

## Clinical Directors Network, Inc. (CDN)

Designated as an Agency for Healthcare Research and Quality (AHRQ)

Center of Excellence (P30) for Primary Care Practice-Based Research and Learning [www.ahrq.gov/incepcr/communities/pbrn/profiles/p30-centers.html](http://www.ahrq.gov/incepcr/communities/pbrn/profiles/p30-centers.html)

Clinical Directors Network (CDN) has received a P30 grant to implement “N<sup>2</sup>: Building a Network of Safety Net PBRNs” funded by the Agency for Healthcare Research and Quality (AHRQ; Grant # 1 P30-HS-021667, PI J. N. Tobin, PhD).

The AHRQ is the “health services research arm of the U.S. Department of Health and Human Services (HHS), complementing the biomedical research mission of its sister agency, the National Institutes of Health. AHRQ is a home to research centers that specialize in major areas of health care research such as quality improvement and patient safety, outcomes and effectiveness of care, clinical practice and technology assessment, and health care organization and delivery systems. It is also a major source of funding and technical assistance for health services research and research training at leading U.S. universities and other institutions, as well as a science partner, working with the public and private sectors to build the knowledge base for what works –and does not work–in health and health care and to translate this knowledge into everyday practice and policymaking.” (see <https://info.ahrq.gov>)

Clinical Directors Network, Inc. (CDN; see [www.CDNetwork.org](http://www.CDNetwork.org)) is an independent membership organization, practice-based research network (PBRN), and clinician training organization founded to provide peer-initiated activities for clinicians practicing in low income, minority, and other underserved communities. CDN’s overall goal is to translate clinical research into clinical practice for the elimination of health inequity and improvement of public health. CDN has worked with over 230 member practices across 22 states, has enrolled nearly 400,000 minority patients into clinical trials and observational studies, and has produced over 1200 live CME-accredited webcasts for practicing clinicians.

The N<sup>2</sup> PBRN team includes eight established PBRNs, which cover 16 states, and includes nearly 600 active research-engaged practices, both urban and rural, from a network of over 600 practices, representing over 2700 FTE physicians, 1750 FTE nurses, nearly 2500 FTE other medical personnel, and a combined patient population of 4.2 million, as well as PCORnet Clinical Research Networks (CRNs) and Public Health Information Exchanges (HIEs).

### PBRN Partners:

Access Community Health Network (ACCESS), Chicago, IL  
 The Alliance of Chicago (ALLIANCE), Chicago, IL  
 The Fenway Institute (FENWAY), Boston, MA  
 Center for Community Health Education Research and Service (CCHERS), Boston, MA  
 Clinical Directors Network, Inc. (CDN, Lead PBRN), New York, NY  
 New York City Research and Improvement Group (NYCRING), Bronx, NY  
 Association of Asian Pacific Community Health Organization (AAPCHO), Oakland, CA  
 Oregon Community Health Information Network (OCHIN), Portland, OR  
 South Texas Ambulatory Research Network (STARNet), San Antonio, TX  
 University of Texas Health Science Center at San Antonio (UTHSCSA), San Antonio, TX  
 OneFlorida+ Clinical Research Network, University of Florida at Gainesville, Gainesville, FL  
 Southeast Regional Clinicians Network (SERCN), Atlanta, GA



### PCORnet Clinical Research Networks (CRNs) Partners:

INSIGHT Clinical Research Network, New York, NY/Houston, TX  
 CAPriCORN, Chicago, IL  
 OneFlorida+, Florida

### Health Information Exchanges (HIEs) Partners:

Healthix  
 BronxRHIO

The goal of N<sup>2</sup>-PBRN is to strengthen the research and dissemination infrastructure of each collaborating PBRN by creating an enduring infrastructure to:

1. Accelerate the generation of new clinical knowledge
2. Build a community of learning for primary care practices to improve quality, access, reach, patient safety and effectiveness of care by implementing new clinical knowledge into clinical practice

N<sup>2</sup> PBRN will adopt elements of five evidence-based practices and best practices (EBP-BPs) that have been demonstrated to be effective at transforming clinical research into a more clinician-engaged, cost effective, accelerated research and translation model, with significant clinical and public health impact. This project will accelerate selection, design, initiation, completion, dissemination and implementation of research that: (a) improves patient outcomes, (b) has widespread utility within the national (and international) clinical and public health domains, and (c) does not compromise patient safety.

The N<sup>2</sup>-PBRN online training curriculum aims to enhance the skills of current PBRN researchers and practicing clinicians who are interested in participating in clinical research. The curriculum consists of four tracks focusing on:

1. Evidence-based practices and best practices (EBP & BPs) demonstrated to be effective at transforming clinical research into a more clinician-engaged, cost effective, accelerated research and translation model, with significant clinical and public health impact
2. A “Virtual Faculty” of N<sup>2</sup> PBRN Directors and their PBRN-related research
3. N<sup>2</sup>-PBRN academic partners and their PBRN-related research
4. Training in research methodology for practicing clinicians who wish to become engaged in Comparative Effectives Research (CER), Patient-Centered Outcomes Research (PCOR), and Dissemination/Implementation Research (DIR)

For more information please call or email: Jonathan N. Tobin, PhD, President/CEO, Clinical Directors Network, Inc. (CDN)

## **i-CARE – Improving the Quality of Care for Asthma Patients at Risk of Exacerbations**

**01/01/2026 – 12/31/2030, PCORI (Israel, E, PI; Tobin, JN, Site PI)**

This research project will compare two effective asthma inhaled corticosteroid (ICS) plus SABA therapies, PARTICS and MART, to decrease asthma exacerbations and asthma control. The direct comparisons will allow clinicians to use evidence to guide shared decision making when offering the alternatives of the MART and PARTICS therapies. CDN will enroll a total of 177 patients into the project.

## **Pilot to Evaluate the Effectiveness of the Kata Asthma App in Reducing Critical and Non-Critical Handling Errors and Improving Adherence to Prescribed Drug Inhalation Therapy Adult Patients with Moderate to Severe Asthma**

**09/15/2025 – 03/15/2026, VisionHealth GmbH (George, M, PI; Tobin, JN, Site PI)**

This pilot study aims to monitor how consistently patients use Kata Asthma over 6–8 weeks. The study will evaluate a novel, FDA cleared Class I smartphone based respiratory adherence app designed to remind, monitor, and coach patients with persistent asthma using inhaled therapies. The pilot seeks to improve patient self-management by increasing medication adherence, reducing inhaler handling errors, and demonstrating better asthma control as measured by the Asthma Medication Ratio (AMR). A total of 20 participants from one FQHC will be enrolled.

## **Comprehensive Biomarker Signature of Brain Aging and Alzheimer’s Disease Risk Across Menopausal Transition: Effects of Estrogen**

**07/01/2025 – 06/30/2028, Wellcome Leap (Rasgon, N, PI; Tobin, Co-PI)**

This project aims to investigate longitudinal trajectories over a 2-year period of Alzheimer’s disease-related biomarkers, cognitive function, and brain aging in biological women who have undergone surgically induced menopause (bilateral oophorectomy). CDN will engage a total of 50 patients for the project.

## **Preliminary Testing of a Culturally and Linguistically Targeted and Web-Based Decision Aid on Lung Cancer Screening Decision-Making in Chinese New Yorkers Who Smoke**

**07/01/2025 – 12/30/2026, Cornell Center for Health Equity (CCHEq) 20092209-IRB01 (Shieh, Y, PI; Li, C-C, Co-PI; Tobin, JN, Co-I)**

This research project will examine the benefits of both web and paper-based decision aids for increasing knowledge, improving attitudes and beliefs, reducing decisional conflict, and promoting lung cancer screening behavior among Chinese American smokers in New York City. For the proposed study, CDN will engage two New York City Federally Qualified Health Centers (FQHCs) for participation in the project. A total of 20 providers and 60 patients per site will be enrolled.

## **From Basic Science to Public Health: Chagas Disease as a Neglected Tropical Disease in the United States**

**07/01/2025 – 06/30/2026, SNF Institute for Global Infectious Disease Research (Tobin, JN, PI)**

This research project seeks to facilitate Chagas disease screening, testing, and treatment at Federally Qualified Health Centers (FQHCs) and other primary care practices by employing community health workers/promotoras to act as patient care coordinators/navigators and to provide Chagas disease education, conduct outreach, and assist with testing, linkage to care, and referral to specialty care. A total of 200 patients will be enrolled.

## **Alzheimer’s Disease Neuroimaging Initiative 4 (ADNI4): Together Exploring Aging Minds (TEAM-ADNI)**

**03/01/2025 – 07/31/2028, NIA 5 U19 AG024904-17 (Weiner, M, PI; Tobin, Site PI)**

This project aims to advance Alzheimer’s disease research by validating biomarkers for clinical trials and improving the diversity of study participants. The project focuses on early detection, better trial design, and broader inclusion to ensure findings are more representative and generalizable. Data and samples will continue to be widely shared to support global research efforts. A total of 200 patients will be enrolled.

## **American Diabetes Association (ADA) Women’s Health Initiative**

**07/16/2024 – 07/31/2025, ADA/ CVS Health Foundation (Tobin, JN, PI)**

The Women’s Health Initiative seeks to improve health outcomes for pregnant women with gestational diabetes mellitus (GDM) and promote equitable and sustainable models for care by improving adherence to guideline-directed screening and therapy, as well as evidence-based care collaboration. CDN, in collaboration with the ADA program team, will work with 3 Brooklyn-based health systems (1 hospital and 2 FQHCs) to conduct quality improvement activities aimed at (1) strengthening prenatal GDM screening and referral pathways for Black, Indigenous, People of Color (BIPOC) pregnant people and (2) streamline postpartum care navigation from specialist to primary care screening and/or treatment for diabetes.

## **I-TRANSFER-HF: Improving TRansitions ANd OutcomeS for Heart FailurE Patients in Home Health CaRe: A Type 1 Hybrid Effectiveness/Implementation Trial**

**04/01/2024 – 06/30/2028, NHLBI 1 R01 HL169312-01 (Sterling, M, PI; Tobin, JN Co-I)**

This project aims to reduce readmissions among adults with heart failure through the implementation of early and intensive home health nurse visits and outpatient follow-up. This national, Type 1 hybrid effectiveness implementation trial includes a stepped wedge cluster RCT to investigate effectiveness and a multi-modal observational arm to assess implementation.

