

## Application Overview

Applicant: University of Pennsylvania  
Program: Pfizer Fellowships in Public Health(2011)  
Status: Submitted

## 1. Confirmation of Eligibility

**Please confirm eligibility by answering the following questions:**

The Institution is a US-accredited academic, medical and/or research institution.  
True

This fellowship award will be used primarily to pay the salary of the selected fellow.  
True

This is the only application for the 2011 Pfizer Research Fellowship award from this Institution's division/department.  
True

The division/department will not be hosting another recipient of a Pfizer Research Fellowship award during the proposed term.  
True

The selected fellow will have a doctoral degree and have held a junior faculty position as an instructor, assistant professor, or equivalent junior faculty rank for at least 2 years.  
True

The selected fellow will be employed in a US-based school of medicine, osteopathic medicine, nursing, pharmacy, or public health.  
True

At least 75% of the selected fellow's time will be devoted to research.  
True

The selected fellow will be a US citizen or foreign national with permanent US residence.  
True

I have read and I agree to the requirements of this fellowship award program, as found in the Program Administration/Stipulations section of the program description.  
True

## 2. Institution Information

Name:  
Title:  
Division:  
Department:

## 3. Person completing the application/on behalf of (optional):

Name: [Redacted]  
Title: [Redacted]  
Division:  
Department: medicine and Community Health  
Degrees:  
Address: [Redacted]  
Phone Number:  
Email: [Redacted]

Name:  
Title:  
Division:  
Department:  
Degrees:  
Address:  
Phone Number: ( )  
Email:

4 Mentor Information

Name: [Redacted]
Title: [Redacted]
Division: [Redacted]
Department: Family Medicine and Community Health
Degrees: [Redacted]
Address: [Redacted]

Phone Number: [Redacted]
Email: [Redacted]
Primary Mentor's Curriculum Vitae or Biography.
Files uploaded must be in PDF, .doc, or RTF format. (max 10 pages)

Organization Name: [Redacted]
Name: University of Pennsylvania
Secondary Organization Name: [Redacted]

Letter from <b>&nbsp;Primary Mentor:</b>
Document: [Redacted]

Secondary Mentor (optional)

Name: [Redacted]
Title: [Redacted]
Division: [Redacted]
Department: [Redacted]
Degrees: [Redacted]
Address: [Redacted]
Phone Number: ( )
Email: [Redacted]
Secondary Mentor's Curriculum Vitae or Biography.
Files uploaded must be in PDF, .doc, or RTF format. (max 10 pages)
Organization Name: [Redacted]
Name: University of Pennsylvania
Secondary Organization Name: [Redacted]

Letter from <b>Secondary Mentor</b>&nbsp;(optional)

Co-investigator (if applicable)

Name: [Redacted]
Title: [Redacted]
Division: [Redacted]
Department: [Redacted]
Degrees: [Redacted]
Address: [Redacted]
Phone Number: [Redacted]
Email: [Redacted]
Co-investigator's Curriculum Vitae or Biography.
Files uploaded must be in PDF, .doc, or RTF format. (max 10 pages)
Organization Name: [Redacted]
Name: University of Pennsylvania
Secondary Organization Name: [Redacted]

5. Division/Department Chair

Name: [Redacted]
Title: [Redacted]
Division: [Redacted]
Department: Family Medicine and Community Health
Degrees: [Redacted]
Address: [Redacted]

Phone Number: [Redacted]
Email: [Redacted]
Division/Department Chair Curriculum Vitae or Biography.
Files uploaded must be in PDF, .doc, or RTF format. (max 10 pages)

Organization Name: [Redacted]
Name: University of Pennsylvania
Secondary Organization Name: [Redacted]

## 6. Project Details

Preventive Medicine – The Intersection of Violence and Alcohol

[REDACTED] [REDACTED]  
[REDACTED] [REDACTED]

## 7. Career Development Statement

[REDACTED]

## 8. Letters of Support

[REDACTED] [REDACTED]  
[REDACTED] [REDACTED]

## 9. Other Information

**How did you learn about the Pfizer Research Fellowship Program?**  
Previous Applicant

### Attachments

## 10. Budget Information

### Budget Estimate

|                               |            |
|-------------------------------|------------|
| Salary                        | \$60301.00 |
| Healthcare Expenses           | \$19959.00 |
| Technical Associate           | \$11668.00 |
| Laboratory Equipment          | \$.00      |
| Travel to Scientific Meetings | \$.00      |
| Miscellaneous                 | \$8072.00  |

Frances Barg, Ph.D.

Co-Director Co-D

Shimrit Keddem, M.S.

Manager

Marjorie Bowman, M.D., M.P.A.

Director Faculty

Eve Weiss, M.S.

Senior Research Associate

Peter Cronholm, M.D., M.S.C.E.

Faculty

Katie Kellom

Research Assistant

Carolyn Cannuscio, Ph.D.

