Center for Innovation in Chronic Disease Care
FY11 Annual Report
July 1, 2010 through June 30, 2011

Mission

The mission of the Center for Innovation in Chronic Disease Care is to accelerate improvement in outcomes for children and adolescents with chronic conditions by developing and evaluating new methods of care delivery and by applying innovative approaches to quality improvement and research in chronic disease.

Center Highlights

- The Center has two integrated components --- the Chronic Care Research Group and the Asthma Clinical Innovation Laboratory. The main population of focus is adolescents with chronic disease. At CCHMC as elsewhere, adolescents with chronic disease have worse outcomes than younger patients. This is likely due to a combination of biological behavioral, developmental and health system factors.

- The **Collaborative Research Group** brings together fifteen investigators from six disciplines (pediatrics, internal medicine, physical medicine and rehabilitation, statistics and quantitative analysis, pastoral care, and clinical psychology). They represent ten CCHMC divisions (adolescent medicine, behavioral medicine and psychology, emergency medicine, general and community pediatrics, pastoral care, pulmonary medicine, the Anderson Center, Physical Medicine and Rehabilitation, Nephrology, and Hospital Medicine) as well as General Internal Medicine and Family Medicine at the University of Cincinnati. Main areas of focus include interventions to improve adherence and self-management; spirituality and coping among adolescents with chronic illness; quality of life; and transition to adult care.

- **The Asthma Innovation Laboratory** bridges research and health care improvement. It develops and prototypes care delivery innovations; translates existing research resources into practice-friendly tools that can be replicated elsewhere; and uses quality improvement methods to continuously improve the clinical care it provides to nearly 180 adolescents with asthma. In addition, 35% of our patients were enrolled in one or more research projects in the past year.

Research Highlights

- Collaborating researchers contributed to 53 peer-reviewed publications and 3 media publications in FY11 related to chronic disease care (see publications list) and acted as principle or co-investigators in 35 federal, foundation or locally sponsored investigations (see list of active grants), and 5 grants currently under review (see grants in review).
- We have five new faculty joining our research group, representing five different disciplines.
- Our center collaborators have received K-award grant support for FY11 as follows:
  - Dr. Lori Crosby, from Behavioral Medicine and Psychology, is PI for the K07 grant entitled "*Patient-Provider Interventions to Improve Transition to Adult Care in SCD.*"
  - Daniel Grossoehme, Pastoral Care, is PI for a K23 grant entitled "*Parental adherence to CF homecare: research chaplaincy career commitment.*"

Lab Highlights

Text Messaging

This is a randomized trial designed to examine the effect of participant designed medication reminders via text messaging on asthma control and adherence. It is a collaborative effort with the Adherence Center.

- Total planned population is 230 patients.
- Current participants enrolled is 33.
- Patient response has been very favorable to text message reminders to help patients remember to take their asthma medication.

Thinking about Asthma Questionnaire (TAAQ)

Previous research has identified the need for continued examination of self-management education interventions, particularly in children and adolescents, for the purpose of improving health care outcomes. The primary purpose of the study is to gain insights into everyday experiences of caring for asthma at home and receiving health care in the adolescent population. This informed quantitative questionnaire development that identified segments of a population and targeted interventions more effectively. While publication of the findings is a possibility, the primary purpose of this research study is to improve care and outcomes of teens with asthma at CCHMC.

- Phase I: Teen patients were recruited through the Teen Health Center. Teens were provided with a camera for them to create a photo diary of their life. This was to assist in gaining an understanding of their life in relation to their asthma diagnosis.
- Phase II: A quantitative questionnaire focusing on asthma care preferences and beliefs was developed based on concepts identified in Phase 1. This was a self-administered survey given to teen patients with asthma. The questionnaire's aim was to segment the population so that effective interventions could then be developed for each segment in an effort to improve the care and outcomes of adolescents with asthma at CCHMC.