**Center for Social Capital (SOCA): Promoting Multigenerational Health (Portal to Health)**  
**05/31/2023 – 04/30/2028, NCI 1 U54 CA280808-01 (Matthews, P, PI; Tobin, JN, Co-I)**

This research project, which is focused on smoking cessation in low-income populations, aims to increase access to smoking cessation treatments among patients receiving care in Federally Qualified Health Centers (FQHCs) serving communities impacted by persistent poverty. The main goals of the project are to examine the implementation and outcomes of using the patient portal to proactively link federally qualified health center (FQHC) patients who smoke to the New York State Smokers Quitline (NYSSQL). The NYSSQL is an effective stop-smoking treatment program offered free to residents of New York State who smoke. For the proposed study, CDN will engage three New York City FQHCs for participation in all phases of the project.

**Impact of a Community Care Intervention to Increase the Uptake of Respiratory Illness Prevention Behaviors Among Adults Suffering from Chronic Illness (Boost Your Health)**

**06/18/2022 – 2/28/2027, NIMHD 1 R01 MD017232-01 (Lara, M, and Meredith, L, PIs; Tobin, JN, MPI)**

This study aims to test the efficacy of a Community Health Worker Intervention (CHW-I) compared with usual care using intent-to-treat analysis of respiratory illness prevention behavior. Barriers and facilitators to respiratory illness prevention behaviors will be examined as part of the formative work of this study. A total of 700 patients will be enrolled from 6 NY Metropolitan FQHCs.

**The Amyloidosis ACTION (Accelerating Diagnosis Through Big Data and Education Across Racially and Economically Diverse Populations) Study**

**01/03/2022 – 01/02/2023, Johnson & Johnson Innovation/JLABS (Liu, J, and Landau, H, PIs; Tobin, JN, Co-I)**

This project aims to broadly disseminate online CME-accredited training to enhance recognition and timely diagnosis of AL amyloidosis in academic and community practice settings across diverse socioeconomic groups and to utilize Electronic health records based “big data” study to enhance understanding of how AL amyloidosis is diagnosed within the NYC health care system serving a large, urban, racially, ethnically and socioeconomically diverse population.

**Accelerating Health Equity and Eliminating Diabetes Disparities in Community Health Centers (AHEAD-CHC)**

**08/01/2021 – 07/31/2026, NIDDK 2P30DK092949-11 (Chin, M, PI; Tobin, JN, Co-I)**

This project aims to create an environment that supports innovative and rigorous translational research that informs effective and sustainable health equity approaches for the prevention and management of diabetes by providing core resources that leverage multi-institutional strengths in community-engaged and health equity research, data partnerships and analytic support, and multi-level intervention design and implementation science. This initiative will build on the combined strengths of the Chicago Center for Diabetes Translational Research, Clinical Directors Network’s (CDN) network of practice-based research networks (“CDN/N<sup>2</sup> PBRN”), AllianceChicago, MidWest Clinicians Network, the National Association of Community Health Centers (NACHC) and other national partners to expand and support health center-academic partnerships, develop a collaborative diabetes translational research agenda, provide shared resources for health center data management and access, and support communication channels and tools that accelerate the translation of research findings into health center practice.

**Investigating the Predictive Role of the NLR and PLR for Measures of Cardiovascular Disease and Neurologic Outcomes in PLWH-1**

**07/01/2021 – 12/30/2022, Campbell Foundation (Evering, TH, PI; Tobin, JN, Co-PI)**

This project aims to research cardiovascular disease among people living with HIV. This initiative aims to: (1) ascertain whether certain markers can identify which people living with HIV are at higher risk of heart disease and stroke; (2) draw blood test results information from Healthix, a health information exchange (HIE), to look for two inexpensive measures of inflammation (neutrophil-to-lymphocyte ratio and platelet-to-lymphocyte ratio) to determine whether they predict if a person will have cardiovascular disease; (3) examine whether the studied measures are linked to cerebrovascular conditions – which will mark the first time researchers have explored this possible connection. Through this study, potential outcomes can help identify cardiovascular disease and neurologic outcomes in people living with HIV, which could lead to more aggressive screening and preventive measures. This study will bring together existing, real-world evidence from large population-based clinical data sets from NYC, which will include underserved and under-examined minority and low-income people living with HIV and similar HIV-1 negative patients. This will be done by looking at data – spanning from 2009 to 2019 – which involves 60,000 people living with HIV and 180,000 people who don’t have the virus but are demographically similar to those who do.

**The BETTER Project: Building Experience for Treating Trauma Exposure and Getting Resilient**  
09/13/2021 - 06/30/2026, NIMH R01MH123585 (Meredith, L, PI; Tobin, JN, Co-PI)

This project aims to improve the identification and management of PTSD by evaluating the effectiveness of delivering Written Exposure Therapy (WET), an established and brief evidence-based Psychotherapy (EBP), facilitated by Collaborative Care Management (CoCM). This initiative will build on the combined strengths of RAND Healthcare, Boston University School of Medicine, and Clinical Directors Network (CDN), an AHRQ-designated Center of Excellence (P30) for Practice-based Research and Learning. CDN engages its well-recognized network of practice-based research networks ("CDN/N<sup>2</sup> PBRN") which is comprised of Federally Qualified Health Centers (FQHCs). A total of 720 patients will be recruited and followed from 12 FQHCs.

**BREATHE: A type 1 hybrid efficacy-implementation trial of a brief shared decision-making intervention among Black adults with uncontrolled asthma in Federally Qualified Health Centers (FQHCs)**  
05/06/2021 – 02/28/2026, NINR, 1R01NR019275-01 (George, M, PI; Tobin, JN, Co-I)

The overall goal of this study is to test the efficacy of BREATHE (BRief intervention to Evaluate Asthma THERapy), a shared decision-making intervention, among low-income urban black adults with uncontrolled asthma. This initiative aims to: (1) test the efficacy of BREATHE in 200 Black adults with uncontrolled asthma in a group-randomized trial; (2) identify barriers and facilitators to the widespread adoption and implementation of BREATHE in 3 Federally Qualified Health Centers (FQHCs). This project will be conducted with 200 patients across 3 CDN member FQHCs.

**Implementation of the US PRECISION AIRQ™, Asthma Checklist, and Educational Resources (PRECISION Program) into Clinical Practice Using Telehealth and In-Person Platforms**  
03/18/2021 – ~ 09/26/2022, Evidera, EVA-26645-04 (Tobin, JN, Co-I)

This quality improvement study aims to evaluate the implementation of the AIRQ™, Asthma Checklist, and educational resources (PRECISION program) in clinical practice using telehealth and in-person platforms. The primary objective is to assess the process of implementing these tools into clinical practice during telehealth and in-person visits. The secondary objective of the proposed study is to assess patients' asthma visit experiences and explore change in AIRQ™ scores from initial visit to follow-up visits (when available). Some of the exploratory objectives of the proposed study include: (1) to explore the frequency of clinicians using the Asthma Checklist and educational resources; (2) to compare AIRQ™ scores and practice patterns by practice type; (3) to develop best practice initiatives based on how individual practices implement the program; (4) to further explore the ability of the AIRQ™ to identify various levels of asthma control in diverse populations; (5) to explore whether the use of the PRECISION tools reduces the cost of asthma-related exacerbations. This study will be conducted in 3 CDN member FQHCs.

**Enhancing Access to Cancer Clinical Trials among Underrepresented Patients by Building the Capacity of Primary Care Providers: A Study of a Novel Online Training Intervention**  
02/15/2021 – 02/14/2023, Bristol Myers Squibb, (Bylund, C, and Weiss, E PIs; Cassells, A, Co-I)

The overarching goal of the proposed study is to implement a training intervention to increase PCPs' capacity to encourage patients, particularly those from groups that are underrepresented in trials, to inquire about cancer clinical trials at the point of treatment decision making, which will demonstrate to the oncologist that the patient is receptive to and potentially interested in trial participation. The training will also encourage PCPs to reflect on their referral patterns and modify them as needed to enhance patients' access to clinical trials. The training intervention will be disseminated by CDN through its e-learning community, which reaches over 50,000 clinicians and healthcare workers nationally.

**Protecting the Mental and Physical Well-Being of Frontline Healthcare Workers During COVID-19**  
09/08/2020 – 08/31/2022, PCORI Contract COVID-2020C2-10721 (Meredith, LS, and Gidengil, C, Multiple PI; Tobin, JN, Co-PI)

The goal of the proposed project is to support the mental and physical well-being of U.S. healthcare workers (HCWs) to ensure high-quality patient-centered care. This cluster randomized controlled trial will evaluate the effectiveness of a Stress First Aid (SFA) intervention compared to usual care (UC) in hospitals, ambulatory care sites, and Federally Qualified Health Centers (FQHCs) with an embedded evaluation to understand barriers and facilitators. This initiative aims to: (1) test the comparative effectiveness of SFA versus UC on HCW mental and physical well-being; (2) understand and document any UC activities to support HCW well-being prior to implementing SFA; and (3) assess HCWs/sites' experiences with SFA (acceptability, likelihood of uptake, lessons learned) and impact on HCW well-being. Three cohorts in approximately 40 diverse healthcare sites (12 pairs of matched hospitals and 10 pairs of primary care sites, including 10 CDN member FQHCs) will participate.

## **Diagnostic Safety Capacity Building**

**08/01/2019 – 07/31/2024, AHRQ ACTION III Grant #75P00119R00265 (Goeschel, C, PI; Tobin, JN, Co-PI)**

This project aims to improve diagnostic safety and quality in primary care settings. Through this initiative, tools and resources for improving communication among providers and for engaging patients and families in the diagnostic process will be developed, pilot tested and implemented in five health centers that are members of CDN's Practice-Based Research Network (PBRN). Project findings, including best practices for reducing diagnostic errors in primary care, will be disseminated by CDN through its web-based CME-accredited clinician training program that reaches over 50,000 clinicians and health professionals nationally and internationally.