Faculty

Date: February 10, 2011

To: The Pfizer MAP Team

Phone: (877) 254-6953

E-mail: [MAPinfo@clinicalconnexion.com](mailto:MAPinfo@clinicalconnexion.com)

To the Review Committee,

It is a great pleasure to write in strong support of [redacted] application for a Pfizer Fellowship in Public Health. [redacted] I enthusiastically support the research plan outlined in this application and am committed to assisting [redacted] carrying out the proposed project. To this point, I have agreed to serve as [redacted] primary mentor for this proposal and will meet [redacted] (at a minimum) to discuss the design and implementation of the proposed plan of study. [redacted]

I am a medical anthropologist with a primary appointment in the Department of Family Medicine and Community Health in the School of Medicine and a secondary appointment in the Department of Anthropology in the School of Arts and Sciences at the University of Pennsylvania. My role in Family Medicine is to foster research that incorporates social science theory and methods for a fuller understanding of health and illness. [redacted]

My current role is as Co-Director of the Mixed Methods Research Lab (MMRL: <http://www.med.upenn.edu/mmrl/>) in the Department of Family Medicine and Community Health. The goal of the MMRL is to foster the use of qualitative and mixed methods research methodologies with a focus on integrating stakeholder perspectives and goals into research designs. The MMRL works with investigators to provide conceptual and technical support for community based and clinical research questions. Qualitative, mixed methods and action research are uniquely suited to capture the contextual, socio-cultural, and experiential factors that contribute to health disparities. [redacted]

[redacted] am committed to using the intellectual and tangible resources of the MMRL to insure the success of [redacted]



**BIOGRAPHICAL SKETCH**

NAME: [REDACTED]

POSITION TITLE

eRA COMMONS USER NAME: [REDACTED]

[REDACTED]

**EDUCATION/TRAINING**

| INSTITUTION AND LOCATION | DEGREE<br><i>(if applicable)</i> | YEAR(s)    | FIELD OF STUDY |
|--------------------------|----------------------------------|------------|----------------|
| [REDACTED]               | [REDACTED]                       | [REDACTED] | [REDACTED]     |

**A. Personal Statement**

[REDACTED]

**B. Positions and Honors**

**Positions and Employment**

[REDACTED]

[Redacted]

**Other Experience and Honors (Selected)**

[Redacted]

**C. Selected Peer-reviewed Publications** Selected from 49 as most relevant to current proposal

1. [Redacted]

7.

[Redacted text block]

**D. Research Support**

**On-Going**

[Redacted text block]

**Completed Research Support:**

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

[Redacted text block]

**BIOGRAPHICAL SKETCH**

|  |            |                              |                |
|--|------------|------------------------------|----------------|
| NAME<br>[REDACTED]   |            | POSITION TITLE<br>[REDACTED] |                |
| eRA COMMONS USER NAME<br>[REDACTED]  |            | [REDACTED]                   |                |
| EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education,</i> |            |                              |                |
| INSTITUTION AND LOCATION   | DEGREE     | YEAR(s)                      | FIELD OF STUDY |
| [REDACTED]   | [REDACTED] | [REDACTED]                   | [REDACTED]     |
| [REDACTED]   | [REDACTED] | [REDACTED]                   | [REDACTED]     |
| [REDACTED]   | [REDACTED] | [REDACTED]                   | [REDACTED]     |

**A. Personal Statement**

[REDACTED]

**B. POSITION AND HONORS**

[REDACTED]

Principal Investigator/Program Director (Last, First, Middle):

[REDACTED]

**B. 15 SELECTED PUBLICATIONS**

[REDACTED]



**Project title:** *Preventive Medicine – The Intersection of Violence and Alcohol*

**Abstract**

IPV and problem drinking are highly prevalent social and behavioral disorder negatively affecting the health of individuals, families, and communities recognized as a public health issues by Healthy People 2010. I am committed to designing and assessing primary care and community-level interventions aimed at a root cause of intimate partner violence (IPV). I plan on working to redirect healthcare and community efforts towards IPV prevention by intervening at the level of perpetrator. Healthcare settings are ideal for many public health interventions with the infrastructure (providers, staff, administration, preventive focus, privileged relationships with patients) to support preventive health interventions to underserved and at-risk populations. The proposed program of study will provide the needed protected time for additional career development that will position the candidate to design and implement preventive medicine interventions addressing IPV by the end of his funding. Specific goals for the proposal will include: 1) Assessing the factors shaping the feasibility of engaging IPV-involved male patients who drink too much for brief interventions in healthcare settings with longitudinal follow up; and 2) understanding the factors shaping patients' ambivalence towards engagement and adherence to alcohol and IPV treatment regimens associated with problem drinking and partner abuse with IPV-involved male patients. Data gathered in the proposed program of study will support the development of proposals to pilot a gender-specific motivational enhancement treatment manual built upon the assessment of the explanatory model of IPV perpetration and the domain of help (and health)-seeking behaviors of IPV perpetrators with problem drinking.

## **Pfizer Fellowship in Public Health – Proposal: Specific Aims**

Intimate partner violence (IPV) and problem drinking are major public health concerns that individually present major costs to individuals, families, and societies. Extensive research has documented the high rates of co-occurrence of IPV and problem drinking<sup>1-4</sup> and each of these concerns is identified as a significant risk factor for the other.<sup>5</sup> Due to associated physical and mental health problems,<sup>6-8</sup> the health care system has focused on case finding and referral of women to a variety of community-based interventions. However, there are few interventions outside the criminal justice system for IPV-involved men and standard perpetrator interventions, which rarely address co-occurring substance abuse, have been shown to be ineffective.<sup>9</sup> There are promising studies in mental health settings which found alcohol treatment to be associated with a decrease in relationship violence<sup>10,11</sup> but there is a lack of evidence-based therapeutic interventions for alcohol-associated IPV that can be applied in health care settings, particularly for men. To meet this challenge, I am leading a multidisciplinary research team, with expertise in primary care, IPV, psychotherapy, substance abuse, motivational enhancement therapy (MET) and batterers' treatment, proposes to gather foundational data necessary to develop and pilot a brief intervention for use in healthcare settings to address problem drinking and partner abuse with IPV-involved male patients. Data will support the development of a draft treatment manual that will be piloted during the next phase of our intervention program. The overall goal of the current proposal is to develop a manualized motivational intervention for IPV-involved alcohol-abusing men that could be transported to a variety of health care settings.