Currently, ongoing efforts are made regarding the process and use of the TAAQ and data obtained. Brainstorming sessions are held to find innovative improvement methods. These include:

- Testing the delivery method of TAAQ – having survey administered by various staff.
- Revision of the visual 'look' of the survey to make it more appealing to teens.
- Stages of delivery and usage – How best to motivate teen at their individual stage in the process.
- Marketing – Discussion around how and when to market.
- Language used in survey – Make it more teen-friendly.
- Incorporating into existing processes and systems (i.e., visits, Epic system).
- Creation of an action plan to encourage teen's self-management of asthma control.
- Expansion beyond current cohort of asthma patients; beyond the Teen Health Center.
- Solutions to get around barriers to their asthma care.
- Assist in gauging patient's stage of readiness and helping them move forward.
- Breaking through our unwritten rules and assumptions about the process and use of the TAAQ.
- Other innovative ways to expand and use information gathered.

Cohort Interventions for Patients with Persistently Not Well-Controlled Asthma

The team continued to maintain its high level, evidence-based medical and behavioral care. It led to the development of the Teen Health Center's Epic asthma work. By year end 54.2% of patients had achieved good asthma control.

The efforts around this initiative were intended to understand why patients' asthma was not well controlled and develop interventions to help improve their control.

- Over this year, control scores improved 60% for patients, compared to 25% the prior year.
- Interventions included vigorous contact (phone, texting, schools), tracking and coordinated delivery of available evidence-based care (trigger avoidance, skill development, treatment of co-morbidities).
- Our upcoming focus will be on failure analysis for patients that did not improve and implementing processes outside of our cohort population.

Hardships/Community Connections

Through clinical experience and more formal research methods (User Centered Design), the team recognized the impact hardships (i.e., financial, mental health) had on asthma management. We determined from our patients and by working with social services from across the hospital that inability to obtain needed medications, transportation problems, and mental health problems were the most prevalent and serious problems affecting families' ability to meet medical needs. Therefore, we selected three major areas to address:

- In collaboration with community agencies we clarified processes and developed algorithms and tools to enhance the success of mental health referrals. By January 2011, the Lab was implementing these processes with >95% reliability. The tools and processes were spread to the entire Teen Health Center.
- The team investigated medical transportation options available through insurance and public sources. In collaboration with families, we developed a simple brochure that explains their benefits and delivered it with 95% reliability to all eligible patients. It was then made available throughout CCHMC.
- We worked with financial counseling and the pharmacy to clarify requirements and improve processes for obtaining medication when families lacked coverage. We systematically identified patients without medication coverage and successfully obtained medication for all patients in need. In addition, Financial Counseling extended its hours to ensure availability to the end of the Clinic day.

Improving flu vaccination for patients who do not have appointments

- In previous years, we immunized >98% of patients who made any visits to the Clinic during the fall immunization window. Nearly all patients who remained unimmunized could not be contacted despite multiple attempts, mostly due to lack of current address and phone number.
- This year we developed processes to obtain and record in Epic extended contact information (multiple numbers, email addresses, etc.). This enabled us to reach more families, and the overall rate for our population increased to 86%
- This additional information also added our ability to contact families for other follow-up and care coordination needs.

Center Members

Andrew F. Beck, MD
General and Community Pediatrics
Research Group

Juli Bick
Information Services
Lab Team

Beth Buelterman
Social Services
Lab Team
(Arrival Jan '11)

Bill Brinkman, MD, Med
General and Community Pediatrics
Research Group

Maria Britto, MD, MPH
Adolescent Medicine, and Anderson Center
Center Director

Terri Byczkowski, PhD
Emergency Medicine
Research Group and Lab Team

Sian Cotton, PhD
Family Medicine
Research Group

Lori Crosby, PsyD
Behavioral Medicine and Psychology
Research Group

Marsha Cunningham
Sr. Administrative Asst
Research Group and
Lab Team

Tiffiny Diers, MD
General Internal Medicine
Research Group

Michele Dritz, MD
Adolescent Medicine
Fellow & Quality Scholar
Lab Clinician
(Departure Jan '11)