## **Dynamically Tailoring Interventions for Problem-Solving in Diabetes Self-Management Using Self-Monitoring Data**

**04/01/2019 – 03/31/2025, NIDDK Grant #1 R01 DK113189-01A1 (Mamykina, L, PI; Tobin, JN, Co-PI)**

In this project, Columbia University, Clinical Directors Network and Georgia Institute of Technology will develop and evaluate a new decision-support tool, Mobile Diabetes Detective (MODD2), which will facilitate problem-solving in diabetes using the GlucoType Smartphone app to help individuals to keep track and review the past history of their behaviors (e.g., meals and blood glucose levels), and review and choose personalized goals that are consistent with their own preferences. Building on prior work that identified a set of strategies used by diabetes educators to foster diabetes problem-solving, MODD2 will help individuals identify personally significant challenges in diabetes management, generate alternatives for removing these barriers, evaluate the alternatives through simple experiments, and monitor their outcomes.

## **Preventing Tipping Points in High Comorbidity Patients: A Lifeline from Health Coaches**

**01/01/2019 – 07/30/2027, PCORI Grant #IHS-2017C3-8923 (Tobin, JN, PI; Charlson, M, Co-PI)**

This project aims to determine whether Federally Qualified Health Centers (FQHCs) with level 3 patient-centered medical home (PCMH) designation that provide health coaches to help patients with high medical comorbidity to intervene on social determinants of health factors are more effective than PCMH Level 3 FQHCs that provide standard of care in reducing destabilization in 1920 patients across 16 FQHCs in New York City, NY and Chicago, IL. Hospitalization outcomes will be assessed using PCORnet CDRNs in NY (NYC-CDRN) and Chicago (CAPriCORN).

## **Health Choice Network (HCN) Capacity Building Project (CHECS2)**

**06/01/2018 – 05/31/2023, NCATS/Miami CTSI Grant # 1UL1TR002736-01 (Sacco, RL, PI)**

HCN in collaboration with AllianceChicago and the University of Miami, will participate and execute work as described in a plan for capacity building and research engagement of key stakeholders in the HCN network of community health centers. The overall specific aims of this project are to provide education, training, career development, and mentoring to enhance research excellence in our C/T research workforce, advance C/T research through partnerships and innovative methods of engaging diverse stakeholders, integrate disciplines and translational phases to accelerate discovery that benefits the health of diverse populations and individuals across the lifespan, ensure research processes expedite the conduct of research, add to our understanding of the principles of advancing translational science, and manage a dynamic program of informatics and computational functionality, training, consultation, and development for researchers to effectively use technology to advance their research.

## **Improving Cardiovascular Health Through Implementation of a DASH-Diet-Based Multi-Component Intervention with Senior Services Programs Serving Low Income and Minority Seniors**

**09/01/2018 – 08/31/2020, ACL Grant #90INNU007-01-00 (Guishard, D, PI; Tobin, JN, Co-PI)**

The Carter Burden Network (CBN) will work with Clinical Directors Network, Inc. and Rockefeller University to test the Dietary Approaches to Stop Hypertension (DASH)-diet-based multi-component intervention to lower blood pressure in two of its senior centers to address the high cardiovascular risk of uncontrolled hypertension among seniors and introduce innovation into its nutritional program. Replacement of a typical Western diet with the DASH diet has been proven to reduce blood pressure in hypertensive and normotensive individuals in as little as 14 days, yet effective implementation has been lacking, and it is untested in community-living seniors. The intervention will include health education, participant input into menu design, an incremental transition of current menus to DASH-concordant menus, and recurrent blood pressure monitoring. The primary outcome will be the change in mean systolic blood pressure at six months after full DASH implementation, compared to baseline.

## **Implementation Research: Translating the ABCS into HIV Care (GREAT2)**

**06/01/2018 – 05/31/2024, NHLBI Grant #1 U01 HL142107-01 (Tobin, JN; Fiscella, K, Multiple PIs)**

This project seeks to evaluate the impact of the implementation of an evidence-based, multilevel strategy to reduce cardiovascular disease (CVD) risk, "Million Hearts" among 600 HIV patients in 9 practices in NYC, Rochester, NY and Dallas, TX. Million Hearts focuses on the ABCS (Aspirin, Blood Pressure Control, Cholesterol Control and Smoking Cessation). Implementation strategies include patient activation, short messaging service texting, clinician educational outreach, audit and feedback, and organizational leadership engagement.

## **INSIGHT Network**

**11/15/2018 – 11/14/2020, PCORI PCRF (Kaushal, R, PI; Tobin, JN, Co-PI)**

The INSIGHT Network, (formerly known as the New York City Clinical Data Research Network, NYC-CDRN) includes 20 organizations – representing academic medical centers with their health systems and clinical and translational science centers, patients, and advocates, Federally Qualified Health Centers (FQHCs), health information exchanges (HIEs), public and private health plans, and research institutions – that developed a patient-centered, sustainable network for conducting people-centered research. INSIGHT has created a high-quality, research-ready central data repository of complete, comprehensive, timely data for more than 10 million diverse, urban patients, streamlined services to improve the effectiveness and efficiency of multi-site research.

## **Extended-Release/Long Acting (ER/LA) Opioid Analgesics Risk Evaluation and Mitigation Strategy (REMS): Patient Survey (RPC)**

**07/01/2018 – 01/01/2023, inVentiv Health Consulting, Inc. (Tobin, JN, PI)**

The primary objective of the study is to assess patients' knowledge related to ER/LA opioid analgesics. In addition, we will determine whether patients received the ERLA-related Medication Guide and/or Patient Counseling Document (PCD) and from whom, and whether they read and understood the Medication Guide and/or PCD. We will conduct a cross-sectional survey of 300 Medicare- and/or Medicaid-insured patients to whom at least one prescription for ER/LA opioid analgesics has been prescribed within the most recent 12 months as identified in their Electronic Health Records. Patients who did not fill a prescription for an ER/LA opioid will be excluded from the study. We will also conduct a survey of up to 50 caregivers of patients to whom ER/LA opioids have been prescribed in the last 12 months. A caregiver is defined as a person who is present with the patient on visits with a provider when an ER/LA analgesic is prescribed or discussed and/or who helps the patient use the medication as directed. In order to maximize the inclusion of a variety of sociodemographic groups, we will offer an interviewer-administered, in-person or over the phone survey, as well as a self-administered web-based survey. Surveys will be offered in both English and Spanish. The duration of the survey is approximately 20 minutes. Following the completion of the survey, patients will be compensated \$30, for their participation in the study.

## **Collaborations for Health and Empowered Community-based Scientists (CHECS)**

**07/01/2017 – 06/30/2019, PCORI Grant #6043-ACCH**

CHECS will provide a patient-centered outcomes research (PCOR) community-based curriculum, designed to engage Community Health Centers (CHCs) in the PCOR process to achieve successful uptake of research and dissemination. In Year 1, CHECS will utilize CDN's previously funded Eugene Washington PCORI training curriculum and develop new training webcasts. Training webcasts will be available online to watch in a self-directed learning experience or as a group. CDN will record each live webcast and content can be viewed on-demand. Webcasts will be accredited for CME, CNE, CE-SW, and CHES credits. The focus of Year 2 is to identify participants through a competitive application process, to attend seminar-style training sessions. These sessions will be disseminated to individuals who successfully completed the online training in Year 1. Up to 20 individuals/groups will be selected to participate in mentorship workshops and in-person trainings to support the development of a research proposal. To date, 3 webcasts have been conducted in the fall of 2017. All webcasts have been posted in CDN's webcast library at [www.CDNNetwork.org/Library](http://www.CDNNetwork.org/Library), as well as the CHECS project dissemination page at [www.CDNNetwork.org/CHECS](http://www.CDNNetwork.org/CHECS).

## **Patient-Centered HCV Care via Telemedicine for Individuals on Opiate Substitution Therapy: A Stepped Wedge Cluster Randomized Controlled Trial**

**09/01/2016 – 12/31/2021 (2/28/23), PCORI Grant #1507-31640 (Talal, AH, PI; Tobin, JN, Co-PI; Brown, LS, Co-PI; Des Jarlais, DC, Co-PI)**

The primary aim of the study is to compare the effectiveness of patient-centered delivery of HCV care through telemedicine versus referral to an offsite liver or infectious diseases specialist, which is the current standard of care. Our secondary aims include: 1) comparison of patient satisfaction with health care delivery between the two arms, 2) comparison of treatment initiation and treatment completion rates between both arms, 3) comparison of patient adherence between both arms, and 4) evaluation of patient satisfaction with the telemedicine-based treatment approach.

## **Extended-Release/Long Acting (ER/LA) Opioid Post-Marketing Requirement Studies: Observational Study 1A**

**07/01/2015 – 06/01/2022, FDA (Tobin, JN, Co-PI)**

This project aims to quantify the serious risks of misuse, abuse, and addiction associated with long-term use of opioid analgesics for management of chronic pain among patients prescribed ER/LA opioid products. Additionally, the project purposes to estimate the incidence and risk of misuses, abuse, and addiction; evaluate and describe deaths and overdoses encountered among the recruited patient population; and qualitatively assess risk related to efficacy. The study aims to recruit a total of 300 patients across two PBRNs, and builds on a multi-stakeholder collaboration, including Campbell Alliance, Ltd, Kaiser Permanente Northwest, Group Health Cooperative and two CDN-Member Practice Based Research Networks (PBRNs), Montefiore Medical Center and University of Florida.

## **New York City Clinical Data Research Network (NYC-CDRN)**

**08/31/2015 – 12/01/2018, R-1306-03961, PCORI CDRN (Kaushal, R, PI; Tobin, JN, Co-PI)**

The goal of this PCORI-funded initiative is to create the New York Clinical Data Research Network (NY-CDRN) through existing partnerships across five academic medical centers and a research university that all have actively collaborating Clinical and Translational Science Centers (CTSCs), one Practice-Based Research Network (PBRN) of Federally Qualified Health Centers, New York State Department of Health, a health information exchange organization, a clinical trial research entity to which three of the academic medical centers already belong, a genome center to which all six academic medical centers belong, a new tech campus with a focus on developing new technologies to capture consumer health information, and two consumer organizations, Consumer Reports and the Center for Medical Consumers. This Clinical Data Research Network, housed at Weill Cornell Medical College, will create the opportunity for regular, ongoing facilitated exchange of research practices, educational and training resources, faculty expertise, collaborative development, pooled analyses, shared infrastructure development, and fundraising through limited task-orders (see [www.nyccdrn.org](http://www.nyccdrn.org)).

