yang, BA, MSII; Kue Yang Thao; Mai Kong Xiong, MD; Tely Xiong, RN, Westside Community Health Services employees.
The Alzheimer’s Research Center, located at Regions Hospital, is internationally known for its pioneering research on the treatment and prevention of Alzheimer’s disease. Directed by HPRF researcher William H. Frey, II, PhD, the Center maintains one of the world’s largest human brain banks for research on Alzheimer’s disease and other brain disorders. The Center focuses in two areas: (1) the development of a noninvasive intranasal method for delivering therapeutic medicines to the brain such as nose drops or spray, and (2) the use of natural compounds that help protect the parts of the brain essential for memory and learning.

The Research Center currently has 11 active research studies underway and was recently awarded a grant from the National Institute of Mental Health to develop a treatment for dementia among patients with Acquired Immune Deficiency Syndrome (AIDS). “In addition to increasing our knowledge in brain changes among patients with AIDS, this study will also help us understand dementia in patients with Alzheimer’s disease,” said Dr. Frey, the study’s Principal Investigator.

The Alzheimer’s Research Center has also just published two papers that represent major break-throughs in the area of Alzheimer’s disease and the treatment of brain disorders. The paper in *Neuroscience* relates to two U.S. patents and demonstrates that a drug with promise for the treatment of Alzheimer’s and stroke can be targeted to the brain with nasal delivery along the olfactory and trigeminal neural pathways. The second paper in *Proceedings of the National Academy of Sciences* demonstrates that heme synthesis is altered in the brains of Alzheimer’s patients which may lead to the loss of brain energy and neurodegeneration characteristic of this disease. This finding may help lead to development of a diagnostic test for Alzheimer’s disease.

Given the increasing numbers of people living into advanced old age, when people are at higher risk for developing Alzheimer’s disease, developing our knowledge of the treatment and prevention for Alzheimer’s becomes increasingly important. Notes Dr. Frey, “Alzheimer’s disease is not an incurable illness. It’s only an illness for which we have not yet found a cure.”

For more information about the Alzheimer’s Research Center, please visit www.alzheimersinfo.org.
When is it apparent that an Emergency Department (ED) is crowded? We know that adverse outcomes are associated with ED crowding, such as increased length of stay and patients leaving without being seen, but when do we know that the workload in an ED has reached a dangerous level and action must be taken to assure patient safety?

No universal standards currently exist to objectively identify a crowded ED. Brent Asplin, MD, MPH, an HPRF researcher and Director of Emergency Medicine at Regions Hospital is studying the issue. He has been leading a team of researchers in a multi-site study to examine the problem and develop new measures to assess ED crowding. The goal of the study is to derive a scale that is consistent with ED provider perspectives. The scale’s performance was assessed by comparing it to four adverse events commonly associated with ED crowding: increased ED length of stay, ED boarding times (time spent in the ED waiting for a hospital bed), rates of leaving without being seen, and diversion episodes.

The result is the Emergency Department Crowding Scale (EDCS), a 100-point scale that provides an objective measure of ED crowding. The research team is now designing a follow-up study to validate the EDCS. They hope the scale will be useful in both clinical practice and research to develop a better understanding of the problems related to ED crowding and address possible solutions.

Thom Flottemesch, PhD, an HPRF researcher working with the ED crowding study team, has recently received funding from the Emergency Medicine Foundation to look at the problem of ED crowding from a cost perspective. Dr. Flottemesch’s study, Estimating the Costs of ED Crowding, will study the impact of crowding on hospital costs and resource use throughout a patient’s care cycle. As ED crowding has become a public health threat, developing a more comprehensive understanding of the problem, its associated outcomes, and potential solutions is an increasingly important challenge.