Daniel Grossoehme, DMin, BCC
Pastoral Care, and
Pulmonary Medicine
Research Group

MaryAnn Hegner
Pastoral Care
Research Group

David Hooper MD
Nephrology and
Hypertension
Research Group

Dave Krier
Access Services
Lab Team
(Departure Oct '10)

Jonathan LaBare
Anderson Center
Lab Data Analyst
(Departure May '11)

Ellen Lipstein MD
Adolescent Medicine
Research Group

Lance MacLean
Quality Improvement
Lab Project Manager
(Arrival March '11)

Jennifer Munafo, MA
Adolescent Medicine
Center Project Specialist
(Departure March '11)

Dawn Nebrig
Center for Prof. Excellence
Lab Team
(June-Dec '10)

Ray Pruett
Anderson Center
Lab Data Analyst
(Arrival May '11)

Michael Seid, PhD
Pulmonary Medicine,
and Anderson Center
Research Group

Jilda Vargus-Adams, MD, MsC
Physical Medicine and
Rehabilitation
Research Group

Lisa Vaughn, PhD
General and Community
Pediatrics
Research Group

Anna-Liisa Vockell
RN, MSN, NP
Patient Services
Lab Clinician

Janet Wimberg
Patient Services
Lab Team Parent
Coordinator

Mike Yi, MD
General Internal Medicine
Research Group and Lab
Clinician
(Departure Oct '10)

Publications in FY11

Baird MW, **Vargus-Adams JN**. Outcome measures used in studies of botulinum toxin in childhood cerebral palsy: A systematic review. *Journal of Child Neurology*, 2010; 25:721-7.

Baozhong X, Jones S, Puffenberger E, Hinze C, Bright A, Tan H, Zhou A, Wu G, **Vargus-Adams J**, Agamanolis D, Wang H. A homozygous mutation in SAMHD 1 gene causes cerebral vasculopathy and early onset stroke. Proceedings of the *National Academy of Science*, published online ahead of print 2011.

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Brinkman WB, Hartl J, Rawe L, **Britto MT**, Epstein JN. "Physicians' Shared Decision Making Behaviors in Attention-Deficit/Hyperactivity Disorder Care." *Archives of Pediatrics and Adolescent Medicine*. (in press)

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Grossoehme DH, Jacobson C J, **Cotton S,** Ragsdale JR, VanDyke R, **Seid M**. Written prayers and religious coping in a paediatric hospital setting*. Journal of Mental Health, Religion & Culture,* 2011; 14: 5, 423-432. First published on: 07 June 2010 (iFirst)

Grossoehme DH, VanDyke R, Jacobson CJ**, Cotton S,** Ragsdale JR, **Seid M**. Written prayers in a pediatric hospital: Linguistic analysis. *Psychology of Religion and Spirituality,* 2010; 2(4): 227-233.

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McGrady ME, **Cotton S**, Rosenthal SL, Roberts YH, **Britto M, Yi MS**. Anxiety and asthma symptoms in urban adolescents with asthma: The mediating role of illness perception. *J Clin Psychol Med S* 2010, Nov 18;17:349–356

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McPhail G, Ednick M, Fenchel MC, VanDyke R, Amin RS, **Seid M**. Improving subspecialty follow-up in hospitalized children (accepted). *Quality and Safety in Health Care*, 2010;19(5):1-4.

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Vargus-Adams JN, McMahon MA, Michaud LJ, Bean J, Vinks AA. Pharmacokinetics of amantadine in children with impaired consciousness due to acquired brain injury: preliminary findings using a sparse-sampling technique. *PM&R*, 2010; 2:37-42.