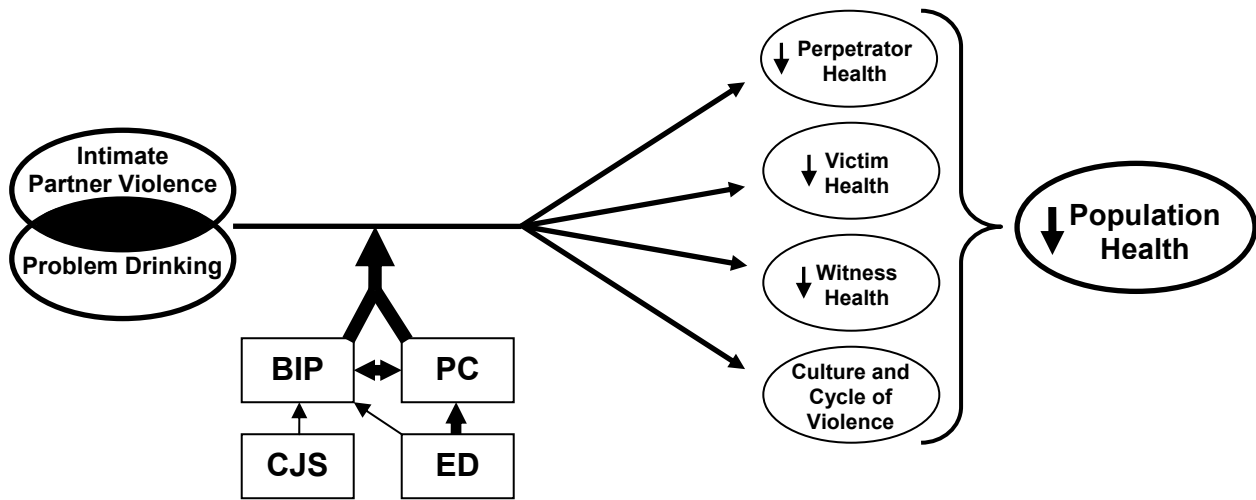
*Specific Aim #1:* Assess the factors shaping the feasibility of engaging IPV-involved male patients who drink too much for brief motivational interventions in healthcare settings with longitudinal follow up. Individual interviews will be conducted with a sample of 30 providers and 30 IPV-involved male patients who exceed gender-specific recommended drinking levels. Purposive samples of providers and patients will be recruited from Family Medicine (FM) outpatient offices, the Emergency Department (ED), and local Batterer Intervention Programs (BIP). Primary outcomes will be an understanding of health and help-seeking behaviors associated with problem drinking and partner abuse with IPV-involved male patients.

*Specific Aim #2:* To understand the factors shaping male patients' engagement and adherence to alcohol and IPV treatment regimens for problem drinking and partner abuse with IPV-involved male patients. Primary outcomes will be a manualized MET intervention that can be piloted with men in primary and acute care settings. Secondary outcomes will include a better understanding of the preferred language and context of successful preventive medicine interventions addressing problem drinking and partner abuse with IPV-involved male patients.

Upon completion of the proposed study, we will have the data necessary to pilot a gender-specific MET manual that will be tested in a larger randomized controlled intervention trial. Data will include acceptability, safety, and feasibility of recruiting and motivating male patients with alcohol-related IPV to participate in healthcare interventions.

**Background, Significance, and Rationale**

Interpersonal violence permeates our society. Violent deaths are the most visible consequence of violent behavior in our society, but morbidity associated with physical and emotional injuries and disabilities resulting from violence also constitute an enormous public health problem.<sup>12-19</sup>



Conceptual Model for the proposed program of study (Note: BIP=Batterer Intervention Programs; PC=Primary Care; ED=Emergency Department; and CJS=Criminal Justice System)

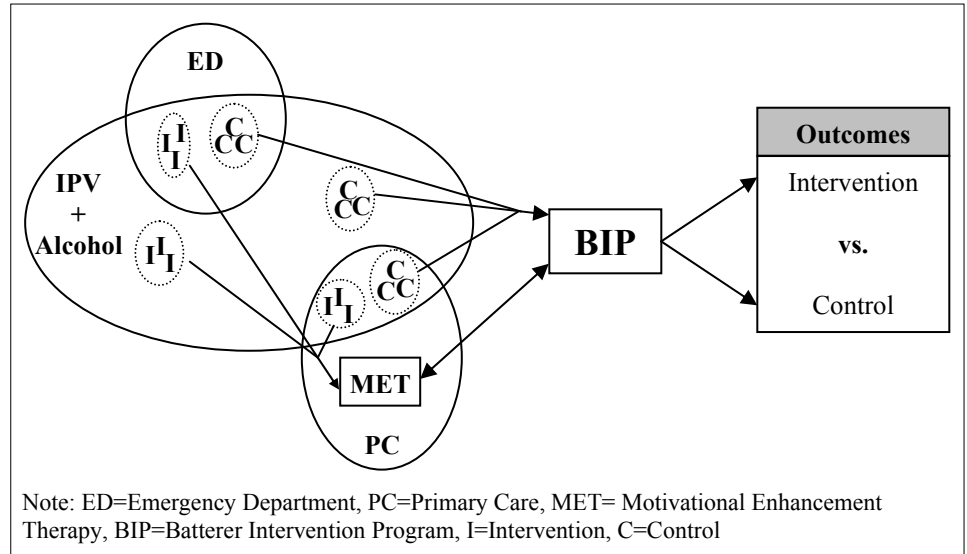
*IPV as a public health issue:* IPV is a public health issue, recognized by Healthy People 2010, the CDC's National Center for Injury Prevention and Control, and the CDC's Health Protection goals.<sup>12,20-22</sup> IPV is a highly prevalent social and behavioral disorder affecting individuals and families. Both men and women may be victims or perpetrators of IPV in heterosexual or same-sex relationships. Although both are affected, men and women differ in their experiences of IPV. The National Violence Against Women Survey (NVAWS) estimated a 5.8% lifetime prevalence of physical IPV alone for men vs. 13.3% for women; 0.2% lifetime prevalence of sexual abuse alone for men vs. 4.3% for women; and 17.3% lifetime prevalence of psychological abuse alone compared to 12.1% for women.<sup>23</sup> In the NVAWS, women were more likely than men to report being victims and were twice as likely to be injured in IPV incidents.<sup>24</sup> Likely due to differences in measurement, the findings of the NVAWS have been contrasted with data from the National Family Violence Survey and the CDC demonstrating similar rates of self-reported IPV.<sup>25,26</sup> While it is recognized that rates of IPV and abuse are under-reported for females, it is likely that rates for men are also vastly under-reported.