For more information about the Regions Emergency Department, please visit www.regionsem.org.
The cardiology group at Regions Hospital Heart Center is not only setting benchmarks in cardiac care, they are also conducting research into the prevention, diagnosis, and treatment of heart disease. Javed Tunio, MD, cardiologist, and Director of Research for Cardiology at Regions Hospital, works with a growing team of cardiology researchers conducting studies through HPRF on the incidence and treatment of heart disease, quality of care, medication effectiveness and safety, and implantable cardiac devices. The group currently has ten active studies underway with plans for new research in national randomized trials and primary and secondary prevention studies with a focus on global population.

With coronary heart disease the leading cause of death in the United States, research in the area of prevention and treatment is an important aspect of improving care and outcomes for patients. “Assimilation of research into practice in a timely manner, when research answers questions of safety and efficacy, is very important,” states Dr. Tunio, “With our demographics so vast, we need to know what treatment modality will best help different populations as we continue to work toward improving clinical practice and care delivery.”

The Cardiology Research Group includes: John W. McBride, MD, cardiologist; Jacquelyn A. Huebsch, PhD, RN; Shailesh Shetty, MD, interventional cardiologist; Mohammad Ali Danish Rizvi, MD, cardiologist; Dennis Zhu, MD, Medical Director, clinical cardiac electrophysiology; Antoine B. Khoury, MD, cardiologist and interventional cardiologist; James P. Morrison, MD, interventional cardiologist; Bikram Soni, MD, interventional cardiologist. The group was also recently joined by Thomas Kotte, MD, cardiologist, a well-known cardiology researcher in the area of primary and secondary prevention of heart disease.

“Assimilation of research into practice in a timely manner, when research answers questions of safety and efficacy, is very important.”
The Action to Control Cardiovascular Risk in Diabetes Study (ACCORD) is a national research study funded by the National Heart, Lung and Blood Institute. It is the largest study on Type 2 diabetes ever conducted, with 80 sites collaborating in the United States and Canada. The HealthPartners Research Foundation is one of five sites in Minnesota participating in ACCORD. The study is testing new approaches to lowering the risk of heart disease and stroke in people with Type 2 diabetes.

JoAnn Sperl-Hillen, MD, is the Principal Investigator for ACCORD at HPRF. A clinician and researcher specializing in diabetes care, Dr. Sperl-Hillen leads a research team including nurses, a diabetes educator, dietician, research technicians, research assistant and two physician/co-investigators including John MacIndoe, MD, Chief of Endocrinology at HealthPartners Medical Group who recently joined the study team. Together they provide comprehensive clinical care and personal attention to patients enrolling in this clinical trial. Nationally, ACCORD will enroll a total of 10,000 patients with Type 2 diabetes.

The ACCORD trial is testing the effect of intensive blood sugar management and aggressive control of blood pressure and lipids on lowering the risk of heart disease and stroke. Given the dramatic increase in diabetes in the population, over 18 million Americans diagnosed, and the fact that cardiovascular disease is the leading cause of death for this group, the effects on health and health care delivery could be profound. Dr. Sperl-Hillen notes, “The study will have some major implications for how we manage care for people with diabetes in the future. We really don’t have solid evidence to support many of the current guidelines for clinical care for people with diabetes. ACCORD will help us put the clinical picture together so that we will be able to do a better job of preventing complications for those people diagnosed with diabetes.”

ACCORD will continue recruiting patients through June of 2005 and then follow those enrolled through June of 2009. The study is still looking for patients with Type 2 diabetes and risk factors for heart disease, with an emphasis on people over age 40 with diabetes and known heart disease.
The benefits of physical activity for adults are well established, but less than one-third of older adults in the United States achieve recommended levels of activity. In addition, among those who make attempts to become active, many fail to maintain an active lifestyle, despite widespread attention to the importance of activity to overall health. **Keep Active Minnesota (KAM)**, is a new study being conducted by researchers at HPRF that will test new ways to help older adults maintain active lifestyles. Over two years, adults ages 50–70 will be randomly assigned to participate in one of two groups that will test an innovative phone and mail-based intervention tailored to help them maintain physical activity.