Vargus-Adams JN, Martin LK. Domains of Importance for Parents, Medical Professionals, and Youth with Cerebral Palsy Considering Treatment Outcomes. *Child: Care, Health, and Development*, 2011; 37:276-81

Vaughn LM, Jacquez F, Zhao J, Lang M. Partnering with students to explore the health needs of an ethnically diverse, low-resource school: An innovative large group assessment approach. *Family & Community Health,* 2011;34(1), 72-84.

Vaughn LM, Ireton C, Geraghty S, Diers T, Niño V, Falciglia GA, Valenzuela J, Mosbaugh C. Sociocultural influences on the determinants of breastfeeding by Latina mothers in the Cincinnati area. *Family and Community Health,* 2010;33(4), 318-328.

Vaughn LM, Hensley B, Baker RC, Dearman L. Learning Styles and the Relationship to Stress and Coping in College Women. *Journal on Excellence in College Teaching,* 2010;21(2), 97-111.

Winickoff JP, Tanski SE, McMillen RC, Ross KM, **Lipstein EA**, Hipple BJ, Friebely J, Klein JD. Acceptability of testing children for tobacco smoke exposure: A national parent survey. *Pediatrics.* 2011; 127:628-34.

Lay Publications (Articles in Media)

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Cotton SC. Asthma and Spiritual Coping. WJCL (ABC) News website: http://mms.tveyes.com/Transcript.asp?StationID=2530&DateTime=6%2F23%2F2011+5%3A20%3A23+AM&Term=University+of+Cincinnati&PlayClip=TRUE

Hooper DK. The Impact of CYP3A5 Genotype on the Interaction Between Tacrolimus and Intravenous Nicardipine in Kidney Transplant Recipients. University of Cincinnati. 2010 Aug 17.

Grant Support in FY11

Project Direct

Adolescent Participation in Chronic Disease Treatment Decisions. Academic Pediatric Association Young Investigator Award
Grant # N/A 07/01/11-06/30/12 $10,000
The goal of this project is to understand adolescents' roles and perspectives related to making decisions about receiving treatment with TNF-α inhibitors.
PI: **Lipstein**

Baclofen Efficacy and Safety Trials – Pediatric Pharmacokinetic and Pharmacodynamic Study of Oral Baclofen for the Treatment of Spasticity Associated with Cerebral Palsy. NICHD (NIH Child Health and Human Development).
Grant# 2005-13-2 2009-2010 $107,419
PI: Brunstrom-Hernandez J
Center Collaborator(s): **Vargus-Adams JN** (Co-Investigator)

Building Modular Pediatric Chronic Disease Registries for QI and CE Research. AHRQ
Grant #R01HS020024-01 09/01/10-08/31/13 $9,042,411
Goal is enhance an existing EHR registry, capture and use data for quality improvement of processes and healthcare for children with IBD and Crohn's disease.
PI: Hutton, Margolis
Center Collaborator(s): **Britto**

Center of Excellence on Quality of Care Measures for Children with Complex Needs. NIH. 03/01/11-02/28/15 $655,832
CHIPRA Pediatric Healthcare Quality Measures Program Centers of Excellence
Grant #U18HS020506-01
Goal is to develop and test measures to assess quality of care for children with mental health conditions. We will design and test measures to be used with electronic health record (EHR) platforms available to Medicaid and CHIP providers to ensure sustainability of measurement efforts. We will simultaneously develop measure specifications and code needed to integrate measures into existing EHR platforms.
PI: Mangione-Smith (University of Washington)
Center Collaborator(s): **Britto**

Community Engagement Core. Clinical & Translational Science Award. NIH/NCRR.
Grant #1UL1RR026314-01 04/03/09-03/31/14 $94,923
The goal of the Institutional CTSA is to create a research environment that facilitates translating discoveries to clinical application within the Academic Health Center.
PI: Heubi, Tsevat
Center Collaborator(s): **Brinkman; Crosby; Yi; Vaughn**