*The Association Between Problem Drinking and IPV:* The National Violence Against Women Survey found that 33.6% of abusive partners and 6.9% of victims were using alcohol at the time of a violent incident.<sup>27</sup> IPV that involves alcohol has been found to be more severe and life-threatening than IPV in which alcohol is not involved.<sup>28,29</sup> Heavier levels of drinking are associated with greater likelihood of both victimization and perpetration of IPV<sup>3</sup> and increased IPV severity.<sup>10,30</sup> Twenty-six percent of aggravated simple assaults and 37% of rapes and sexual assaults are perpetrated by drinking offenders;<sup>31</sup> 92% of IPV perpetrators used alcohol or drugs on the day of the assault, and 72% had prior arrests for substance abuse.<sup>32</sup> Among prisoners convicted of murdering an intimate partner, 45% reported drinking prior to the event.<sup>10</sup> Heavy drinkers are three times more likely to have perpetrated IPV than nondrinkers.<sup>33</sup> Laboratory studies substantiate the association between alcohol use and partner aggression.<sup>10</sup>

IPV-interventions can be developed using the public health approach of understanding and intervening at the level of the agent, the host or the environment. Historically the response to IPV has focused on the host (victim) with less attention to agent (perpetrator) or the environment (a culture that supports, if not condones violence).<sup>14</sup> Distilling approaches to IPV into Haddon's Matrix would also demonstrate a focus on post-event responses with less attention to pre-event opportunities (prevention). Primary care settings are ideal for many public health interventions with the infrastructure (providers, staff, administration, preventive focus, privileged relationships with patients) to support preventive health interventions to underserved and at-risk populations.

*Use of health care services by IPV victims and perpetrators:* Although few healthcare providers screen for IPV, 15-35% of women visiting an ED and 12-23% of women in Family Medicine settings reported having been physically abused or threatened by their partner within the last year.<sup>34-39</sup> Oriet et al reported that 13.5% of male primary care patients in Family Medicine settings reported perpetrating minor violence (throwing, pushing, or slapping) over the past 12 months; 4.2% reported at least one episode of perpetrating severe violence (kicking, beating, threatening to use or using a knife or gun).<sup>40</sup> Two studies reported 42-63% of perpetrators had sought care in a healthcare setting within the previous six months of the study.<sup>41,42</sup> Coben et al found a large proportion of male perpetrators sought health services close to the time they were arrested, with 42% of sample of men in treatment for IPV perpetration having sought medical care within the past six months for issues related to injury (36%), illness (30%), and "check-ups" (21%).<sup>42</sup>

*Rational for Motivational Enhancement Therapy in Primary Care:* MET uses Motivational Interviewing (MI) to enhance a patient’s motivation for behavioral change. MI has long been used to enhance patient interest in addressing substance abuse and other addictive behaviors in clinical care and is being used in the treatment of IPV.<sup>43-45</sup> MI techniques are focused on expressing empathy, developing discrepancy, rolling with resistance, and supporting self-efficacy. Recent work in primary care settings has developed an evidence-based approach combining MI techniques with other behavioral treatments in the form of MET. The Figure illustrates a model of how we plan to compare the effect of incorporating MET into a primary care-based IPV intervention.



**Methodologies**

*Overview:* I am proposing an in depth analysis of factors shaping the development of a manualized MI intervention addressing the intersection of IPV and problem drinking in the primary care setting. I will recruit a sample of key stakeholders, providers, men seeking primary and urgent care, and men engaged in BIPs. Individual semi-structured interviews will be used will provide textual data that can be analyzed for themes, patterns, and ultimately, the development of an explanatory model of factors shaping the development of the manualized treatment intervention.

*Sample:* In order to develop a new public health intervention model, we need to gather the perspective of those involved in key positions – i.e. patients, healthcare providers, and community-based treatment sites. We propose to recruit providers (N=30) and IPV perpetrators (N=30) from FM, ED, and BIP settings. The purposive sampling strategy is intended to provide a means of comparison among three populations of IPV perpetrators (primary care, acute care and those already engaged in IPV treatment services). The research aims of the study will be described to all potential participants. Informed consent will be obtained prior to any data collection and will include agreement to audio recording the qualitative portions. Participants in the qualitative portions will be offered a \$25 gift card in appreciation of their time.

