

## Meeting Minutes June 22, 2007

### In Attendance:

Dimitri Christakis  
Brenda Majercin  
Brian Saelens  
Cate Pihoker  
Doug Diekema  
Howard Jeffries  
Jean Popalisky  
John Neff

Kathy Fennell  
Michelle Gurvitz  
Nanci Villareale  
Paula Lozano\*  
Rita Mangione-Smith  
Susan Heath  
Heather Lindemann  
Delila Katzka

\*also attended 2nd meeting

### Introduction:

After brief introductions, Dimitri thanked everyone for their excellent participation in the electronic discussions. He then moved to today's agenda. We have a great deal to accomplish today including finalizing the vision and refining priorities. We will also look at the strengths matrix, fill in the X's where they are missing and add any other items. Finally, we may spend some time discussing the center name.

Following today's meeting we will rank and wordsmith the priorities and then draft a document for presentation at the public forum. The draft will be circulated to the committee for input and approval prior to the presentation which is scheduled for August 15.

### Vision:

The team briefly reviewed the latest version of the vision and accepted it as written.

### Approved VISION:

We will conduct research that improves children's physical and emotional health devoting special attention to vulnerable populations of children. Our research will emphasize new ways to promote healthy behaviors, healthy development, and health care that is equitable, efficient, safe, timely, family-centered and effective. We will work with families, communities, schools, providers, and health care organizations to translate our research findings into actions that improve the quality of children's day to day lives.

### Priorities discussion:

Committee members looked at the priorities list and discussed each to ensure understanding. During the review they reworded some items for clarification and combined others. Several items were moved to the Support Services/Administration category which will be refined at a later date. Though the team needs to rank and select their top priorities, Dimitri stressed that committee members should keep in mind that none will be left behind; it is just that we need to narrow the list at this time.

The refined priorities list was circulated to those present who each selected their top five. After the results were tallied, the team elected to survey the entire committee before reducing the list so that everyone would have an opportunity to provide input. The refined list is below:

KEEP X	Strategic Priorities
	1. Actively seek to enhance collaborations with clinical providers at CHRMC. ... Increase our visibility at the hospital and integrate what we do with what they do.
	2. Assure core infrastructure support.
	3. Create a business model to help with post project sustainability modeling and determine what outcomes will make the project self-sustaining. It will identify what opportunities we can create for technology transfer, licensing etc. as a priority. We will recruit an experienced MBA level individual for this model.
	4. Want to support the investigators of tomorrow by providing training grants for fellows, money to supplement training grants (private, public, hospital) and space for fellows to ensure our center's success in the years to come. Have shared space where fellows have an opportunity to work side by side. Provide Paid mentor support
	5. Facilitate collaborations across to the University. Streamline relationships between the center and the UW to smooth cross institutional hurdles.
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	10. Facilitate collaborations across to the University. Streamline relationships between the center and the UW to smooth cross institutional hurdles.
	11. Create an advisory board of parents, clinicians, community stakeholders to meet quarterly to review objectives, goals, accomplishments, future directions.
	12. Develop structures both internally and externally through intramural grants for "new" collaborations. Sponsor conferences to promote collaborations and highlight research in progress.
	13. Develop mechanisms to retain fellows after fellowship concludes (i.e.: extend fellowships so that they can write K awards, provide funds for junior faculty development and transition to full faculty, start-up funds for recruits). Provide Paid mentor support
	14. Look for opportunities to submit program project grant(s) to the NIH.
	15. FTE support for investigators for service to UW and CHRMC (including mentorship, teaching, administration)
	16. Provide K to R01 transition funding.
	17. Provide consultative services to providers and administrators at CHRMC
	18. Have resources to provide bridge funding for senior investigators.

**Center name:**

While waiting for the tally, the team discussed the center name.

Several options had been discussed electronically since the last meeting. They narrowed the list to three options and will put this to the committee for a final vote. The options are:

1. The Research Center for Child Health and Healthcare
2. The Research Center for Child Health and Development
3. The Research Center for Child Health, Development and Healthcare

**Program priorities:**

The team reviewed the strengths matrix and discussed how best to represent the diverse research interests of the center. Members were asked to add X's where they were missing and also anything additional. The following items were brought out and will be added or integrated into the matrix:

- |  |                                    |
|--|------------------------------------|
| 1. Diabetes                                      | 13. Assessment methods             |
| 2. Cardiovascular disease                        | 14. Family centered care           |
| 3. Physical activity                             | 15. Patient education              |
| 4. Diet/nutrition                                | 16. Patient safety                 |
| 5. Congenital heart disease                      | 17. Health promotion               |
| 6. "Adult" diseases onset in childhood           | 18. Child behavior and development |
| 7. Transition to adult services                  | 19. Qualitative Research           |
| 8. Healthcare disparities                        | 20. Child abuse and protection     |
| 9. Family coping strategies                      | 21. Oral health                    |
| 10. Pain management strategies                   | 22. Drug and alcohol               |
| 11. Nursing interventions                        | 23. Teen sexual health             |
| 12. Medical education and curriculum development |                                    |

Committee members are asked to add to this list and Dimitri will update the matrix.

The committee did not have time to discuss the Support Services/Administration priorities so this too will be worked electronically. It will need to be refined and ranked.

**Other discussion:**

Heather mentioned that members should make sure that they have noted the August forum on their calendar and to please invite others that they think would like to attend. The presentation will include an overview of the center's vision, priorities and program matrix followed by an opportunity for feedback and questions.

**Actions:** Review and send Dimitri your updates to the matrix; vote on the center name; and respond to priorities survey. **(Committee members)**

**Action:** Update the matrix; draft the forum presentation **(Christakis)**

**Action:** Conduct vote on center name; send priorities survey to committee; tally results. **(Katzka)**

Submitted by:

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