Cincinnati Sickle Cell Newborn Screening Network. Department of Health and Human Services – Maternal and Child Health Bureau.
Grant#105119 - H46MC09233 06/01/08 - 5/31/11
The overall goals of this project are to increase awareness about hemoglobinopathies, especially sickle cell trait, through increased newborn screening counseling, community outreach and professional education, and to improve the quality of specialty and primary care provided to newborns with sickle cell.
PI: Shook
Center Collaborator(s): **Crosby**

Cincinnati Sickle Cell Network. Department of Health and Human Services – Maternal and Child Health Bureau.
Grant #U1EMC07655 9/01/06 – 8/30/10 $1,200,000
The goal of this grant is provide comprehensive, collaborative primary and tertiary medical care to individuals with sickle cell disease who previously received fractionated, uncoordinated services.
PI: **Diers**
Center Collaborator(s): **Crosby, Yi**

Combined Functional Electrical Stimulation & Robotic Gait Training for Children with Cerebral Palsy. Cerebral Palsy International Research Foundation.
Grant # R-796-10 2010-2012 $100,000
PI: **Vargus-Adams**

Constructed Meaning: Spirituality after a CF Diagnosis as an Adult (Adult CF Center, UCCOM)
Grant #N/A 2010-2011 $5,900
PI: Joseph
Center Collaborator(s): **Grossoehme**

Determinants of health-related quality of life for children with JIA. NIH/NIAMS.
Grant #P60 AR047784 05/01/08 – 04/30/13 $1,124,423
Study is to determine the pathways by which medical variables (biological, physiological, clinical, physical function) and non-medical variables (individual, family, environmental characteristics) predict HRQOL in children being actively treated for JIA.
PI: Glass, **Seid**
Center Collaborator(s): **Britto**

Developing Quality Measures to Assess Pediatric Inpatient Respiratory Care NHLBI.
Grant #1RO1HL088503-01 12/01/08 – 11/30/13 $3,293,636
Multicenter study that will result in a rigorously designed, disseminable quality assessment tool that can be used by hospitals treating children for respiratory illness to both track and improve on the quality of care they provide.
PI: Mangione-Smith (Univ of Washington)
Site PI: **Britto**

Center Collaborator(s): **Knopf (Munafo)**

DMHealth: Feasibility of a Cell-Phone Adherence Trial for Underserved Youth with T1DM. NIH/NIDDK
Goal is to develop and test interventions, including cell-phones, to improve diabetes self-management and health outcomes for high-risk youth with type 1 diabetes.
Grant # 5R21DK085483-02 2009 – 2011 $425,000
Co-PIs: Mayer-Davis, **Seid**

Enhancing PROMIS in Pediatric Pain, Rheumatology, and Rehabilitation Research NIH/NIAMS
Grant #U-01/AR057940 9/30/09 – 7/31/13 $2,096,964
PI: Morgan-DeWitt, **Vargus-Adams**
Center Collaborator: **Seid**

Evaluation of an Intervention for Improving Community-Based Pediatric ADHD Care. NIMH.
Grant #1 R01 MH083665-01 08/12/10-07/31/15 $549,365
PI: Epstein
Center Collaborator(s): **Brinkman**

Evaluating EHR-based Point-of-Care Trial Recruitment Across Clinical Settings. NIH.
Grant # 1R01LM009533-01A1 9/30/08-9/29/11 $610,968
The major goals of this research are: 1) to determine the impacts on trial recruitment of an EHR-based CTA approach in different clinical settings within and across healthcare systems; and 2) to identify the range of stakeholders' perceived barriers, facilitators, and information needs regarding EHR-based, point-of-care recruitment in different clinical settings to inform improvements in the CTA approach.
PI: Embi
Center Collaborator(s): **Cotton**

Explaining Racial Disparities in Child Asthma Morbidity. NIAID.
Grant #1 R01 AI088116-01 04/01/10-03/31/14 $1,512,152
PI: Kahn, R.
Center Collaborator(s): **Brinkman**