*Data Collection:* Individual semi-structured interviews provide textual data that will be analyzed for themes, patterns, and ultimately, grounded theory. Questions are typically open-ended. Although the researcher may point the respondent toward topics of interest, central to the technique is the concept that the themes and issues discussed emerge

from the respondent, not the interviewer. Therefore, interviewers must be specially trained and carefully supervised to ensure that they do not lead the content of the interview.

The interviewers will be trained and supervised [REDACTED] through the Mixed Methods Research Lab (MMRL). The goal of the MMRL is to foster the use of qualitative and mixed methods research methodologies with a focus on integrating key stakeholder perspectives and goals into research designs. Qualitative, mixed methods and action research are uniquely suited to capture the contextual, socio-cultural, and experiential factors that contribute to health disparities. [REDACTED] will provide experienced research assistants (RA), data management expertise, qualitative software training, and data analysis assistance. Weekly staff meetings will provide the opportunity to review study progress. The study team, including interviewers, will review interview transcripts as we proceed so that performance can be monitored and feedback can be provided to interviewers as needed.

Interviews will take place in a location convenient to the stakeholder at a time convenient to the stakeholder and interviewer. The RA will identify consenting eligible stakeholders for each stratum (PC, ED, and BIP providers and patients). Upon arrival, the interviewer will identify him/herself and will confirm the participant's willingness to participate in an interview. S/he will then ask for permission to audio record the interview. If the participant agrees, all conversation from that point forward will be recorded. If the participant does not agree to recording, but does consent to the interview, the interviewer will proceed and will take detailed notes during the conversation.

The interviewer will pose a set of open-ended questions to the respondent. The content of the questions is designed to elicit the respondent's perceptions about factors (barriers and facilitators) shaping the development of the manualized MET intervention. Areas of inquiry will include defining help-seeking resources and strategies, means of negotiating barriers to behavior change, and identification of individual and system-level factors shaping adherence to referred treatment. Directly following the interview, field notes will be dictated by the interviewer. Field notes will include interviewer's impressions and pertinent data regarding factors affecting data interpretation. All audio recordings will be returned immediately to the project office where they will be logged into a master file and then transmitted using a secure process to be transcribed. Supervision of the interviewers will focus on conduct of interviews in the prescribed fashion, adherence to the protection of human subjects by staff, and data storage in appropriate ways and places.

*Data Management:* Our raw data for this study will be the audio-recorded interviews and field notes. Audiofiles will be sent to a professional transcription service which has experience formatting transcripts for analysis by qualitative software and is familiar with rules related to confidentiality and HIPAA. All identifying information will be eliminated

during the transcription. Transcripts will be stored and analyzed using NVivo 9.0 (or the upgraded software). This type of software facilitates thematic coding, inter-rater coding (and inter-rater reliability), and correlation of themes with demographic variables. NVivo can also be used with EXCEL to generate matrices that demonstrate relationships among variables and themes. A coding scheme and a coding dictionary will be developed by the investigators. The investigator team will meet bi-weekly to discuss transcripts and to examine themes that emerge from the data. Data analysis will consist of grounded theory.

*Analyses - Grounded Theory:* Individual semi-structured interviews provide textual data that can be analyzed (qualitatively and numerically) for themes, patterns, and ultimately, grounded theory. Grounded theory is a methodology that involves iterative development of theories about what is occurring in the data as they are collected. The researcher looks for themes that emerge “from the ground.” Questions are typically open-ended. Although the researcher may point the respondent towards topics of interest, central to this technique is the concept that the themes and issues that are discussed emerge from the respondent, not the interviewer.

*Sample Size:* The sample size of 60 participants (FM, ED, and BIP patients and providers) for semi-structured interviews was based on the literature and experience with qualitative studies. Rather than a formal power calculation, numbers required for the proposed analyses are based on reaching saturation in the data obtained.

### **Available Facilities/Resources**

*Penn Family Care (PFC):* PFC is the clinical practice of the Department of Family Medicine and Community Health (DFMCH) of the University of Pennsylvania is committed to caring for patients, their families and the communities in which they are located. Two clinical sites provide approximately 46,000 outpatient visits to a patient population that reflects the surrounding community, 62% African-American, 22% white, 16% other, with male patients comprising 30%. About 55% of all visits represent patients in managed care plans (including all Medicaid and most Medicare) and 10% are uninsured. The clinic has space for MET therapists to assess and provide interventions.

*The Emergency Department at the Hospital of the University of Pennsylvania (HUP ED):* The HUP ED is the sole ED and Level 1 trauma center serving West Philadelphia, a 14-square mile urban area with lower socioeconomic status and a population of 204,000. With an annual census of ~ 65, 000, year, 43% male (70% in the targeted 18-64 age range) the HUP ED has both acute rooms for evaluation and treatment; an ED fast-track (i.e., non-critical) assessment and a psychiatric emergency evaluation center. The ED is committed to routine social health screening and contributing to the development of evidence-based interventions for both men and women. My collaborator, Dr Rhodes, an emergency

physician (Please see letters of support) is already screening and identifying IPV-involved male patients and referring them to my primary care office for piloted MET interventions. Our productive collaboration has resulted in our recognition of the need for the foundational qualitative work described in this proposal.

*Batterer Intervention Programs:* I have partnered with the two main community IPV perpetration treatment sites in Philadelphia (Menergy and Men’s Resource Center). The Directors of the sites [REDACTED] have offered to support recruitment of participants for the proposed study as well as providing support in the development of the manualized MET intervention (please see letters of support). All current and new perpetrators enrolled in services at Menergy and MRC will be informed of the study after clinical sessions (enrolled) or during intake (new).