## **Chicago Area Patient Centered Outcomes Research Network (CAPriCORN)**

**08/31/2015 – 12/01/2018, R-1306-04737, PCORI CDRN, (Mazany, T, PI; Tobin, JN, Co-PI)**

CAPriCORN builds off of Chicago-based University Health System Consortium (UHC), an alliance of 119 nonprofit academic medical centers, over 300 affiliated hospitals, and nearly 100 faculty practice plans. In alliance with UHC Northwestern University, University of Illinois at Chicago, Rush University Medical Center, Loyola University Chicago, University of Chicago Medical Center, Northshore University Health System, and Cook County Health and Hospital System to expand knowledge production and information infrastructure. CAPriCORN will also utilize Federally Qualified Health Centers (Clinical Directors Network) to implement the overall strategy which is to build upon the strengths of our participating institutions and existing collaborations to develop a cross-cutting infrastructure for sustainable, population-wide and patient-centered CER in Chicago (see <http://capricorncdrn.org>).

## **Guide to Improving Patient Safety in Primary Care Settings by Engaging Patients and Families (ACTION III)**

**09/25/2015 – 12/24/2018, HHSP233201500022I, AHRQ ACTION III (Hatlie, MJ, PI; Tobin, JN, Co-PI)**

The goal of the present study is to examine significant advancements in patient and family involvement in patient safety within the ambulatory care setting. The ACTION III project team aims to actively engage organizational commitment to hearing the patient and family voice, as well as include them as important members of the healthcare team. Second, institutional courage is required to openly share events and engage patients in developing solutions that prevent harm. Third, supportive infrastructure is needed to hardwire Patient and family engagement (PFE) into practice process and workflow. Fourth, patients and families demand meaningful engagement in harm prevention efforts. Fifth, when done well, patient engagement yields important and measurable results. Currently, project partners have committed their resources, capacities and expertise to fulfilling the ACTION III task order. Our primary care practice collaborators from MedStar Health (MSH), Prince Georges County Department of Health (PG-DOH), Capital Area Primary Care Research Network (CAPRICORN), Iowa Healthcare Collaborative (IHC), Clinical Directors Network, Inc. (CDN) and the national pharmacy partner, CVS Health, will be a diverse test-bed for intervention and Guide field testing and evaluation.

## **Obesity and Adolescent Pregnancy: Building a De-identified Electronic Health Record Clinical Database to Examine the Biological and Social Determinants of Nutritional Status, Pregnancy and Birth Outcomes (Sackler)**

**01/25/2015 – 12/31/2018, 8 UL1 TR000043, NYAS/RU-CCTS (Tobin, JN, PI)**

This proposed “Big Data” study addresses the disproportionate health burdens experienced by obese adolescents and their infants up to the age of 24 months. This community-academic partnership involves the creation of a multisite de-identified Electronic Health Record (EHR) database that will demonstrate the feasibility of using available clinical measures to explore associations and identify targets for future interventions to address adolescent nutritional and pregnancy outcomes. Partnering New York City Health Centers (n= 4) and Hospitals (n= 4) are working with The Rockefeller University, The Sackler Institute for Nutrition Science and Clinical Directors Network (CDN) to build a de-identified database extracted from EHR data from all female adolescents, aged 12-21 years and their offspring through 24 months, who received their primary care at these eight (8) sites between 2011-2015. This time period covers all preconception, prenatal, postnatal and pediatric visits.

## **Patient-centered CER Study of Home-based Interventions to Prevent CA-MRSA Infection Recurrence (CAMP2)**

**01/01/2015 – 12/31/2017, CER 1402 10800, PCORI (Tobin, JN, PI; Kost, R, Tomasz, A, Co-PIs)**

This project aims to reduce the significant patient burden associated with recurrent Community-Acquired Methicillin-Resistant *Staphylococcus aureus* (CA-MRSA) infections by engaging Community Health Workers/Promotoras to implement a home-based intervention that provides patients and household members with decolonization and household decontamination strategies to patients in Federally Qualified Health Centers (FQHCs) with recurrent CA-MRSA skin and soft tissue infections (SSTIs). The central hypothesis is that increases in MRSA knowledge, prevention self-efficacy, and

decision-making autonomy will improve prevention behaviors, thereby reducing patient colonization and environmental contamination, which will lead to improved patient-centered, clinical, and public health outcomes. This project builds on a multi-stakeholder collaboration, including Clinical Directors Network (CDN), The Rockefeller University Center for Clinical and Translational Science (RU-CCTS), and Community Health Centers (CHCs) clinicians and staff. The study recruited a total of 179 patients across seven CHCs.

### **Human Immune Response to *Staphylococcus aureus* Infection**

**10/01/2014 – 09/01/2015, UL1 TR 000043, NCATS/RU-CCTS (Sela, U, PI; Fischetti, V, Tobin, JN, Co-PIs)**

This study will focus on an unresolved and common feature of human infections with *Staphylococcus aureus*, its recurrence, which is mostly due to skin and soft tissue infections (SSTIs). The aim of the study is to evaluate whether T cell immunity is protective against recurrent infections by comparing responses to *S. aureus* antigens by T cells derived from patients with a single *S. aureus* infection to T cells derived from those with recurrent infections. Finding the T cells confer protection from *S. aureus* infections will change our approach in designing a successful staphylococcal vaccine. This pilot project will use the infrastructure established by the CA-MRSA Project (CAMP) that already studied 129 patients with SSTIs. This will engage them in understanding the potential significance of T-cell function and virulence factors in contributing to clinical recurrence. It will facilitate the identification and study of the target population, and allow for participation in ongoing community-academic health learning collaborative that has been generating, conducting and disseminating research on community associated MRSA. The study aims to recruit a total of 22 patients through its collaboration with three CDN Community Health Centers.

### **Metabolic Outcomes After Sleeve Gastrectomy for Obesity and Diabetes (BMOP)**

**10/01/2014 – 09/01/2015, 8 UL1 TR000043, NCATS/RU-CCTS (Emiliano, Ana, PI)**

The goal of the present study is to evaluate the metabolic outcomes resulting from sleeve gastrectomy in light of individual baseline characteristics of obese patients with type 2 diabetes. In addition, we will also perform a mechanistic study of glucose regulation acutely after sleeve gastrectomy and determine whether what happens early on is an indicator of long-term outcomes in diabetes management. Furthermore, we will conduct an analysis of patient-centered outcomes, such as energy level and emotional wellbeing, as they may be important determinants of treatment selection. This project will be conducted in collaboration with Clinical Directors Network, and the Lutheran Family Health Center Network. The project will pursue the following aims: evaluate whether patients' baseline clinical and metabolic characteristics determine sleeve gastrectomy's metabolic outcomes; investigate if early glycemic changes after sleeve gastrectomy are harbinger of diabetes clinical control at later stages; and measure patient-centered outcomes. The study aims to recruit a total of 15 patients from the Lutheran Family Health Centers.

### **Enhancing Community Health Center PCOR Engagement (EnCoRE)**

**06/09/2014 – 03/31/2016, NCHR 1000-30-10-10 EA-0001, PCORI (Tobin, JN, PI; Proser, M, Co-PI)**

This project aims to adapt, enhance, disseminate, and implement an existing curriculum designed to educate Health Center patients, clinicians, and other staff in Patient Centered Outcomes Research (PCOR) through the use of webinars, "homework assignments," and skill-building resources. Metrics have been established to evaluate the extent to which the goal of increasing the number of "research engaged" Health Centers has been achieved. This goal will be achieved by strengthening infrastructure in comparative effectiveness patient centered outcomes research, delivering online training content, disseminating training resources, and by providing a supportive learning community to enable Health Center Teams to develop and submit high quality competitive research for funding. Clinical Directors Network will work with multiple partners including the National Association of Community Health Centers (NACHC), the Association of Asian Pacific Community Health Organizations (AAPCHO), the Institute for Community Health (ICH) a Harvard-affiliated institute, South Carolina Primary Care Association (SCPCA), and Access Community Health Network.

### **Capacity Building Assistance (CBA) for High-Impact HIV Prevention (HIP)**

**04/01/2014 – 03/31/2019, 1U65PS004408-01, CDC (Cicatelli, B, PI; Tobin, JN, Co-Investigator)**

Clinical Directors Network (CDN) will work in collaboration with Cicatelli Associates Inc. (CAI) in the delivery of Capacity Building Assistance (CBA) – training, technical assistance and the provision of information – to increase accessibility and availability of CBA to Healthcare Organizations (HCOs); increase utilization of CBA by HCOs; and improve the capacity of HCOs to implement High-Impact HIV Prevention (HIP) and supporting activities, including increases in knowledge, skills and self-efficacy among HCOs' workforce. The primary goal of this cooperative agreement is to reduce the number of HIV infections and increase the proportion of people living with HIV that are virally suppressed by providing CBA to HCOs to plan, implement, and sustain high-impact approaches to HIV prevention. The three primary component areas of focus for CBA are: 1) HIV Testing; 2) Prevention with HIV-Positive Persons; and 3) Prevention with High-Risk HIV-Negative Persons.

## **Addressing HIV Treatment Disparities Using a Self-Management Program and Interactive Personal Health Record (GREAT)**

**06/01/2014 – 05/30/2017, R-1306-03104, PCORI, (Fiscella, K, PI; Tobin, JN, Co-PI)**

Improving patient empowerment represents an important way to reduce inequities in patient adherence and outcomes. This is particularly so for patients living with chronic conditions such as HIV infection that require active patient involvement. Our team, at University of Rochester School of Medicine, which includes HIV patients, clinicians, and HIV organizations, developed a training program to use a personal health record (PHR) for people living with HIV. The project will work with 120 patients across four Health Centers in upstate New York (University of Rochester School of Medicine), and NYC (Clinical Directors Network). The project has four major aims: (1) to improve patient empowerment; (2) to increase patients' receipt of evidence-based care; (3) to improve patients' health; (4) to reduce disparities in empowerment.

