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IN TRANSLATION

Volume 2 Issue 3

CICATS Spring Update

Cato T. Laurencin, MD, PhD, Chief Executive Officer

The Connecticut Institute for Clinical and Translational Sciences (CICATS) has had many exciting developments over the past couple of months. First, we concluded a listening tour with each of our partner institutions. The purpose of the listening tour was to discuss research areas of interest for collaboration and our continued partnership. We received positive feedback from each of our partners and look forward in continuing to work with them in making CICATS successful.



Second, Trisha Donaldson and Debra Serra have joined CICATS. Trisha, the new Administrative Officer, has a strong background in grants administration and communications; and Debra, the new Administrative Program Coordinator, has years of experience in accounting and managing multi-million dollar budgets. We are excited to have them both on our team and welcome their expertise and dedication. There will be many new developments within the next couple of months that we look forward to sharing with you; especially, with the June announcement of the new CTSA RFA. In the meantime, keep up-to-date with CICATS activities and the latest research resources for investigators by visiting us at <http://cicats.uchc.edu> or simply calling us at 860-679-7039. Thank you for your continued support. ■

Why CICATS is Important to Dr. Andemariam

Biree Andemariam, MD, CICATS K12 Scholar

How can one combine passion for clinical care and a calling for research? How does one care for a group of patients with an excruciatingly painful disease that confers a foreshortened lifespan, yet disease-modifying therapies are virtually non-existent? How does one provide a medical home for these individuals whom the medical system has failed? The answer, simply put, is CICATS.



I went to medical school with three clear goals: to provide care for the underserved, to be a voice for progress in the deconstruction of health inequity, and to develop new insights into mechanisms of disease that might translate into novel approaches to therapy. My dreams have been described as overambitious, but I write this as a testimony that lofty ideals can be made into reality – with support.

continued on page 3

In This Issue

CICATS Spring Update.....	1
Why CICATS is Important to Dr. Andemariam.....	1
CICATS Welcomes New Staff.....	2
Partners Collaborate in Clinical Trial.....	2

CICATS Welcomes New Staff

Trisha Donaldson is the newly hired Administrative Officer and comes to UConn Health Center with over 12 years of experience working in non-profit and municipal settings as a grants administrator. In her last position at the Hearing Health Foundation in New York, she oversaw the grants management department and was the website and social media administrator for 4 years. Trisha received a BS in International Business and a MS in Interactive Media from Quinnipiac University.



In her new position, Trisha will work closely and provide support to CICATS leadership and coordinate efforts in the submission of the CTSA NIH grant. She will also spearhead a marketing and PR campaign for CICATS in the upcoming months.

Debra Serra is the newly hired Administrative Program Coordinator and joins the UConn Health Center with over 8 years of experience working in healthcare finance and accounting. In her last position, she was the Controller at Natchaug Hospital - a non-profit mental health hospital, a Hartford HealthCare Partner. Debra has achieved her BSBA in Accounting from Western New England College and an MBA in Healthcare Administration from the University of Hartford.



In her new position, Debra will be responsible for managing the CICATS budget and providing support to the Biostatistics Center. ■

Partners Collaborate in Clinical Trial

Grace Damio, MS, CD/N, Hispanic Health Council

The Hispanic Health Council (HHC) is a nationally recognized, community based organization in Hartford, CT. HHC's mission is to improve the health and social well-being of Latinos and other diverse communities. HHC uses four strategies — community-based research, evidence-based direct services, training, and policy advocacy — and works on health issues including maternal and child health, nutrition, substance abuse, HIV, cancer, diabetes and cultural competence. HHC is distinguished by the cultural appropriateness of its methods and products, and its use of research to inform and evaluate its work and to impact policy and service systems. HHC conducts research, independently and with academic and clinical partners.

HHC has partnered for 17 years with Dr. Rafael Pérez-Escamilla, formerly at the University of Connecticut and currently at Yale University working on community-academic equitable partnerships. Dr. Pérez-Escamilla, HHC and Hartford Hospital have partnered on two successful randomized controlled trials (RCT) testing the use of community health workers for health promotion and chronic disease management. Their diabetes RCT was part of the NIH Connecticut Center for Eliminating Health Disparities Among Latinos (CEHDL), of which HHC, UConn and Hartford Hospital were partners. They are currently partnering with Dr. Julie Wagner, Associate Professor, Division of Behavioral Sciences and Community Health, UConn Health Center (UCHC), on an RCT testing the use of a stress management intervention, delivered by a community health educator, to improve glyceemic control of persons with diabetes. HHC led CEHDL's Community Core, cross cultural training, and intervention and data collection activities of the