*Additional resources at the University of Pennsylvania:* Penn provides an unusually rich environment in which to develop junior faculty. Trainees will have access to the following resources at Penn. The Center for Public Health Initiatives expands and links public-health activities across the campus by creating public health networks and linkages between the university and external public health providers. The Firearm Injury Center at Penn is a unique collaboration among healthcare professionals, researchers and communities to address the magnitude and impact of firearm injury and violence. The Leonard Davis Institute of Health Economics is the primary focus of the University’s activities and programs in health services research and health policy analysis. The Netter Center for Community Partnerships is Penn's primary vehicle for bringing to bear the interconnected problems of our service community.

**Timeline** - The table below illustrates the project timeline.

| Task                                | Year 01      | Year 02      |
|-------------------------------------|--------------|--------------|
| Finalize interview guide            | xxx          |              |
| Recruit and interview participants  | xxxxxxxxxxxx | xx           |
| Transcription of interviews         | xxxxxxx      | xxxxx        |
| Data analysis                       | xxxxxx       | xxxxxxx      |
| Development of MET treatment manual |              | xxxxxxxxxxxx |
| Manuscripts development             |              | xxxxxxxxxxxx |
| Presentation at national meetings   |              | x x          |
| Submission of NIH grant             |              | x            |

**Milestones Achieved**

*Evaluation Plan:* An evaluation plan is an essential component of any project. The specific aims of this proposal will establish the endpoints for intervention projects with associated measurable outcomes. The table below illustrates the logic model used in the evaluation of this proposal.

| Inputs  | Activities   |  | Outputs   | Intermediate Outcomes  | End Outcomes  |
|---|--|--|---|--|---|
| <p><b>1)</b> recruitment of 30 perpetrators from primary care (N=10), acute care (N=10) and BIP settings (N=10).</p> <p><b>2)</b> recruitment of 30 providers from FM (N=10), ED (N=10), and BIPs (N=10).</p> | <p><b>1)</b> 30 semi-structured interviews with perpetrators from primary care (N=10), acute care (N=10) and BIP settings (N=10).</p> <p><b>2)</b> 30 semi-structured interviews with providers from FM (N=10), ED (N=10), and BIPs (N=10).</p> <p><b>3)</b> Regular meetings with mentors and expert advisory panel</p> | <b>R<br/>E<br/>S<br/>U<br/>L<br/>T<br/>S</b> | <p><b>1)</b> Transcripts for semi-structure interviews with 30 perpetrators, 30 providers.</p> <p><b>2)</b> Development of an NVivo software database to analyze data</p> <p><b>3)</b> Mentoring feedback</p> | <p><b>1)</b> Generation of themes and domains concerning health and help-seeking behaviors of perpetrators of IPV and outreach behaviors of professional service providers.</p> <p><b>2)</b> Description of factors shaping engagement and adherence to alcohol and IPV treatment regimens.</p> <p><b>3)</b> Drafting of MET treatment manual.</p> <p><b>4)</b> Increased expertise in public health content and methodologies.</p> <p><b>5)</b> Mentoring feedback.</p> | <p><b>1)</b> An explanatory model of IPV perpetration help-seeking and outreach behaviors of professional service providers</p> <p><b>2)</b> An understanding of the structure and language necessary to construct MET interventions designed to improve uptake and adherence to IPV and alcohol-related services.</p> <p><b>3)</b> Completed manualized treatment protocol ready for piloting.</p> <p><b>4)</b> Manuscripts submitted for publication in peer-reviewed journals</p> <p><b>5)</b> Developed relationships with collaborators and mentors.</p> <p><b>6)</b> Submission of independent, public health interventions research to NIH</p> |

### Institutional Research Capacity

DFMCH currently ranks 4th (out of 63) among all Family Medicine departments in number of grants received from the NIH. DFMCH was awarded 4% of the total number of grants, and 2% of the total grants dollars, to departments of Family Medicine in 2006. This high level of research involvement is particularly remarkable because the department started only ten years prior and has seen 600% growth in number of NIH grants over the past 5 years. We currently have over \$2,500,000 in direct research dollars; 3 R01s, 2 R34, 1 R21's, 1 R03, and 3 K23 awards. Even more dramatically, our awards are to Family Medicine researchers, while nationally approximately two-thirds of awards and dollars went to PIs in Family Medicine departments who were not family physicians (a number of Family Medicine departments include occupational health or biostatistics and epidemiology, which is not the case at Penn). Nationally, only 17 R01 awards went to family physicians in 2003, and 3 of those 17 were in our department. In 2009, in recognition of the potential for additional community focused research, the DFMCH was awarded a grant from HRSA to develop the MMRL which contributes conceptual and tangible support to for mixed methods research in the department.