Girls Action Teams for Personal and Social Change. Community Action Grant
Grant# N/A 2011-2013
American Association of University Women (Vaughn).The Girls' Action Teams (GATs) project provides urban minority and immigrant middle school-aged girls in Cincinnati with an outlet for participation and self-determination to help them to become agents of change in their community.
PI: **Vaughn**

HPV Decision Aid Development. CCHMC Place Outcomes Research Award.
Grant # N/A 7/1/11 – 6/30/13 $119,998
Goal is to empower parents and adolescents in their immunization decisions, improve clinicians' recommendations of the vaccine, and to increase immunization rates among children and adolescents by improving the shared decision-making process through the development and testing of an HPV vaccine decision aid for use between clinicians and parents of girls eligible for HPV vaccination.
PI: Widdice

Center Collaborator(s): **Brinkman**

Impact of SCD Patient Portal on Transition to Adult Care. CCHMC Place Outcomes Award 07/01/11 – 06/30/13 $120,000
This project involves adding measures (e.g. psychosocial risk) and additional educational materials and customization to an SCD-specific version of MyChart, a patient portal compatible with the Cincinnati Children's EMR for SCD patients age 16-24 years.
PI: Crosby
Center Collaborator(s): **Crosby**

Improving Adherence to HU Therapy for Sickle Cell Disease. (Comprehensive Sickle Cell Center). NIH/NHLBI
Grant#105249-2U54HL070871-06 04/01/08 – 03/31/12 $6,076, 530
This study proposes to develop a computerized assessment tool that can be used with patients in clinic to improve adherence to clinic visits and hydroxyurea therapy. Assist with development and design of qualitative research studies on pain management, functional disability, family functioning and improving clinical care. Assist with re-design of psychosocial services for patients with SCD.
PI: Joiner, Mitchell
Center Collaborator(s): **Crosby**

Improving Home Environmental Risk Assessment and Enhancing Referrals for Housing Code Enforcement for Children with Asthma. CCTST Community Health Program Grants to Promote Academic-Community Collaboration and Positive Health Outcomes.
Grant #N/A Spring 2011 $15,315
PI: **Beck**

Improving Parents' TNF-a Inhibitor Treatment Decisions. Cincinnati Children's Hospital Place Outcomes Research Award
Grant # N/A 07/01/2011-06/30/2013 $42,060
The aim of this project is to prospectively assess the decision-making process parents use when making decisions about TNFα inhibitors and to use that information to develop a means of quantifying the decision making experience.
PI: **Lipstein**
Center Collaborator(s): **Britto, Brinkman**

Infant Nutrition Intervention Partnership: Cincinnati Children's Hospital Medical Center and Freestore Foodbank. Proctor & Gamble.
Grant # N/A Spring 2011 $50,000
Funding is for formula distribution, staff training, and provision of wrap-around services.
PI: **Beck**

Medication Continuity Among Children Treated for ADHD. NIMH Patient-Oriented Career Development Award (PA-09-043)
Grant #N/A 12/01/09 – 11/30/2014 $821,499
PI: **Brinkman**
Center Collaborator(s): **Britto**

Neuropsychological Dysfunction and Neuroimaging Abnormalities in Neurologically Intact Adults with Sickle Cell Disease study (SCAN).