## **Blood Pressure-Visit Intensification for Successful Improvement of Treatment (BPVISIT)**

**09/01/2013 – 06/30/2018, 1R18HL117801-01, NHLBI (Fiscella, K, Tobin, JN, Multiple PIs)**

The primary aim of this research project, conducted in collaboration with the University of Rochester School of Medicine, is to improve clinician implementation of the JNC-7/8 guidelines for monthly visits for hypertensive patients with uncontrolled BP. The central hypothesis for the project is that targeting clinician awareness, attitudes, skills and routines relevant to this recommendation will improve patient visit frequency. The project will be conducted with 2,400 patients across 12 NY/NJ Community Health Centers.

## **Collaborative Care to Reduce Depression and Increase Cancer Screening among Low-Income Urban Women (PCM3)**

**07/01/2013 – 06/30/2016, IH-12-11-4522, PCORI (Tobin, JN, PI; Weiss, E, Co-PI)**

The major goal of this project is to ascertain whether an intervention that addresses depression and cancer screening needs at the same time among women ages 50-64 in the Bronx is more effective at improving cancer screening and patient-reported outcomes for women with depression than an existing, previously tested cancer screening intervention alone. This project will be conducted in collaboration with three Community Health Centers, two Community-based organizations in Bronx, NY, two Practice-Based Research Networks (PBRNs), including Clinical Directors Network, The New York City Research and Improvement Networking Group (NYC RING), and the Albert Einstein College of Medicine of Yeshiva University. A total of 756 women aged 50-64 will be enrolled in the study.

## **Hospital-Acquired Methicillin-Resistant Staphylococcus aureus Pilot Project (HA-MRSA Pilot)**

**10/03/2013 – 10/02/2014, 8 UL1 TR000043, NCATS/RU-CCTS (Tobin, JN, PI)**

This project builds upon the CA-MRSA Project, a joint effort between Clinical Directors Network and The Rockefeller University Center for Clinical and Translational Science (funded by NIH-NCATS Grant #8-UL1-TR000043). While our initial studies established treatment guidelines and identified clinical, epidemiological, and microbiological risk factors of CA-MRSA in Community Health Centers (CHCs), we will now extend our surveillance network by studying the clinical and microbiological characteristics of HA-MRSA in the same communities to allow for simultaneous examinations of HA-MRSA and CA-MRSA clones. The overall goal is to understand the differences in phenotype and genotype between CA-MRSA and HA-MRSA, and the increasing occurrence of CA-MRSA strains in hospitals. This project will expand our CA-MRSA Surveillance Network to a wider range of healthcare providers by engaging two hospitals and their ambulatory care centers to enroll MRSA patients for clinical and microbiological analyses.

## **Hepatitis C Pilot Project: Screening and Community Outreach, Engagement Pilot Project**

**10/03/2013 – 10/02/2014, 8 UL1 TR000043, NCATS/RU-CCTS (Tobin, JN, PI)**

This project aims to apply the model established by the CA-MRSA Project (CAMP), a joint effort between Clinical Directors Network (CDN) and The Rockefeller University Center for Clinical and Translational Science (RU-CCTS) (funded by an administrative supplement by the National Institutes of Health National Center for Advancing Translational Sciences (NIH-NCATS): Grant # 8-UL1-TR000043), for screening, treatment, and clinician and community awareness and outreach of Hepatitis C (HCV). The goals of this project are: (1) to determine current prevalence and practices associated with identifying and managing HCV in Community Health Centers (CHCs) and to establish levels of knowledge and awareness of HCV by CHC Clinicians, (2) ascertain diagnosis and treatment rates in CHCs, and (3) to provide community HCV health education and outreach emphasizing prevention as well as timely diagnosis and treatment.

## **Methicillin-Resistant Staphylococcus aureus PBRN Pilot Project: Expanding CA-MRSA Surveillance to a PBRN-Based Network of Networks (CA-MRSA PBRN Pilot)**

**10/03/2012 – 06/30/2012, ULTR000043, NCATS (Tobin, JN, PI)**

The goal of this project is to build upon the existing Community-Associated Methicillin-Resistant Staphylococcus Aureus Project (CAMP), a joint effort between Clinical Directors Network (CDN) and The Rockefeller University Center for Clinical and Translational Science (RU-CCTS), by recruiting two additional Practice-Based Research Networks (PBRNs) in addition

to Clinical Directors Network (CDN) to replicate the CAMP study in local Community Health Centers (CHCs) to assess the feasibility of and lay the groundwork for an expanded Network of Networks (N<sup>2</sup>): a CA-MRSA Surveillance PBRN-Based Network of Networks. A total of 24 patients across three Community Health Centers in the Bronx were enrolled in the study.

**Methicillin-Resistant Staphylococcus aureus Community Engagement Research Project in the Barbershops and Beauty Salon Settings: Establishing a Barbershop CA-MRSA Surveillance Network (CA-MRSA Barbershop Pilot)  
10/03/2012 – 06/30/2012, ULTR000043, NCATS (Tobin, JN, PI; Burgess, R, Co-PI)**

Due to the effective outreach strategy of health interventions within African American barbershops, the goal of this project is to build upon the existing Community-Associated Methicillin-Resistant Staphylococcus Aureus Project (CAMP), a joint effort area among Clinical Directors Network (CDN), The Rockefeller University Center for Clinical and Translational Science (RU-CCTS), and Community Health Centers (CHCs) to create the initial infrastructure to assess prevalence and practices associated with identifying, diagnosing and managing MRSA in the CHC settings in the NY Metropolitan area, through public health education and occupational safety and health awareness targeted at appearance enhancement specialists, business owners, clients, and community members to increase occupational and community awareness of Community-Acquired Methicillin-Resistant Staphylococcus Aureus (CA-MRSA) infection risk, prevention of transmission, and referrals to primary care for timely diagnosis and treatment.

**Collaborative Participatory Assessment of the Research Participant Experience in Community Based Research Pilot (CBPR)**

**09/01/2012 – 08/30/2013, ULTR000043, NCATS (Kost, RG, PI; Tobin, JN, Co-PI)**

The goal of this project is to engage collaboratively with ethnically and racially diverse communities, and the clinicians and community researchers who work with them at four Federally Qualified Health Centers (FQHCs) that are members of Clinical Directors Network's (CDN) Practice-Based Research Network (PBRN), in order to conduct an exploratory qualitative assessment of the perceptions of community-based research participants regarding their experiences enrolling in research studies. The project in collaboration with The Rockefeller University Center for Clinical and Translational Science (RU-CCTS) will also assess the perceptions of community clinician/researchers conducting research with participants from the community. The objective is to compare the differences between perceptions in the academic-medical-center based research with those in the community-based research settings.

**N<sup>2</sup>: Building a Network of Safety-Net PBRNs**

**09/01/2012 – 08/31/2018, 1 P30 HS 021667-01, AHRQ (Tobin, JN, PI)**

The goal of this project is to accelerate selection, start up and completion of research in primary care and dissemination and implementation of research into practice, and will provide the opportunity for regular, ongoing facilitated exchange of research-based practices, educational and training resources, faculty expertise, collaborative grant proposal development, pooled analyses, shared infrastructure development, and fundraising through AHRQ task-orders. This project will be conducted in collaboration with eight established Practice-Based Research Networks (PBRNs), Access Community Health Network (Chicago, IL), The Alliance of Chicago (Chicago, IL), Association of Asian Pacific Community Health Organization (Oakland, CA), Center for Community Health Education Research and Service (Boston, MA), Clinical Directors Network, Inc. (CDN, Lead PBRN, New York, NY), The Fenway Institute (Boston, MA), Oregon Community Health Information Network (Portland, OR) and New York City Research and Improvement Group (Bronx, NY). The eight PBRNs cover 16 states, and includes nearly 200 active practices, both urban and rural, from a network of over 600 practices, representing over 2,700 FTE physicians, 1,750 FTE nurses, and nearly 2,500 FTE other medical personnel who care for over 4 million patients. N<sup>2</sup> PBRN members are affiliated with important academic health centers and research organizations, including The Rockefeller University, Columbia University College of Physicians and Surgeons, Dartmouth Medical School, Yale University, New York University Langone School of Medicine, University of Miami Miller School of Medicine, University of California/San Francisco, University of Michigan, Northwestern University, University of Chicago, University of Illinois at Chicago, Harvard University, Tufts University, Boston University, Kaiser Permanente Center for Health Policy Research, University of Washington, University of Oregon, Oregon Health and Science University and Albert Einstein College of Medicine of Yeshiva University.

**Technology Enabled Patient Self-Management (TEPSM)/The iPod Study for People Living with HIV**

**08/01/2012 – 07/31/2013, 3U01CA116924-05S4, NCI (Fiscella, K, PI; Tobin, JN, Co-PI)**

The purpose of this project is to use Community Based Participatory Research (CBPR) to pilot an intervention to improve patient self-management (PSM) in cancer risk reduction among People Living with HIV (PLH) using iPod Touch devices through group-based training. This project was a collaboration with University of Rochester School of Medicine. The project was conducted with 60 patients across two Community Health Centers. .

## **Research Training Website: Online Training Resources to Support Research Conducted by Federally Qualified Health Centers (FQHCs)**

**11/17/2011 – 12/31/2012, NACHC (Proser, M, PI; Tobin, JN, Co-PI)**

In order to address the emerging needs of Community Health Centers (CHCs) participating in research, data from an online survey that queried over 1,000 CHCs was used to develop a new training website. This website is organized into a series of categories with research resources that cover a range of topics and stages of engagement. These web-based resources can be used to build free, on-demand training programs for both individuals and groups at FQHCs. Many of these resources carry Continuing Education (CE) Credits. This project is in collaboration with the Clinical and Translational Science Institute at the Children's Medical Center, the George Washington University School of Public Health and Health Services, the National Association of Community Health Centers (NACHC) and the Association of Asian Pacific Community Health Organizations (AAPCHO).