### Collaborations

My primary mentor will be Fran Barg with whom I have worked closely since starting my faculty position. Dr. Barg is an Associate Professor and Medical Anthropologist with dual appointments in DFMCH in the School of Medicine and in the Department of Anthropology in the School of Arts and Sciences at the University of Pennsylvania. Dr. Barg has extensive experience mentoring junior faculty and in developing novel mixed methodology research initiatives addressing the public's health. [REDACTED] will devote in-kind support

of MMRL resources towards accomplishing the aims of the proposed study. As an experienced IPV and health services researcher, Karin Rhodes will also provide mentorship in addition to her role as a collaborator on this proposal. Dr Rhodes is faculty and Director of the Division of Emergency Care Policy Research in the Department of Emergency Medicine. She has been a principal investigator on a number of federally-funded grants targeted at healthcare interventions to improve identification and response to IPV for both women and men. She is currently conducting a large NIAAA-funded randomized clinical trial recruiting women participants for IPV-related interventions in the ED setting and has begun to explore [REDACTED] whether we can implement this intervention with male ED patients. [REDACTED] will help recruit providers and patients for qualitative interviews. She has developed, validated and implemented a social health survey that will be used to screen and identify patients for the proposed study in both the ED and PC. Our preliminary work in this area has identified the need for more qualitative data to inform the process. I have worked in close partnership over the past 10 years with the two BIPs in Philadelphia and have strong commitments from the Directors of Menory and Men's Resource Center to help in the recruitment of providers and participants and in the development of a manualized MET treatment protocol.

### **Relevant Past Work**

*How Men Identify and Intervene in Situations Concerning IPV:* I conducted a study using 11 focus groups to explore how men (n=88) identify and decide to intervene in IPV situations. Men readily identify IPV. IPV identification was uniform across groups, and included many of the behaviors and practices that professionals commonly associate with IPV. Most notable for identification were perpetrator behaviors including physical contact, threatening, and controlling behavior. However, other more subtle factors, including victim behaviors and attitudes about gender roles, influenced men's identification of IPV. Participants identified the relationship of an informal helper with either the victim or the perpetrator and the severity of violence as factors influencing the decision to intervene. They also identified obstacles that may prevent informal helpers from intervening in situations concerning for IPV including social norms, concerns about personal safety, and fears about worsening the situation for the victim.

*Primary care providers' knowledge, attitudes and beliefs regarding perpetration of intimate partner violence:* I surveyed a sample of 40 primary care providers under the domains of individual barriers, agency-level barriers and provider behaviors regarding patients affected by IPV. More than half of providers sampled felt they did not have enough time or training, were concerned about victim safety, and did not know enough about resources for treating IPV perpetrators nor if they were effective. While 41% of respondents had considered asking patients about IPV perpetration,

91% reported not having a standard way of asking patients about IPV perpetration and 98% did not routinely inquire about IPV perpetration. For responding to IPV perpetration, 10% reported that they would not do anything about IPV perpetration, 26% would treat the perpetration themselves, 62% would refer to a mental health professional, and 57% would refer the patient to a CBO for IPV treatment.

*Feasibility of using a screening protocol for screening men for IPV:* I surveyed 100 healthcare providers (HCP) in a pilot study assessing the feasibility of using the RADAR protocol for screening men for perpetration of IPV. For screening male patients for IPV involvement: 82% of respondents indicated that screening men for involvement in IPV is appropriate in their practice; and 84% indicated that screening for IVP is feasible. Over 80% of HCPs agreed that RADAR provides useful guidelines for when to screen men for IPV; 89% of HCPs agreed RADAR offers useful guidelines on how to assess for safety and lethality; and over 76% reported feeling that RADAR provides helpful techniques for responding to perpetrators. The majority (82%) felt they would be comfortable screening as RADAR recommends; 67% felt their patients would be comfortable during such a screening; 56% felt they would be comfortable intervening as recommended by the protocol; and 43% felt their patients would be comfortable with such intervention.

*Implications of Preliminary Work:* The data illustrate that screening models such as RADAR can be designed that are acceptable to provider and patient. Modifiable system- and individual-level factors affect provider's behaviors regarding IPV perpetration. Community men use the same means (behaviors and language) in identifying IPV and can be incorporated into how providers communicate about IPV in the primary care setting. An understanding of the stakeholder and system factors that result in these behaviors is a critical next step in addressing health services regarding IPV.

## **Potential Challenges**

We considered alternatives to the study design to address the specific aims. Given the limitations of the evidence on research in regards to perpetration prevention and the fact that we are researching a largely hidden population, we think that a carefully done qualitative study is the most appropriate next step. We recognize that our study design is also associated with several limitations. First, of necessity we are restricted to a sample of patients and providers who are willing to participate in a research study. IPV is a very sensitive issue. The very nature of the barriers that we are attempting to assess may limit study participation. We will make every effort to keep track of who does and does not participate so that we will be better able to comment on the generalizability of our findings.

**References** - A complete list of references can be found at: <http://pennfm.pbworks.com/w/page/36072024/References>

February 10, 2011

The Pfizer MAP Team  
Phone: (877) 254-6953  
E-mail: MAPinfo@clinicalconnexion.com

RE: Pfizer Fellowship in Public Health

To the Review Committee:

The Department of Family Medicine and Community Medicine is strongly committed to sponsoring [REDACTED] a Pfizer Fellowship in Public Health.

In addition to my role as Chair of the Department of Family Medicine and Community Health, I am the Director of the University of Pennsylvania's Center for Public Health Initiatives (CPHI). CPHI's mission is to improve health and quality of life by expanding and strengthening public health education, research and practice, fostering cross-disciplinary collaboration, and promoting meaningful community/academic partnerships. To achieve this mission, we:

- Provide visibility and focus for Public Health in the University, leading to an expansion in Public Health activities and cross-disciplinary collaboration
- Complement existing and emerging Penn entities and programs to foster world-class, well-integrated education and research programs that further the mission of Public Health
- Provide an organizational home and academic base for Penn's multidisciplinary, interschool MPH degree program and encourage the development of new public health education programs
- Encourage recruitment and sustainability of multi-disciplinary Public Health leadership and faculty
- Foster the application of practical approaches and experiences in public health, emphasizing translation of science into sustainable health improvements in domestic and international populations and communities
- Facilitate inter- and intra- school communication about and collaboration for public health related research involving faculty with the multiple existing centers, institutes, and departments across the university and with community partners

[REDACTED] a critically important area of public health disparities for investigation. Using the mixed-methodologies approach to assess the factors shaping public health interventions addressing intimate partner violence (IPV) and problem drinking, [REDACTED] create and implement novel interventional designs. His research thus far suggests that there is a great need to address the gap between healthcare providers and the communities they serve specifically with

respect to IPV. [REDACTED] the long-term goal of removing the obstacles to the delivery of healthcare to the particularly vulnerable population of the domestically abused. His teaching skills and his proven abilities to obtain funding and get his findings published in peer-reviewed journals will serve him well as he moves toward independent researcher status.

