Building an Institute to Translate Research into Practice: A Facilitation Model

Nancy L. Chernet, MA, MPH*
Laura N. Gitlin, PhD*
Lenard W. Kaye, DSW+

* Jefferson Health System
+ University of Maine

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Dramatic changes in the age structure in the United States population, together with rising health care costs and rapid health system change, present major challenges to the delivery of effective and cost efficient health care to older Americans. Although most people are healthy for most of their lives, rarely is anyone healthy to the end of life. Advancing age is associated with age-related declines, increased risk of disease, as well as concurrent chronic conditions that require ongoing management that may result in reduced functional independence. Providing health care along with supportive services to individuals with chronic illness and functional dependencies is a complex process. The challenge for practitioners and researchers is to identify and test models of care that prevent disability and delay functional decline, reduce the burden of illness, and enhance health-related quality of life for older adults.

The Senior Health Institute (SHI) of the Jefferson Health System (JHS) provides an organizational structure from which to build relationships between academic researchers and practitioners with the goal of expanding aging research and translating findings into everyday practice.

With support from a National Institute of Aging Geriatric Academic Leadership Award to Dr. Laura Gitlin in the College of Health Professions at Thomas Jefferson University, the SHI is facilitating a collaborative model between the university and health system.

The SHI objectives are to 1) enhance the expertise of new investigators and clinicians in intervention aging research; 2) build a community of multi-disciplinary health care and research expertise in aging; and 3) identify strategies to assure research findings are implemented in clinical practice.

Drawing on both TJU and JHS, the SHI has a rich set of resources from which to work towards these objectives. As shown in Figure 1, academic resources include multidisciplinary training expertise in medicine and the health professions, along with the know-how of obtaining funding, conducting applied research and systematically evaluating the service outcomes. Health system resources include access to clinical populations through a continuum of health and support services delivered to diverse populations of older adults and family caregivers. The combined resources provide the building blocks for a multi-level approach for developing the research expertise to build a program of applied aging research at TJU/JHS, as well as opportunities to integrate the findings of research into practice and have practice inform research agendas.
During the past 18 months, the SHI has sponsored a variety of programs for TJU/JHS staff to facilitate these objectives. Two grant writing workshops have been held to provide new investigators and clinicians with the nuts and bolts of developing competitive research proposals. A conference on innovative strategies for managing dementia is conducted annually to update clinicians with current scientific, research and innovative treatment programs for dementia patients and their families across the continuum of care. During the spring of 2002, the SHI and the JHS Quality Council co-sponsored a three-part conference, "New Directions in Acute Care of the Elderly: Achieving Cost Effective Quality Care," bringing nationally recognized experts in geriatric acute care to the Jefferson community. Intramural research and mentoring opportunities have also been made available through the SHI Pilot Research Initiative. More than a dozen junior investigators have received consultative support for pilot research proposals resulting in four projects being funded by the SHI in 2001 (see box). This Pilot Research Initiative is repeated annually to expand the community of researchers in aging within the university and health system.
The SHI overarching goal of building a program of intervention aging research to support the translation of research to practice at TJU/JHS requires continuing enhancement of a research infrastructure, along with continuing educational and training initiatives. Future considerations include developing 1) guidelines for accessing clinical populations for intervention research; 2) common sets of data elements to measure and compare the results of multi-disciplinary interventions; 3) structured research mentorship programs for post-graduate staff, junior investigators, and practitioners; 4) ongoing training and education of students and clinicians about care needs of an aging population and the best evidence-based practices to meeting those needs; and 5) effective methods for integrating research into daily practice.

It is through collaborative efforts such as the Senior Health Institute that health care for an aging society can be transformed. For additional information, visit the SHI website at www.jeffersonhealth.org/seniorhealth or contact Nancy Chernett at nancy.chernett@mail.tju.edu.

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About the Authors

Nancy L. Chernett, MA, MPH, is Program Manager at the Senior Health Institute of the Jefferson Health System. Laura N. Gitlin, PhD, is Interim Co-Director and Director of Research at the Senior Health Institute. Lenard W. Kaye, DSW, is Professor and Director of the Center on Aging at the University of Maine.