Brian Martinson, PhD, the Principal Investigator for the KAM Project, hopes the study results will be relevant to policy makers, health promotion practitioners, and health plans. A primary expectation is that the results provide practical information on new and innovative ways to help older adults maintain active, healthy lifestyles. The study is funded by the National Institute on Aging (R01 AG023410).

**Improving depression care**

National studies suggest that people with depression receive only about half of the quality care recommended for treatment. It is not yet clear how to best facilitate changes to the health care system that will improve depression care. A new grant from the Robert Wood Johnson Foundation will help HPRF researchers study factors that are associated with better care for depression.

The study, *Testing Incentives and Systems Improvement Collaboratives for Depression Care*, will look at the effect of organizational characteristics and systems on care for depression. It will examine factors such as external incentives to care providers (HealthPartners Outcomes Recognition Program-ORP) and membership in a quality improvement collaborative (Institute for Clinical Systems Improvement-ICSI). The project will take advantage of the recent emphasis on depression care improvement by ICSI, and the ORP, as well as new measures of care quality that are collected on most medical groups in Minnesota by the Community Measurement Project, a project sponsored by all health plans in Minnesota to collect standardized and comparative data about the quality of care in the state.

Several leaders from HealthPartners and the HealthPartners Medical Group are working with investigators from HPRF on this study, with active support for the study from ICSI and participating medical groups. Study outcomes include identifying successful factors for improved depression care, and seeing results put into practice by medical groups. Leif Solberg, MD, is the Principal Investigator.
Working mothers who breastfeed

Each week, two to five new mothers call the HealthPartners Breastfeeding Center for help with insufficient milk supply. With over 62 percent of new moms employed outside of the home, 28 percent are now reporting problems with a decreased milk supply after returning to work. Working Mothers Who Breastfeed is a new study with funding from HPRF that is looking at a new intervention to address this problem. The study is examining whether a newly developed breast pump will increase milk supply for new moms returning to work when compared to standard breast pumps. In addition, the study team is evaluating the usual advice and care given to breastfeeding women experiencing decreased milk supply, including issues of stress and support in the work environment.

HPRF researcher Kristine Fortman, PhD, and Como Clinic lactation consultant Mary Jane Krebs Turnbull, RN, hope the study will help provide information to lactation consultants and other health care providers about decreased milk supply and the potential for improving milk supply with a different model of breast pump.

The fiber study

Men and women of all ages experience problems with bowel incontinence (BI). The elderly are especially at risk, as are some women after childbirth. BI afflicts up to 11 percent of people living in the community and can have debilitating effects on emotional, psychological, and social well-being. Symptom management is essential to maintain dignity, self-esteem, and health of individuals, and, for the elderly, it is necessary to ease the burden on caregivers and prevent admission to a nursing home.

HPRF researcher Robin Whitebird, PhD, is collaborating with Principal Investigator Donna Bliss, PhD, RN, from the University of Minnesota School of Nursing and clinicians at Colon & Rectal Surgery Associates to conduct a five-year randomized clinical trial to study the use of dietary fiber in the management of BI. The Fiber Study will look at the effect of three different types of dietary fiber on the management of BI, as well as how the problem affects quality of life. The Fiber Study is funded by the National Institutes of Health (R01NR007756).
Research at HPRF is made possible by the commitment and hard work of many people. In this issue of Healthy Outcomes™ we feature the people and groups who make our work a success, as well as recently funded projects that contribute to the advancement of scientific knowledge.

Building research capacity

HPRF Data Collection Center

The Data Collection Center (DCC) at HPRF provides an expansive range of health-related survey research and chart abstraction services to projects both within HPRF and the broader HealthPartners organization.

