

AUGUST 17 FACULTY RESEARCH SEMINAR: COLLABORATE ON IMPROVING STATEWIDE HEALTH, LEVERAGING NEW RESEARCH SUPPORT & OPPORTUNITIES

BREAKOUT SESSION 1: RURAL HEALTH/COMMUNITY BASED PARTICIPATORY & INTERVENTION RESEARCH

RURAL HEALTH RESEARCH IDEAS

TOP 3

- 1** Design thinking to address infant and maternal mortality in rural areas [as well as others: cancer, opioids etc.
- 2** Exploring caregiver issues (needs/intervention) for individuals with cancer/health issues Using technology for outreach teaching and community engagement
- 3** Using design theory to overcome barriers to increasing creativity and innovation in non-profits / to physician education on emerging diseases

OTHERS (ZERO TO 4 VOTES)

- Innovative ways of assessing program progress and outcomes
- How to motivate sustained behavior change in nutrition and physical activity for weight management and chronic disease prevention
- Designing f2f, online, hybrid innovative interventions to help physicians learn about emergent stuff
- Medical literacy and health disparities
- Role of nutrition in cancer prevention and diagnosis cooking skills for adults
- Transition readiness for children and families around healthcare
- Improving family engagement, translation of policy; data and results for community stakeholders
- Childcare, nutrition, disability
- Share methods for CBPR
- Conduct community-based collaborations for intervention to improve weight management outcomes for chronic and emerging disease patients
- Develop weight management strategies for chronic and emerging disease patients
- Help physicians learn about (capacity building) around recent onset/acquired disability due to emerging diseases
- Using design thinking to design a personalize approach for moving from pediatric to adult healthcare treatment
- Understanding ways to influence decision making to overcome culture and tradition
- Men's health for extension health and outreach

IMMEDIATE FOLLOW UP AFTER TODAY - NEXT STEPS

- Connecting us (sharing names and emails)
- Best fit for funding within CTSA
- Research groups
- Meetings at CTRU with snacks
- Timelines
- Searchable database
- How to engage GaCTSA resources
- Clarifying funding mechanism

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BREAKOUT SESSION 2: PHYSICAL HEALTH: HYPERTENSION, OBESITY, DIABETES, AND NUTRITION

TOP 3 PRIORITY AREAS:

1. Environmental changes to facilitate healthy lifestyles
2. Using technology for lifestyle interventions
3. Strategies to connect researchers to community projects/evaluating barriers and facilitators for community based research

OTHER RESEARCH IDEAS:

- Child as change agent, motivating parents to change behaviors for benefit of child
- Baseline evaluation of existing resources by geographic location
- Nutrition education/demonstration child as change agent
- Biomarkers to detect nutrient deficiencies
- Exploiting social media and mobile technologies to enhance social support for exercise and PA behaviors
- Networking for community engagement – connecting lab-based researchers with community partners
- Using social media and web-based platforms for nutrition education/interventions
- Delivering DPP via Extension, incorporate experiential learning
- Design & public health & FACS working to improve the environment to facilitate healthy lifestyles/downtown walkability and access to
- Community based participatory research for sensory evaluation in recipe development – to facilitate behavior change related to dietary intake
- eLearning based assessment of out-of-school time physical activity
- How social groups integrate successfully across shared resources/space – networks develop that further promote unhealthy behaviors/social permission
- Refugee nutrition/disability, perceptions of multiple people
- Downtown walkability and access to places for physical activity
- How highlighting/advertising health of a food item and impact of consumer perception of acceptance of that food – healthy doesn't taste good
- Cost benefit of educational outreach and value of CTSA – importance of explaining to external funders (county legislators) what cost benefit Extension programs bring to the local neighborhood – connect to people in public health who are doing that work
- Personalized data health dashboard
- Sensory evaluation of recipes developed for individuals with diabetes/disabilities/refugees
- Evaluate barriers and facilitators to implementation of Extension-led evidence-based obesity interventions
- Cost benefit of educational outreach & value of CTSA
- Using technology for lifestyle interventions

- Community engaged research/Connecting researchers to community/Evaluating barriers and facilitators

NEEDED RESOURCES TO FACILITATE/CONTINUE COLLABORATIONS:

1. Coordinate focused lunches on specific topics (e.g., the built environment, technology for lifestyle interventions, etc.). Bring in researchers from other GaCTSA institutions who are conducting research on that focused topic. Have researchers give brief presentations over lunch. Work with the Associate Deans of Research at each institution; make sure they are on the invitation list for each focused lunch.
2. Create a searchable database with contact info and faculty bios for researchers at GaCTSA institutions. Faculty bios should include “how you best plug into the CTSA.” (Karen Lindley stated that she can help with this.)
3. Offer funding opportunities through the GaCTSA that require the establishment of interdisciplinary and/or inter-institutional teams. Accept applications on a rolling basis rather than having one hard deadline.
4. The GaCTSA should offer a formal platform to help individuals make asks of Archway/Office of Service Learning/Extension to support external projects.

ADDITIONAL DISCUSSION REGARDING BARRIERS TO CONTINUING COMMUNICATION/COLLABORATION:

1. There is not enough money, not enough resources, and no flexible research funds to work together.
2. Projects discussed during the breakout session are high-risk, high-reward projects. People are unsure if it benefits their professional development to become invested. It is unclear how the university values this type of work.
3. No good way of staying in touch.
4. Too many competing priorities.
5. People want to invest minimum effort and minimum time.
6. Seed money is not sufficient to support pilot projects that would be needed to support these larger projects.
7. It is considered a luxury to have conversations with people and talk about what people do. There should be more networking events.

ADDITIONAL DISCUSSION REGARDING EXISTING RESOURCES TO PROMOTE CONTINUED COLLABORATION:

1. Office of Service Learning provides \$500 transportation grants to assist with work, particularly in rural communities.
2. Archway will find collaborators to support travel/housing for projects in Archway communities.

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BREAKOUT SESSION 3: OPIOID/BEHAVIORAL HEALTH

OPIOID/BEHAVIORAL HEALTH RESEARCH IDEAS (These are not ranked)

1. A. What is the impact on opioid use rates of educating physicians on responsible opioid prescribing practices?
B. Is there difference in prescribing practices in counties where there isn't a regional medical center? Rural access vs more urban. We currently have poor data – counting pills going through counties doesn't tell the story.
2. How do we decrease the number of unintended pregnancies in women abusing opioids?
3. Using Medicaid data to tell the story of opioid abuse is short-sighted, making this a social justice issue. It is not just a poor people's issue. What intervention (best practices) changes the attitudes of the general public-decision makers?
4. How do we change consumer knowledge and attitudes about opioids and other prescription drugs? What is the impact of marketing directly to the consumers by drug makers? What is the impact on physicians of consumers pressuring them for drugs "as seen on TV?"
5. What is the impact of sexual violence/coercion on opioid/substance abuse? Can we find out how perpetrators of sexual violence use opioids for coercion for sexual abuse/violence?
6. What are the cultural aspects of opioid/substance abuse? What is the impact of poor health literacy? This is not an issue of education but navigating and understanding the health system.
7. What is the effect of opioid use on the consumption of food? Food selection, cravings, weight? Animal studies conducted at UGA document addictive behavioral impacts in lab rats. Are there creative methodologies that can be used to document impacts in humans?
8. The partnership of the Carl Vinson Institute of Government and the Department of Behavioral Health and Disabilities provides an opportunity for networking with researchers to have more impact on Georgia. What are those opportunities?
9. In the areas of risk and resilience, how can prevent kids most at risk for opioid/substance abuse? What are the risk factors that we can intervene with to yield most impacts in creating resilience to prevent abuse?
10. How can we prevent and treat Neonatal Abstinence Syndrome (NAS)? There is a Georgia Task Force on Maternal Substance Abuse we should work with.

NEXT STEPS:

- Immediate – create a listserv for opioid/behavioral health. Form a working group.
- Identify the areas of overlap and synergy among these ideas.
- We need to know the funding opportunities for these ideas. Are some ideas more attractive to funders? Where are the gaps in the knowledge base?
- We need an internal UGA searchable database with mini outreach/research profiles as well as access to the CTSA database to make it easy to find colleagues – a matchmaking service.