NIH
Grant #N/A 8/05 – present
Sickle Cell Multi-Center Trial. This study examines memory and attention in adults with SCD.
PI: **Crosby** (2005-06)
Center Collaborator(s): **Crosby** (2006-present)

Open Source Science: Transforming Chronic Care
NIH/NIDDK
Grant # TR01DK085719 9/01/09 – 8/31/14 $7,831,713
The major goal of this T-R01 is to develop a collaborative improvement network to improve care for pediatric inflammatory bowel disease.
Co-PIs: Margolis, **Seid**
Center Collaborator(s): **Britto, Vaughn**

Parental adherence to CF homecare: research chaplaincy career commitment.
NIH/NICHD.
Grant #K23HD062642-01A1 8/13/10-5/31/11 $590,000
PI: **Grossoehme**

Patient-Provider Interventions to Improve Transition to Adult Care in SCD. NHLBI.
Grant #K07HL108720-01 8/18/11 – 7/31/15 $400,752
PI: i Crosby
Center Collaborator(s): Britto

Pediatric Center for Education and Research on Therapeutics (CERT). Agency for Healthcare Research and Quality
Grant # 1U18HS016957 9/01/07-8/31/11 $2,555,853
The major goal of this project is to provide education on and develop and validate new therapeutics.
PI: Lannon
Center Collaborator(s): **Seid**

Phase II Study of Rapamycin for Complicated Vascular Anomalies. FDA
Grant #R01 FD003712 2009 – 2013 $1,300,000
PI: Adams
Center Collaborator(s): **Seid**

Physician Bedside Handoff: Small Change—Big Impact in Patient Care and Medical Education. Office of Medical Education, University of Cincinnati
Grant # N/A - Medical Education Research Grant 2010 $3,500
Using a Group Level Assessment methodology, we will examine Physician Bedside Handoff (PBH) as compared to more traditional physician hand off methods.
PI: Gosdin, **Vaughn**

Shared Decision Making to Improve Care for Children with ADHD. CCHMC Health Services Research Matrix Outcomes Research Award.
Grant # N/A 07/1/09-12/31/10 $90,000
PI: **Brinkman**
Center Collaborator(s): **Britto**

Sickle Cell Adolescent Patient Survey Study. NIH
NIH SCD grant 6/03 – present

(HealthBEAT). This study is supported by funds from the National Institutes of Health Comprehensive Sickle Cell Center Grant. This project examines the health beliefs, attitudes, and coping styles of adolescents with SCD. The long-term goal of this study, the "Sickle Cell Adolescent Survey Study," is to develop a tool to identify barriers which impact treatment adherence in this population.
PI: **Crosby**

Spiritual Coping and Quality of Life in Adolescents with Chronic Illness.
NICHD/NCCAM.
Grant #1K23HD052639-01A1 7/07-6/12 $672,304
NIH career development award. The goals are to assess and measure properties, and examine relationships among religiosity/spirituality and health outcomes.
PI: **Cotton**
Center Collaborator(s): **Britto, Yi**

A Trial of On-Line Problem Solving for Pediatric TBI. National Institutes of Health/NIMH.
Grant # 1R01MH073764-01A2 01/06/06-05/31/11 $464,601
This study examines the utility of a structured intervention to facilitate family coping, as a means for enhancing the competencies of children and families in responding to stress and reducing the considerable family and child psychological morbidity associated with traumatic brain injury.
PI: Wade
Center Collaborator(s): **Crosby**

Grants in Review

Project Direct

Centers for Education and Research on Therapeutics (CERTs)
The aim of the project is to enhance existing core capabilities to translate research into practice, standardize care, and improve quality and safety.
PI: Lannon
Co-Investigator: **Lipstein**

A New and Improved Integrative Medicine Curriculum for the University of Cincinnati
NIH K07 (Resubmit) 2011 – 2016
PI: Tsevat
Center Collaborator(s): **Cotton**

Optimizing Spiritual Assessment at the VA
VA IIR (Resubmit) 2011 – 2016
PI: Tsevat
Center Collaborator(s): **Cotton**

School-Based Intervention for African-American Adolescents with Asthma. NIH.
Grant # R21 2011-present
Asthma
PI: **Cotton**

Spiritual Intervention in a Medical Home for Patients with Sickle Cell Disease
NIH 2010-2013 $810,610
R01 HD059879-01

PI: **Yi**
Collaborator(s): **Britto, Cotton, Grossoehme**