The DCC is a full-service department specializing in in-person and telephone interviews, mail surveys, and chart abstraction. The center is involved at various stages of the research process, from survey/interview design to layout of mailings, survey receipt and tracking, and data capture. The on-site telephone center conducts telephone interviews, either as a complete survey or as follow-up to a mailed survey. The DCC can simultaneously run 14 interviews on the Blaise Computer Assisted Telephone Interviewing (CATI) system. In addition, the equipment and software can create and capture data using scannable forms through Teleform Elite software.

DCC projects vary in size from small to very large, complex multi-state studies. The DCC staff consists of four full-time employees and from six to thirty on-call telephone interviewers and chart abstractors. In addition, a programmer analyst, Beth Molitor, provides programming for Blaise-CATI and statistical analysis software (SAS), and a research specialist, Traci Prindle, prepares materials for mailing, tracks returns, scans OCR forms, and creates and runs reports.

The DCC has been expanding over the past few years under the new direction of Colleen King, who oversees projects and staff. Prior to her appointment at HPRF, Ms. King was the Director of the Survey Research Center for 16 years at the University of Minnesota Department of Health Services Research.
Developing new researchers: Supporting dissertation research

Louise Anderson, Research Fellow and doctoral student at the University of Minnesota Department of Health Services Research, is conducting her doctoral thesis at HPRF, with help from the Internal Grants Program. Her research focuses on the issues of obesity and associated health care costs.

Ms. Anderson’s prior work was as an actuary in health and life insurance. “The Foundation is a great place for applied health services research” she states. “Investigators are supportive and willingly share their expertise in conceptual modeling and statistical issues.” Ms. Anderson plans to complete her dissertation in 2004.

Internal Grants Program

The Internal Grants Program at HPRF provides support for cutting-edge small studies, pilot projects, and promising new investigators. It is funded through donations made to HPRF and matched by HealthPartners.

Grants awarded in fall 2003

• Louise Anderson: “Estimating the Effects of Physical Inactivity and Overweight/Obesity on Health Care Costs and Utilization with Methods to Address Selection Bias and Models to Address Patient Care Seeking Behavior”
• Nancy Sherwood: “Novel Approaches to Weight Loss Maintenance: A Pilot Study”
• Richard Carlson: “Pilot Study of the Significance of Patient Reports of Medical Errors”
• Kathleen White: “A Study of Social Network Practices in a Health Plan Setting”
• Mary Martini: “The Boomers are Coming: A Total Cost of Care Model of the Impact of Population Aging on Health Costs in Minnesota”
• Paul Lima, Ob/Gyn Research: “Cathepsins and Human Breast Cancer”
• Dana Simonson, Nephrology & Critical Care: “Influence of Common Clinical Interventions of Bacterial Biofilm Formation”
• HoJung Yoon, Alzheimer's Research Center: “Intranasal Leptin for the Treatment of Obesity”

Grants awarded in spring 2004

• Peter Harper: “Exploration of Tobacco Use and Interest in Cessation among Job Corp Youth”
• John Degelau: “Outcomes of Post-hospital Care and Care in lieu of Hospitalization”
• Maribet McCarty: “Effect of a New Collaborative Care Model on Satisfaction and Quality of Care”
• Lauren Crain: “Environmental Correlates of Health Behaviors in a Community Sample”
• Kris Fortman: “An Assessment of Pregnant Women’s Attitudes, Knowledge, Behavior and Readiness to Change Regarding Their and Their Child’s Oral Health: Comparing the Privately and Publicly Insured”
• Chang-Jiang Zheng: “A Proposed Spirometric Index for Quantifying Airflow Obstruction”
• Todd Morris: “Hydroxysteroid Dehydrogenases as Biomarkers of Breast Cancer”
• Susann Remington: “Steroid Hormone-Binding Proteins in Tears?”
• Joel Holger: “A Comparison of Vasopressin and Epinephrine, and Insulin in Beta-Blocker Induced Toxicity”
Feifei Wei, PhD
Dr. Wei is a Senior Investigator and biostatistician at HPRF; she received her PhD from Ohio State University. Her research interests include vaccine safety, cancer, women’s health, and maternal child health. She is currently the Principal Investigator of a study exploring cancer surveillance in HMO administrative data, a study on neonatal herpes for the CDC, and a study on vaccine exemptions for the Vaccine Safety Data Link. Dr. Wei is also the Site Investigator for a study of breast cancer in older women.