[REDACTED]  
[REDACTED] the University has become a supportive environment in which to carry out inter-disciplinary projects focusing on health disparities. Further, [REDACTED] timely completion of both a Faculty Development Fellowship and a Master's of Science in Clinical Epidemiology concurrently demonstrates his ability to follow through with academic learning processes and establishes the foundation on which he will build his reputation as an independent investigator.

I have carefully reviewed [REDACTED] research proposal and find it to be of high quality and feasible. Therefore, our department will furnish faculty expertise and other resources [REDACTED] for the award period and thereafter. In particular the resources of our Mixed Methods Research Lab (MMRL: <http://www.med.upenn.edu/mmrl/>) will help provide the necessary support and infrastructure to assure the success of his proposal.

In summary, the Department of Family Medicine and Community Health and the Center for Public Health Initiatives at the University of Pennsylvania are strongly committed to [REDACTED] professional development. [REDACTED]

Sincerely,



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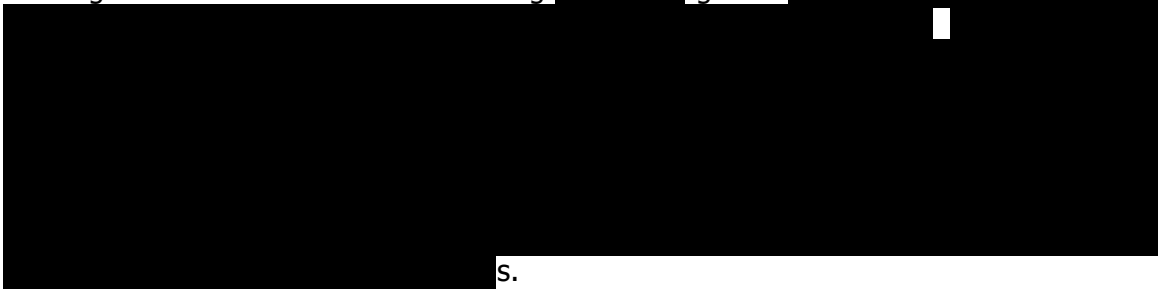
The Pfizer MAP Team
Phone: (877) 254-6953
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RE: Pfizer Fellowship in Public Health

Members of the Review Panel,

It is my pleasure to write a letter of in support of [redacted] application for a Pfizer Fellowship in Public Health titled, "Preventive Medicine – The Intersection of Violence and Alcohol."

[redacted] We are collaborating in the development and validation of new screening methods for intimate partner violence (IPV) and problem drinking. In the process, we have spent time refining his research focus and discussing [redacted] goals.



I currently serve as the Director of the Division of Health Care Policy Research in the Department of Emergency Medicine at the University of Pennsylvania. My clinical training and practice is in Emergency Medicine. I completed research training through the Robert Wood Johnson Clinical Scholar's program and got a Masters in Health Studies at the University of Chicago. My own research focuses on the use of the acute health care setting for screening and intervention with intimate partner violence and on the intersection between IPV and the acute care, mental health, social services, and criminal justice systems. However, despite extensive work done on IPV screening to increase identification and improve health care response of IPV (both victimization and perpetration), we are still struggling to develop effective models for IPV intervention in

health care settings, particularly with men. [REDACTED] work is designed to address this deficiency.

[REDACTED] we both want to build system -level interventions that can improve patient-centered care in primary and acute care settings. We consider the problems of IPV and problem drinking as crises in public health, with profound effects on both the criminal justice system and on the delivery of health care. In my clinical and research experience, I see all too frequently the complex impact of physical and mental co-morbidities associated with IPV and problem drinking. It will require a multi-disciplinary and community coordinated approach to address this problem. In particular, [REDACTED] relationship and credibility with the local Batterer's treatment community will significantly increase the likelihood for dissemination of project findings and the potential to translate this work into policy changes.

I also want to say that I strongly admire [REDACTED] primary mentor for this project, [REDACTED]. She is an amazing medical anthropologist and I welcome the opportunity to work with her [REDACTED] on the current proposal [REDACTED] taking rigorous scientific approach to gathering the qualitative data we need to begin to address this complex problem and ensure that the intervention we put together will be acceptable and meaningful to the target population.

The RWJ Clinical Scholar's Program and a career development grant were critical to the successes I have had in my own career. I commend your foundation for recognizing that young talented researchers must have protected time to pursue their scholarly work with the commitment, mentorship, and institutional support that allows for immersion in both the content and the methodology. [REDACTED]

[REDACTED] Support for his career development will ensure his ability to develop into a successful researcher in an area of critical public health need.

[REDACTED] use this award to advance our knowledge of appropriate identification, evaluation, and interventions for male patients who experience or perpetrate alcohol-related partner violence and are high utilizers of the healthcare system. [REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]