Partners Collaborate continued on page 4



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Dr. Andemariam continued from page 1

After completing my fellowship in hematology and oncology five years ago, I chose the University of Connecticut Health Center to launch my career as an academic physician scientist. I began as a general hematologist seeing patients with all types of blood disorders for three and half days per week. When I wasn't seeing patients, I began to develop a specific research interest aimed at understanding why individuals with sickle cell disease appear to have a weakened immune system. I was supported by three key mentors: Drs. Roger Thrall, Robert Bona and Pramod Srivastava. We began to make some critical insights into mechanisms of altered immunity using a mouse model of sickle cell disease; but this progress was limited by my seemingly endless clinical responsibilities.

It quickly became evident that the very same disease I was studying in the lab was being unjustly and inadequately treated in our greater community. Clearly, the adult SCD population needed a champion. It is no secret that adults with SCD have been failed by our nation's healthcare system. A once purely pediatric illness with a less than 10% chance of survival into adulthood, SCD has now become so well-managed by our pediatric hematology colleagues that over 90% of individuals born with it reach adult status. However, adults with SCD cannot find consistent expert care. This has translated into a peak in deaths in young adults with SCD within one year of "aging" out of their pediatric hematologist's care. Not having access to healthcare providers has made the emergency departments the *de facto* medical home for this chronic medical condition and no one can argue that that is appropriate.

Recognizing this inequity in the Greater Hartford Area and knowing that I had the clinical skill-set to change it, I worked with our hospital's leadership to develop the region's only medical home for adults with SCD in 2009. We have since had 600%

growth in our SCD patient population and have measurable evidence of enhanced quality of care. Equally as importantly, we provide hope for improved therapies by conducting translational research. None of this would have been possible without the support of CICATS.

Nearly simultaneously with the opening of the adult sickle cell center at UCHC, CICATS announced a call for proposals for junior faculty who needed support for the development of their translational research interests. The timing was surreal! I had just opened the adult SCD center, but I had no idea how quickly our patient population would grow! We quickly began accruing patients from every corner of the state and even as far as Western Massachusetts and New York. Yet, I was also struggling to maintain all my other clinical obligations and keep my research going. When I was selected as one of the recipients of the CICATS K12 award, my life as a physician scientist was transformed! The award gave me enhanced mentorship, salary support to literally "protect" my time for research, and money to fund the experiments.

I now exclusively see patients with sickle cell disease which means my research has direct translational applicability to the population I care for. With the CICATS K12 award, I have gained enhanced understandings of the basic biology of impaired immunity in the SCD mouse model. More importantly, with these observations, I have already begun to enroll human subjects into clinical research protocols aimed at connecting our mouse observations to human realities. At this point, nearly all of our SCD patients have been invited to participate in a clinical research study. For most, this is the very first time in their lives that they have been offered a research opportunity. One of my patients jumped out of her seat, nearly tipping over her portable oxygen tank, and gave me a hug followed by a resounding "yes" when I asked her if she would like to donate a tube of blood for

Dr. Andemariam continued on page 4

Dr. Andemariam continued from page 3

research as part of a clinical study. She smiled wholeheartedly and became tearful at the same time saying, “I am 40 years old and have nearly outlived my life expectancy yet no one has ever asked me to help find a better way to treat my disease! Thank you!”

On behalf of this patient and the millions like her worldwide who live with SCD, I, in turn, thank CICATS! ■

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Partners continued from page 2

RCT. HHC is now working on next steps to its CEHDL projects, including a community-informed solution to food insecurity, new evaluation methods for cross cultural training, and use of facilitated dialogues with community members to inform new research questions.

HHC is also collaborating with Dr. Steve Angus, Program Director and Dr. Wendy Miller, Associate Program Director, of the UCHC Internal Medicine Residency Program, on cultural competence training of medical residents; and with Dr. Stacey Brown and Rasy Mar of UCHC’s Community Based Education Program, on training students, providers and faculty, including facilitated viewings of *Unnatural Causes* as part of the CT Multicultural Health Partnership.

As a community-based research organization, HHC reverses the translation paradigm of “bench-to-clinic-to-community”. Using true Community Based Participatory Research, HHC develops research questions from expressed community needs, implements them with full community engagement, and measures success partially by the community benefit generated. HHC engages in research partnerships that are equitable from planning to dissemination and utilization of results for community benefit. ■



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