## **Community Acquired Methicillin-Resistant *Staphylococcus Aureus* (CA-MRSA) Surveillance Infrastructure Project**

**10/03/2011 – 06/30/2013, 8 UL1 TR000043, NCATS (Tobin, JN, PI; Tomasz, A, Co-PI; Kost, R, Co-PI)**  
Clinical Directors Network and The Rockefeller University is conducting a Center of Clinical and Translational Sciences (CCTS) funded pilot project with six Community Health Centers to promote Community Engagement Research activities through a collaborative project that is building on community capacity and trusting community relationships, and provides an infrastructure to support research in one of the most important public health issues facing the United States. The goal of this research is to gain insight into participating communities' needs for education. The study aims to recruit a total of 129 subjects with SSTI infections from six participating Clinical Health Centers. Data will be collected regarding participants' demographics, dermatological symptoms, co-morbidities, healthcare utilization, medication adherence, network and environmental exposures, and quality of life. Clinicians will take samples from wounds for laboratory analysis and patient follow up will occur one month after the primary visit.

## **Ambulatory Surgical Centers (ASC) Community Engagement and Community Acquired Methicillin-Resistant *Staphylococcus Aureus* (CA-MRSA) Surveillance**

**10/03/2011 – 06/30/2012; 8 UL1 TR000043, NCATS (Tobin, JN, PI)**  
Clinical Directors Network and The Rockefeller University conducted a Center of Clinical and Translational Sciences (CCTS) funded project to engage and build relationships with six Ambulatory Surgical Centers (ASCs). The project also aimed to understand knowledge, attitudes, and practices among ASC clinicians, and to gather information from electronic medical records to determine the prevalence of CA-MRSA and HA-MRSA in ASCs that are adjacent to the CDN-Rockefeller CA-MRSA CHC Surveillance Network.

## **Research Participant Survey in Community Based Research Participants**

**10/03/2011 – 06/31/2012; 8 UL1 TR000043, NIH/NCATS (Kost, R, PI; Tobin, JN, Co-PI)**  
Clinical Directors Network and The Rockefeller University conducted a Center of Clinical and Translational Sciences (CCTS) funded project to evaluate the validity of an existing Research Participant Perception Survey (RPPS) by applying it to Community Based Research Participant populations using qualitative survey development methods and community based participatory collaboration.

## **Investigating Problem-Solving in Diabetes Management (MODD)**

**09/06/2011 – 08/31/2016; 1R01 DK090372-01A1, NIDDK (Hripcsak, G, PI; Tobin, JN, Co-PI)**  
Clinical Directors Network and Columbia University College of Physicians and Surgeons are conducting a project to develop and evaluate a new breed of decision-support tools that will facilitate problem-solving in diabetes using a combination of an interactive website and SMS messaging service. The long term goal of this research is to develop theoretically-grounded, practice-based HIT interventions for facilitating effective diabetes self-management through problem-solving, experimentation, and discovery. A total of 247 patients were recruited from eight Community Health Centers.

## **Community Acquired Methicillin-Resistant *Staphylococcus Aureus* (CAMP) Study**

**07/14/2011-07/08/2013, 8 UL1 TR000043, NCATS (Tobin, JN, PI)**  
The goal of this research is to gain insight into participating communities' needs for education regarding Methicillin-Resistant *Staphylococcus Aureus*. The study recruited a total of 129 subjects with skin and soft tissue infections (SSTIs) from six participating Clinical Health Centers (CHCs). Data is being collected regarding participants' demographics, dermatological symptoms, co-morbidities, healthcare utilization, medication adherence, network and environmental exposures, and quality of life. Clinicians have taken samples from wounds for laboratory analysis and patient follow up is administered one month after the primary visit, while chart reviews are administered three months after the primary visit. All data is stored in a secure online database. This study was a collaboration between Clinical Directors Network, The Rockefeller University and CHCs.

**Education and Outreach to Healthcare Providers in Ambulatory Surgical Centers (ASCs) for the Prevention and Reduction of Healthcare Associated Infections (HAIs): Development and Administration of HAI Prevention Training 09/20/2010 – 09/19/2011; DHHS/CDC (Tobin, JN, PI)**

The US Department of Health and Human Services Office of the Regional Health Administrator contracted with Clinical Directors Network and the Academia de Directores Médicos de Puerto Rico (Puerto Rican Academy of Medical Directors) to develop and implement Healthcare Associated Infection (HAI) Prevention Trainings for Ambulatory Surgical Centers' (ASCs) Healthcare Workers in Puerto Rico, New York and New Jersey. The project was conducted in order to train and educate healthcare workers from Ambulatory Surgical Centers (ASCs) located in the United States Public Health Service Region II (New York, New Jersey, Puerto Rico and the U.S. Virgin Islands) about infection prevention and control practices in order to decrease the number of HAIs occurring among post-operative patients who receive treatment in ASCs. Activities also included: In-person training for ASC workers in New York/New Jersey; In-person training for ASC workers in Puerto Rico; A Train-the-trainer training and Web-based training.

**Community Acquired Methicillin-Resistant *Staphylococcus Aureus* (CA-MRSA) Community Engagement and Pilot Research Project**

**05/01/2010 – 06/30/2011; 8 UL1 TR000043, NCATS (Tobin, JN, PI)**

Clinical Directors Network and The Rockefeller University conducted a CCTS funded pilot project with 12 Community Health Centers (CHCs) in the NY Metropolitan area. This one-year pilot project was conducted in two phases (Phase I – Community Engagement: Phase 2 - Pilot Research, Surveillance and Specimen Sampling) and created the infrastructure necessary to assess prevalence and practices associated with identifying, diagnosing, and managing community-associated Methicillin-Resistant *Staphylococcus Aureus* (CA-MRSA) in the Community Health Center (CHC)-primary care settings. A total of 129 patients from six CHCs were recruited and followed for three months.

**Leveraging the Social Determinants of Health in Community Health Centers Project (LSDOH)**

**01/11/2010 – 01/10/2012, Kresge Foundation (Bezold, C, PI; Tobin, JN, Co-PI)**

Clinical Directors Network and the Institute for Alternative Futures and the National Association of Community Health Centers (NACHC) conducted a Kresge Foundation-funded initiative to improve individual patient and population health outcomes by combining medical care interventions with public health interventions delivered in safety-net primary care settings, such as Community Health Centers (CHCs).

**Assessment of Bleeding Symptoms in Normal Individuals Using a Comprehensive Bleeding History Phenotyping Instrument**

**09/01/2009 – 08/31/2010, 8 UL1 TR000043, NCATS (Coller, B, PI; Tobin, JN, Co-PI)**

The goal of this project was to use a comprehensive computerized questionnaire developed by scientists at The Rockefeller University Hospital to record the bleeding symptoms of normal individuals and then to assess the range and severity of bleeding symptoms in this normal population. Secondary goals included determining whether race, ethnicity, age, sex, aspirin use, and previous trauma and surgery correlated with bleeding symptoms. Two NJ Community Health Centers and 135 patients were involved in the project. This project was a collaboration with The Rockefeller University.

**Improving PTSD Management in Primary Care (VISTA2)**

**08/20/2009 – 05/31/2014, R01 MH082768, NIMH (Meredith, L, PI; Tobin, JN, Co-PI)**

The project is aimed at implementing, disseminating and testing the effectiveness of a center-level multi-component Post Traumatic Stress Disorder (PTSD) Care Improvement Program in six Community Health Centers. The proposed initiative builds on the work that Clinical Directors Network, RAND, Georgetown, and UCLA School of Medicine recently completed through the Violence and Stress Assessment (VISTA I) Project.

**Education Network to Advance Cancer Clinical Trials (ENACCT)**

**01/01/2009 – 12/31/2012, ENACCT (Michaels, M, PI)**

This pilot study sought to demonstrate how community-centered education, outreach and support services can both address informational needs and enhance access to care among those living with cancer in four communities nationwide. A series of webcasts and in-classroom presentations were produced and accredited for Continuing Education (CE) for Physicians (CME), Nurses (CNE) and Social Workers (CE-SW). Sessions included the topics of the clinical study design, recruitment, practitioner's role and study participant retention. This project was a collaboration with Education Network to Advance Cancer Clinical Trials (ENACCT).

**Mothers and Daughters: Feasibility of Promoting Maternal Pap Testing during a Child Visit**

**05/01/2008 – 09/30/2008, NYCDOHMH (Krauskopf, M, PI; Jordan, W, Co-PI; McKee, D, Co-PI)**

The goal of this pilot study was to evaluate the feasibility and effectiveness of a simple intervention to increase Pap testing in communities with low screening rates. The target population was female guardians of HPV vaccine-eligible girls

presenting to their pediatric provider. Family doctors and pediatricians were targeted with the aim of reaching at least 80 providers who would each generate at least two female guardians (total of 160) for a 3-month follow-up. This project was a collaboration with New York City Department of Health and Mental Hygiene, Mount Sinai School of Medicine and Albert Einstein College of Medicine of Yeshiva University.

**A Pilot Assessment of Voluntary Child and Adolescent Mental Health Screening in Primary Care (TEEN SCREEN)  
01/01/2008 – 12/31/2008, Columbia University College of Physicians and Surgeons (Olfson, M, PI; Tobin, JN, Co-PI)**

The aim of this project was to conduct a research study to evaluate the feasibility of incorporating the TeenScreen mental health screening protocol into routine physical examination provided to youth between the ages of 11 and 17 in Clinical Health Centers (CHCs). Two CHCs and 200 patients were involved. This project was a collaboration with Columbia University College of Physicians and Surgeons.

**Translating Effective Health Behavior Strategies into Practice for HIV+ Women/Stress Management and Relaxation  
Training-Expressive Supportive Therapy (SMART/EST III)**

**10/01/2007 – 09/30/2012, 1R1 8PS000829, CDC (Tobin, JN, PI; Weiss, SM, PI)**

The goal of this multi-site research study was to translate the SMART/EST Women's Program (SWP), an evidence-based behavioral intervention designed to enhance quality of life and improve health status for ethnically diverse, disadvantaged women living with HIV/AIDS, from the academic setting into the health care system of four HRSA-funded HCs. Five Clinical Health Centers and 428 HIV+ women were involved in the project. This project was a collaboration with University of Miami Miller School of Medicine.

**Periodontal Therapy: Effects on Glycemic Control in Community Health Centers**

**03/10/2006 – 02/29/2008, R21DE017339, NIDCR (Taylor, G, PI; Tobin, JN, Co-PI)**

The goal of this project was to establish preliminary data and procedures necessary to support the design of a multi-center randomized clinical trial (RCT) for evaluating the effect of treating periodontal infections on glycemic control in patients with type II diabetes. Four Clinical Health Centers and 200 patients were involved in the project. This project was a collaboration with the University of Michigan School of Dentistry.