JoAnn Sperl-Hillen, MD
Dr. Sperl-Hillen is a Research Investigator, internist, and geriatrician with a medical degree from the Medical College of Wisconsin in Milwaukee. Her research interests include diabetes, obesity, and systems and quality improvement. Dr. Sperl-Hillen is the Principal Investigator for ACCORD, a clinical trail of diabetes care, and is also a co-investigator for the SimCare Diabetes Project, Project Moves, and the CHANGE Project.

Maribet McCarty, PhD, RN
Dr. McCarty is a Research Associate at HPRF; she received her PhD in behavioral epidemiology from the University of Minnesota and holds an MPH in behavioral science from Emory University and a BS in nursing from Georgetown University. Dr. McCarty’s primary areas of interest include quality improvement and health systems, social and environmental influences on health and behavior, asthma, tobacco use and cessation, and immunizations. She is currently the Principal Investigator on a study of tobacco use in young adults and a study on effects of a new collaborative care model. She is also co-investigator for a study on vaccine safety and a study of smoking cessation in Job Corps youth.

Daniel Anderson, MD, MPH
Dr. Anderson is a Clinical Investigator, oncologist, hematologist, and Assistant Professor at the University of Minnesota Department of Medicine’s Division of Hematology, Oncology, and Transplantation. His areas of scientific interest include translational research, chemoprevention, and cancer genetics. Dr. Anderson is currently the Principal Investigator for a study designed to analyze treatment and survival trends in an HMO population of women with advanced breast cancer.
Thomas Kottke, MD, MSPH

Thomas Kottke, MD, MSPH, joined HPRF as a Research Investigator in May 2004. Dr. Kottke is a cardiologist and most recently a Professor of Medicine at Mayo Medical School in Rochester, Minnesota, and consultant to the Department of Internal Medicine for the Division of Cardiovascular Diseases at the Mayo Clinic.

Dr. Kottke brings to the Foundation a research agenda of funded projects in cardiovascular disease with an interest in primary and secondary prevention of heart disease. He has authored more than 150 publications. He has conducted research at both the University of Minnesota and the Mayo Clinic. He has collaborated with researchers at the National Institute of Public Health in Finland for more than 30 years.

Dr. Kottke received his medical degree from the University of Minnesota. He was a resident in the Department of Medicine at both Royal Victoria Hospital, McGill University in Montreal, Quebec (Canada) and at North Carolina Memorial Hospital, Chapel Hill (North Carolina), where he was also a Robert Wood Johnson Clinical Scholar and received a Master of Science in Public Health degree.

George Isham, MD, MS

George Isham, MD, MS, was designated a lifetime National Associate of the National Academies in November of 2003 in recognition of his extraordinary service to the National Academies in its role as advisor to the nation in matters of science, engineering, and health. Dr. Isham chaired the Committee on Identifying Priority Areas for Quality Improvement, resulting in the publication, *Priority Areas for National Action: Transforming Health Care Quality*, published by the National Academies. The report is one in a series spearheaded by the Institute of Medicine to improve the quality of health care in America.

Patrick J. O’Connor, MD, MPH

Patrick J. O’Connor, MD, MPH, is the Principal Investigator of the *SimCare Diabetes Project*, a study aiming to improve the clinical treatment of diabetes by primary care physicians. The study was featured in *Minnesota Physician* for the 2004 Research Recognition award. The study, a collaborative effort with investigators at the University of Minnesota, has developed and tested a computerized teaching tool to help physicians improve their care of patients with diabetes through the use of simulated cases, designed to focus on key issues of care such as glycemic control, hypertension, cholesterol problems, and depression. The tool provides customized feedback to physicians regarding patient care.
“The beauty of HealthPartners Research Foundation is the ability to address important health issues across a wide spectrum of perspectives. We have the capacity to develop new knowledge from the molecular to the macroeconomic.”