**Integrating Prenatal Care to Reduce HIV/STDs Among Teens: A Translational Study (CPP)**

**08/01/2006 – 01/31/2013, R01 MH074394-0182, NIMH (Tobin, JN, PI; Ickovics, J, PI)**

The aim of this project is to reduce the risk for HIV and other sexually transmitted diseases (STDs) during and after pregnancy among adolescents and young women. Fourteen NYC-based Community Health Centers and Community Hospitals and 1,255 young women and a one-year follow-up was involved in the project. This project was a collaboration with Yale University School of Public Health and Centering Healthcare Institute.

**RCT/Increase Colon Cancer Screening in Medicaid Managed Care**

**New York Prevention Care Manager Project 2 (PCM2/MMCO)**

**08/01/2006 – 05/31/2012, R01 CA119014, NIH/NCI (Dietrich, AJ, PI; Tobin, JN, Co-PI)**

This project sought to measure the impact and costs of Prevention Care Manager (PCM) to improve cancer early detection services provided to ethnically diverse women ages 50-64 years seen in 20 Community Health Centers and Primary Care Practices in metropolitan New York City. The project included patients of three NY area Medicaid Health Plans and the Community Health Centers that worked with them to evaluate the replication, translation and sustainability of the PCM1 project, which significantly increased cancer early detection rates for cancers of the breast, cervix and colon/rectum among women aged 50-69. Twenty sites and 2,243 patients and an 18-month follow up were involved. This project was a collaboration with Dartmouth Medical School.

**e-Prescribing Pilot Project ([www.eClincian.org/ePrescribing](http://www.eClincian.org/ePrescribing))**

**09/30/2005 – 10/01/2006, NYCDOHMH (Tobin, JN, PI; Kendall, M, Co-PI)**

The goal of this Pilot Project was to explore the utility of using PDA and desktop computers, to safely and securely prescribe pharmaceuticals and to improve medication adherence and to reduce medication errors. Four Community Health Centers and 40 physicians were involved in the study which was conducted in collaboration with the Columbia University College of Physicians and Surgeons. The results of this pilot study were used to design a NYC-wide initiative to move all Community Health Center clinicians into e-Prescribing, as part of the New York City Department of Health and Mental Hygiene (NYCDOHMH) Primary Care Information Project (PCIP).

**Enhancing Family Caregivers' Strengths and Skills in Managing Older Cancer Patients' Symptoms (Cancer Caregiver)**

**09/01/2005 – 08/30/2010, R01CA115315-001, NCI (Raveis, V, PI; Tobin, JN, Co-PI)**

The purpose of this project was to implement and evaluate the efficacy of a short-term problem-solving skills training intervention program for familial caregivers to lower income, older (60+) adults diagnosed with cancer. Seven Clinical Health Centers (CHCs) and 440 cancer patients and their caregivers and a ten-month follow-up were involved. This project was a collaboration with Columbia University Mailman School of Public Health and New York University Langone School of Medicine.

### **Violence and Stress Assessment Project (VISTA I)**

**03/01/2005 – 02/28/2007, R34 MH070683-01, NIMH (Meredith, L. PI; Tobin, JN, Co-PI)**

An observational study created to enhance knowledge about and management of trauma-related mental health symptoms and disorders in primary care settings, leading toward the identification of interventions to improve trauma and post-traumatic stress disorder related care. Five Clinical Health Centers (CHCs) and 60 patients were involved. This project was a collaboration with RAND Corporation and UCLA School of Medicine.

### **Multi-Site Randomized Control Trials for Blood Pressure Control in African Americans (CAATCH)**

**09/30/2004 – 11/30/2011, R01 HL07566, NHLBI (Ogedegbe, G, PI; Tobin, JN, Co-PI)**

The goal of this project was to test the effect on blood pressure control of a multi-component, multi-level intervention targeted at physicians and patients. Community Health Center (CHC) physicians participated in ongoing case-based rounds with hypertension experts. Thirty CHCs in NYC and 1,059 patients and a one-year follow-up were involved. This project was a collaboration with New York University Langone School of Medicine and Columbia University College of Physicians and Surgeons.

### **e-Clinician Project ( [www.eClinician.org](http://www.eClinician.org) )**

**09/30/2004 – 10/01/2006, NYCDOHMH (Tobin, JN, PI; Kendall, M, Co-PI)**

The goal of this project was to improve information technology adoption in Community Health Centers (CHCs) and to encourage chronic disease prevention and care management by using electronic clinical decision-support tools at the point of care. Thirty-eight NYC-based Community Health Centers and other Community-based organizations and 696 physicians were involved in the project.

### **New York Prevention Care Manager Translation Pilot (PCM-Translation)**

**09/01/2004 – 08/31/2005, 3R01 CA87776-04S1, NCI (Dietrich, AJ, PI; Tobin, JN, Co-PI)**

Clinical Directors Network, Dartmouth Medical School and Affinity Health Plan collaborated to test the impact and measure the costs of a Prevention Care Manager (PCM) to improve cancer early detection provided to ethnically diverse women aged 50-69, seen in Community Health Centers in the New York City area. Six Community Health Centers and 1,316 patients were involved in the project.

### **Racism, Coping and Ambulatory Blood Pressure (Racism)**

**06/01/2003 – 06/30/2007, R01 HL068590-01A1, NHLBI (Brondolo, E, PI; Tobin, JN, Co-PI)**

Clinical Directors Network collaborated with St. John's University to examine the relationship between social stress, ethnic discrimination, and blood pressure. Six Community Health Centers and 720 patients and a two-week follow-up were involved in the project.

### **Internet-based Information Technology (IT) to Reduce Medical Errors in Prescribing Anti-retroviral Medications to HIV-positive Patients (HIV TIPS)**

**10/01/2002 – 09/30/2005, 1 H97HA00270-01, HRSA (Messerli, P, PI; Tobin, JN, Co-PI)**

The aim of this project was to implement and evaluate an internet-based information technology, designed to be used at point-of-care, which intended to reduce prescription medication errors and improve quality of care for HIV-positive patients in ambulatory care settings. Thirty-six Community Health Centers and 200 patients and a six-month follow-up were involved. This project was a collaboration with Columbia University Mailman School of Public Health.

### **Conditioned Placebo Effects and Treatment of Hypertension (Placebo)**

**09/01/2002 – 07/31/2006, RO1 HL73495, NHLBI (Pickering, TG, PI; Tobin, JN, Co-PI; Ader, R, Co-PI)**

The goal of this project was to examine two aspects of the placebo effect that apply to the drug treatment of hypertension (HTN), the habituation seen in patients given placebo before the active drug and the conditioned or learned response seen when placebo follows the active drug. Eight Community Health Centers and 171 patients and a 16-week follow up were involved in the project. This project was a collaboration with Columbia University College of Physicians and Surgeons and University of Rochester School of Medicine.

## **Promotion in Multi-Vitamin Supplementation Among Low-Income, Disadvantaged Patients & their Healthcare Providers (VitaGrant)**

**09/01/2002 – 09/01/2003, Antitrust Litigation Settlement Administered by the New York State Attorney General (Tobin, JN, PI)**

This project was aimed at ameliorating nutritional health inequalities by providing education training on the proper use and benefits of multi-vitamins and increasing access to multi-vitamins among minority and low-income population subgroups. This goal was achieved by developing educational webcasts on overall nutrition and vitamin supplements for adult patients and health care providers.

## **Physical Activity Counseling and Underserved Populations (PACE)**

**04/01/2002 – 07/31/2003, Robert Wood Johnson Foundation (Taylor, W, PI; Tobin, JN, Co-PI)**

The purpose of this project, sponsored by the Robert Wood Johnson Foundation, and conducted with University of Texas at Houston was to investigate the environmental facilitators and barriers of physical activity among ethnic minority, uninsured, and underinsured primary care patients. Further, this project compiled a resource inventory of physical activity facilities in the communities of the participating health care centers. This research enabled the research team to seek continued funding from the National Institutes of Health to implement a comprehensive physician-based physical activity counseling protocol that included an emphasis on environmental factors and patients' access to community resources in primary care Community Health Centers of medically underserved communities.

## **Improving Medication Adherence in Poorly Controlled Hypertensive Patients (BP ADHERENCE)**

**09/01/2001 – 08/31/2005, RO1-HL67439, NHLBI (Gerin, W, PI; Tobin, JN, Co-PI)**

This collaboration with Columbia University College of Physicians and Surgeons aimed to test the effectiveness of self-telemonitoring of home blood pressure, with feedback to both the patient and to the health care provider, in uncontrolled hypertensive patients. Twelve Community Health Centers and 576 patients and a one-year follow up were involved in the project.

## **Behavioral Interventions for Women with HIV/AIDS-NY/ Stress Management and Relaxation Training-Expressive Supportive Therapy (SMARTEST II)**

**03/01/2001 – 02/28/2006, RO1 MH61208-01A2 NIMH (Tobin, JN, PI; Weiss, SM, PI)**

The goal of this project was to test the effects of cognitive-behavioral interventions on quality of life, psychosocial and health status with women who speak English, Spanish or Creole. Eleven Community Health Centers and 450 female patients who received a 16-week intervention in either a group or individual condition and a two-year follow-up were involved. This project was a collaboration with the University of Miami Miller School of Medicine, Department of Psychiatry and Behavioral Medicine Research Center and St. John's University.

## **New York Prevention Care Management Project (PCM1)**

**09/01/2000 – 08/31/2004, R01 CA87776, NCI (Dietrich, AJ, PI; Tobin, JN, Co-PI)**

This project was a collaboration with Dartmouth Medical School and aimed to test the impact and measure the costs of a Prevention Care Manager (PCM) to improve early detection for colon, breast and cervical cancer provided to ethnically diverse women aged 50-69, seen in Community Health Centers in the New York City area. Six Community Health Centers and 1,413 patients were involved.

# CDN RESEARCH PROJECTS SUMMARY (2000-2026)

## Recruitment of CDN Community Health Center Patients into Clinical Research: Observational Experimental Studies 1992 – Present

Sponsor	Product/Study	States	# Sites	# Patients	% Female	% African American	% Latino/a
<b>ACL</b>	Improving Cardiovascular Health Through Implementation of a DASH-Diet-Based Multi-Component Intervention with Senior Services Programs Serving Low Income and Minority Seniors (DASH)	NY	2	84	68%	30%	30%
<b>ADA/CVS Health Foundation</b>	American Diabetes Association (ADA) Women's Health Initiative	NY	-	-	-	-	-
<b>AHCPR *</b>	Improving Clinical Performance of PAP Smears by Primary Care Clinicians	NY, NJ	20	457	100%	21%	32%
<b>AmFAR &amp; Various Pharmaceutical Companies</b>	Community-Based Clinical Trials Network (CBCTN) / HIV/AIDS Drug Trials	NY, NJ	6	50	24%	44%	44%
<b>CDC *</b>	Adult/Adolescent Immunization Improvement	NY, NJ, UT	8	2,200	64%	23%	17%
<b>CDC *</b>	Homeless Immunization Improvement Initiative	NY, NJ, UT	6	628	N/A	46%	28%
<b>CDC</b>	Stress Management and Relaxation Training/Expressive Supportive Therapy III (SMART/EST III) for Women with HIV/AIDS	NY, NJ, FL	5	428	100%	59%	21%
<b>CDC *</b>	Together for Tots Immunization Improvement	NY, NJ	19	30,400	41%	40%	35%
<b>DHHS *</b>	Improving Pediatric Immunization in Primary Care	NY	5	1,500	N/A	26%	34%
<b>EPA</b>	Improving Home/Environmental Management of Pediatric Asthma	NY, NJ, PA, PR, VI, MO	14	218	41%	23%	75%
<b>HRSA</b>	Improve Access to Quality Diabetes Care for Underserved Populations*	MA, CT, ME, NH, NY, PR, NJ, DC, WV, VA	16	6,000	75%	75%	25%
<b>inVentiv Health Consulting, Inc., a Syneos Health™ group company, on behalf of the RPA Participants</b>	Patients' and Caregivers' Understanding of the Serious Risks of Opioid Analgesics and How to Use These Products Safely: A Patient/Caregiver Survey	IL, FL	3	360	63%	32%	5%
<b>NCATS</b>	Assessment of Bleeding Symptoms in Normal Individuals Using a Comprehensive Bleeding History Phenotyping Instrument	NY, NJ	2	135	70%	70%	20%

# CDN RESEARCH PROJECTS SUMMARY (2000-2026)

<b>NCATS</b>	Community-Associated Methicillin-Resistant <i>Staphylococcus Aureus</i> Surveillance Network	NY	6	129	54%	48%	51%
<b>NCATS</b>	Metabolic Outcomes After Sleeve Gastrectomy For Obesity and Diabetes (BMOP) (Pilot Study)	NY	1	236	Pending	Pending	Pending
<b>NCATS</b>	Methicillin-Resistant <i>Staphylococcus aureus</i> PBRN Pilot Project: Expanding CA-MRSA Surveillance to a PBRN-Based Network of Networks (CA-MRSA PBRN Pilot)	NY, IL, TX	3	24	50%	13%	79%
<b>NCI *</b>	Community Health Centers/ Cancer Control Project (CHC/CCP)	NY, NJ, CT	64	5,537	70%	36%	30%
<b>NCI</b>	Enhancing Family Caregivers' Strengths and Skills (Cancer Caregiver)	NY,NJ	7	440	69%	30%	60%
<b>NCI</b>	New York Cancer Prevention Care Manager Translation Project (PCMT)	NY	6	1,316	100%	70%	30%
<b>NCI</b>	New York Prevention Care Manager Project (PCM1)	NY	11	1,578	100%	40%	60%
<b>NCI</b>	New York Prevention Care Manager Project (PCM2)	NY	20	2,243	100%	40%	49%
<b>NCI</b>	Center for SOcial CApital (SOCA): Promoting Multigenerational Health (Portal to Health)	NY	3	Pending	Pending	Pending	Pending
<b>NCI</b>	Technology Enabled Patient Self-Management (TEPSM)/The iPod Study for People Living with HIV (Pilot Study)	NY	2	24	63%	58%	42%
<b>NHLBI</b>	Antihypertensive & Lipid-Lowering Therapy Heart Attack Trial (ALLHAT)	NY, NJ	3	127	76%	89%	10%
<b>NHLBI</b>	Blood Pressure-Visit Intensification for Successful Improvement of Treatment (BPVISIT)	NY, NJ	12	1,566	56%	51%	24%
<b>NHLBI</b>	Conditioned Placebo Effects and the Treatment of Hypertension	NY, NJ	10	171	65%	44%	46%
<b>NHLBI</b>	Counseling African Americans to Control Hypertension (CAATCH)	NY, NJ	30	1,059	72%	100%	6%
<b>NHLBI</b>	Implementation Research: Translating the ABCS into HIV Care (GREAT2)	NY, TX	5	507	31%	56%	20%
<b>NHLBI</b>	Improving Medication Adherence in Poorly Controlled Hypertensives	NY, NJ	12	655	78%	50%	34%
<b>NHLBI</b>	Racism, Coping and Ambulatory Blood Pressure (RACISM)	NY, NJ	6	720	61%	90%	10%
<b>NIAID</b>	Community Programs for Clinical Research on AIDS (CPCRA)	NY, NJ	11	967	34%	40%	37%

## CDN RESEARCH PROJECTS SUMMARY (2000-2026)

<b>NIDA</b>	Improving the Detection of Depression, Alcohol & Substance Abuse in CHCs	NY, NJ	2	436	76%	45%	53%
<b>NIDCR</b>	Periodontal Therapy: Effects on Glycemic Control in Community Health Centers (PDRCT)	NY,NJ	4	200	64%	55%	34%
<b>NIDDK</b>	Dynamically Tailoring Interventions for Problem-Solving in Diabetes Self-Management Using Self-Monitoring Data (MODD2)	NY, NJ	6	300	60%	29%	68%
<b>NIDDK</b>	Health Information Technology (HIT) for Facilitating Problem-Solving in Diabetes Management (MODD)	NY	8	248	67%	44%	52%
<b>NIMH</b>	BETTER Project: Building Experience for Treating Trauma Exposure and Getting Resilient	NY, NJ	12	720	86%	42%	44%
<b>NIMH</b>	Improving PTSD Management in Primary Care (VISTA2)	NY, NJ	7	404	79%	32%	55%
<b>NIMH</b>	Integrating Prenatal Care to Reduce HIV/STDs Among Teens: A Translational Study (CP+)	NY	14	1,234	100%	30%	70%
<b>NIMH</b>	Stress Management and Relaxation Training/Expressive Supportive Therapy (SMART/EST I) for Women with HIV/AIDS	NY, NJ, FL	10	451	100%	55%	35%
<b>NIMH</b>	Stress Management and Relaxation Training/Expressive Supportive Therapy II (SMART/EST II) for Women with HIV/AIDS	NY, NJ, FL	10	482	100%	50%	48%
<b>NIMH</b>	Violence and Stress Assessment Project (VISTA1)	NY, NJ	5	60	100%	N/A	100%
<b>NIMHD</b>	Impact of a Community Care Intervention to Increase the Uptake of Respiratory Illness Prevention Behaviors Among Adults Suffering from Chronic Illness (Boost Your Health)	NY	6	800	75%	63%	39%
<b>NINR</b>	BREATHE: A type 1 hybrid efficacy-implementation trial of a brief shared decision-making intervention among Black adults with uncontrolled asthma in Federally Qualified Health Centers (FQHCs)	NY	2	150	83%	100%	9%
<b>PCORI</b>	Addressing HIV Treatment Disparities Using a Self-management program and Interactive Personal Health Record (GREAT)	NY	4	359	40%	52%	23%
<b>PCORI</b>	Collaborative Care to Reduce Depression and Increase Cancer Screening among	NY	6	802	100%	20%	77%

# CDN RESEARCH PROJECTS SUMMARY (2000-2026)

	Low-Income Urban Women (PCM3)						
<b>PCORI</b>	i-CARE – Improving the Quality of Care for Asthma Patients at Risk of Exacerbations	NY	-	190	-	-	-
<b>PCORI</b>	Patient-centered CER Study of Home-based Interventions to Prevent CA-MRSA Infection Recurrence (CAMP2)	NY	7	120	41%	23%	61%
<b>PCORI</b>	Patient-Centered HCV Care Via Telemedicine for Individuals on Opiate Agonist Therapy: A Stepped Wedge Cluster Randomized Controlled Trial	NY	2	104	47%	5%	15%
<b>PCORI</b>	Protecting the Mental and Physical Well-Being of Frontline Healthcare Workers During COVID-19	NY, VT	10	428	83%	22%	38%
<b>PCORI</b>	Preventing Tipping Points in High Comorbidity Patients: A Lifeline from Health Coaches	NY, IL	16	1,973	73%	43%	43%
<b>RU-CTSA</b>	Obesity and Adolescent Pregnancy: Using De-Identified Electronic Clinical Databases to Examine the Differences in Biological and Social Determinants of Nutritional Status, Pregnancy, and Birth Outcomes between Academic Health Centers, Community Hospitals and Community Health Centers	NY	8	202,214	100%	15%	13%
<b>Sackler Foundation</b>	Obesity and Adolescent Pregnancy: Building a De-identified Electronic Health Record Clinical Database to Examine the Biological and Social Determinants of Nutritional Status, Pregnancy and Birth Outcomes	NY	8	122,556	100%	39%	54%
<b>Various Pharmaceutical Companies</b>	Extended-Release/Long Acting (ER/LA) Opioid Post-Marketing Requirement Studies: FDA Observational Study 1A	NY, FL	2	285	56%	39%	18%
<b>VisionHealth</b>	Pilot to Evaluate the Effectiveness of the Kata Asthma App in Reducing Critical and Non-Critical Handling Errors and Improving Adherence to Prescribed Drug Inhalation Therapy Adult Patients with Moderate to Severe Asthma	NY	1	20	Pending	Pending	Pending
<b>TOTALS</b>			<b>468</b>	<b>394,234</b>	<b>71%</b>	<b>45%</b>	<b>39%</b>

\*Chart Review/Electronic Health Records (EHR) Studies