Kate Rardin: Helping HPRF stay ahead

As the Manager of Planning & Development, Kate Rardin, MPH, wears many hats at HPRF. She works on organizational planning for future directions and reports progress on key development indicators. Kate manages the tracking and review process for all research proposals and studies and provides support for the ongoing management of federal grants and contracts. Kate works with investigators to identify funding opportunities and assist with grant proposal development and submission. She also works with external collaborators on developing new opportunities for research within HPRF and facilitates the development and improvement of office systems.

Ms. Rardin has a BA in political science from the University of Minnesota and an MPH from Boston University in health services with an emphasis on health care in developing countries. She worked with the Peace Corps in Ghana for three years in community development and agricultural extension, and with United and Children’s Hospitals managing communications before coming to HPRF in 1991. When not at work, Kate enjoys traveling around the globe, canoeing and kayaking, camping, walking and exercising, and reading travel memoirs and novels, especially those based in other cultures.
Congratulations to Leif I. Solberg, MD, for receiving the Minnesota Academy of Family Physicians 2004 Researcher of the Year Award. Dr. Solberg is the Director for Care Improvement Research, HPRF, and Associate Medical Director for Care Improvement Research, HealthPartners Medical Group. This award serves as a visible affirmation of the importance of research to the medical community. It is presented to an individual who has contributed in an outstanding manner to the development of family medicine research. Since joining HPRF in 1992, Dr. Solberg has conducted research in clinical preventive services (particularly smoking cessation), guideline implementation, quality improvement, depression, and chronic disease management. He also continues his work as a family practice physician at the HealthPartners Uptown Clinic in Minneapolis.

HPRF recently funded projects

Reducing Clinical Inertia in Diabetes Care
• Principal Investigator: Patrick J. O’Connor, MD, MPH
• Funding: National Institute of Diabetes and Digestive and Kidney Disease - R01DK068314
• Amount: $2,447,680

Testing Incentives and Systems Improvement Collaborative for Depression Care
• Principal Investigator: Leif I. Solberg, MD
• Funding: Robert Wood Johnson Foundation – 051467
• Amount: $299,996

Maintaining Physical Activity in Older Adult MCO Members
• Principal Investigator: Brian C. Martinson, PhD
• Funding: National Institute on Aging - R01AG023410-01
• Amount: $2,417,298

Reciprocal Relationship between Diabetes and Depression
• Principal Investigator: Patrick J. O’Connor, MD, MPH
• Funding: National Institutes of Health -R01DK066050
• Amount: $1,312,710

Proactive Telephone Counseling with Rural Smokeless Tobacco Users
• Principal Investigator: Raymond Boyle, PhD
• Funding: Minnesota Partnership for Action Against Tobacco, RC-2004-0010
• Amount: $520,310

Tobacco Use and Cessation among Young Adult Enrollees of a Large Managed Care Organization
• Principal Investigator: Maribet McCarty, PhD, RN
• Funding: Minnesota Partnership for Action Against Tobacco RC-2004-0011
• Amount: $278,271

Estimating the Costs of Emergency Department Crowding
• Principal Investigator: Thomas Flottemesch, PhD
• Funding: Emergency Medicine Foundation
• Amount: $50,000

Intranasal Tat: A Mouse Model for NeuroAIDS and Aging
• Principal Investigator: William H. Frey II, PhD
• Funder: National Institute of Mental Health; R21 MH072473-01
• Amount: $200,000

The Incidence of Neonatal Herpes Simplex Virus Infection Using Data from Vaccine Safety Datalink
• Principal investigator Feifei Wei, PhD
• Funding: Centers for Disease Control, 200-2001-00074
• Amount $34,765

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