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**WILLIAM RANDOLPH HEARST ENDOWMENT FUND**

**FOR PERINATAL RESEARCH AND EDUCATION**

**Research and Education Proposals**

**PROPOSAL DEADLINE: Quarterly, see below**

**General Description of Fund**

**Hearst Fund** monies are to be used to provide support for DHMC perinatal outreach education and research. From its inception, the Hearst Foundation has indicated a particular interest in the regional educational focus. The subject of proposals for educational grants should be related in some way to the overall regional perinatal outreach effort.

It is our intention that, on average over a several year period, about 50% of the allocations will be used for educational activities and 50% for research. It is anticipated that in most cases applications will be prepared by a faculty member from the Departments of Pediatrics or Obstetrics and Gynecology. Residents, however, may submit applications with appropriate faculty support. Resident applicants from Pediatrics should discuss their intent to apply with the residency Scholarly Activity Chair (Dr. House) prior to beginning their application.

Although the amount of the grants may vary, they generally will not exceed $20,000. There are no restrictions on the use of the money available, including use for a student stipend.

**Application Process**:

Applications for Hearst Fund monies should be approximately **four pages** (single spaced) in length, with the first page inclusive of Title, Abstract, Biographical sketch and Mentor information; pages 2-3 summarizing the Background, Aims/Objectives and Hypothesis, Design/Methods, Analyses, Project Timetable, and the proposed Role of the applicant; and page 4 the Budget for the project. Additional information as appendices may be included if critical to understanding the proposal. If your project does not fit into these headings you can leave them blank.

**Submission**: Proposals should be submitted to Steven Ringer, MD, PhD and Emily Baker, MD.

**Review Process**: All grant applications will be reviewed by the Hearst Research Committee, which will assess the scientific strengths and weaknesses of each application. In addition, expert ad hoc reviewers will be used when necessary. Final decisions regarding funding will be made by Keith Loud, MD, Department Chair of Pediatrics and Elisabeth Erekson, MD, Interim Department Chair of Obstetrics and Gynecology.

**Quarterly Application Deadline**: Applications will be evaluated on a quarterly basis, first come first served, depending on the availability of unused funds. The same standards for scientific merit will be applied and the same process used for final decisions about awards. Applications will be reviewed quarterly in the following timeframe: January 1, April 1, July 1, and October 1. Applications submitted after these dates will be reviewed within the next quarter.

Hearst Fund Grant Proposal

# Title

**Proposal Abstract (Maximum 250 words)**

Aims & Hypotheses

Methods

Study design

Expected results

Deliverables

**Biographical Sketch**

(Example:

Dr. Wonderful MD, is a Pediatric Hospitalist at DHMC. Dr. Wonderful completed her Bachelor of Science in Biology, with a minor in Psychology at the University of Hawaii from which she graduated Summa Cum Laude and received a Prize for Excellence in the Sciences and Humanities. She went to medical school at NYU where she conducted public health research assessing the impact of neighborhood level violence on elementary school attendance, and was recognized with awards in Humanism in Medicine, and Academic Excellence in Primary Care and Public Health. She then came to DHMC for residency and has been involved in a community advocacy project at the Haven. Following residency, Dr. Wonderful started working as a Pediatric Hospitalist for CHaD.

**Project Mentor/Advisor and contact information**

Name

Email

Phone

## (PAGES 2-3)

## Brief Summary of Background, Aims (Objectives) and Hypotheses

Congenital heart disease is a significant problem in children. As we make rapid advances in the management of congenital heart disease, more and more children are surviving and living with the burden of chronic disease. Children living with congenital heart disease face physical and psychological stress as a result of their disease and its management.

Therapeutic recreational (TR) camping has been gaining popularity for children with chronic diseases. These camps are a mode of therapeutic recreation in which purposeful interventions are designed to improve the participants’ quality of life through recreation and leisure and where the provision of medical treatments for chronic illnesses are provided by competent health care professionals. A number of studies suggest that such camping experiences have a positive impact on the health related quality of life of children with chronic disease.

There is little data on therapeutic camping and health related quality of life (HRQOL) in children with congenital heart disease. We plan to study the quantitative and qualitative effect of a 3-day fall camp experience for children with congenital heart defects, on their health related quality of life. We plan to do this through interviews and surveys using validate tools, and expert informed tools when validated tools are not available. We also plan to assess the sustainability of these effects over a period of time after the camp experience, and eventually to assess the effect of repeated camp experiences.

Beyond the immediate-intermediate effects of TR camps on HRQOL, we also wish to take a broader view of how TR camps may impact the long-term health outcomes of the participants. We believe there may be a role for TR camps to improve knowledge skills acquisition and overall productivity for participants as they transition into adulthood and beyond. It is increasingly being realized that many of the variables that constitute one’s HRQOL, also relate to their general “sense of self”, which in turn affects their decision making and general level of health as they transition to adulthood. It is conceivable that all of these factors further may affect the utilization of health care resources in later years, which brings in to focus the possibility of TR camps being more than a wonderful humanistic endeavor, but also an efficient medical intervention with tangible health-cost benefits.

# Objectives

-To assess the HRQOL of participants before and after attendance of TR camp, immediately after, at 1 month, at 6 months and at 12 months.

# Hypothesis

Attendance at a therapeutic recreational camp will be correlated with a measurable change in indices that reliably and validly represent health related quality of life.

# Design

-Prospective survey based analysis of defined population at multiple points of time.

# Methods

-Define inclusion criteria, camp duration, camp interventions, sample size of participants.

-Conduct survey of participants using PEDSQL questionnaire, before camp attendance, immediately after, and then at intervals of 1 month, 6 months and 12 months.

-Conduct interviews of participants using tools for qualitative assessment of HRQOL.

# Statistical Approach/Analyses

-Will need to statistically analyze the surveys

# Timeline

-Spring 2018- Start enrolling participants

-Summer 2018- Get “before attendance” data

-Fall 2018- Get data during camp attendance

-Winter 2018- 1 month interval

-Spring 2019- 6 month interval

-Fall 2019- 12 month interval

# Role of (specifically)

Principal Investigator, will collate all survey materials, convene meetings with people and get approval, apply for IRB approval, tell the research assistant what to do, figure out how to do this, and make it all happen. Research mentor will provide guidance, moral support, and encourage adherence to timeline.

# Page 4

# Budget and Justification

1. Budget must clearly support the goals and timeline outlined in your application.

2. Include a complete description of each activity.

3. All relevant budget line items should include a formula (e.g. 25 people @ $10 gift card=$250)

4. Please do not group multiple activities in one line item.

**Budget Example**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| PERSONNEL (NAME, TITLE) | ROLE | % EFFORT | Task | | SALARY | | TOTALS |
| Dr. Wonderful  TBN | PI  Statistics | --  5 hours | Analyses | | $100/hour | | --  $500 |
| PERSONNEL SUBTOTALS | | | |  | |  | $ 500 |
| EQUIPMENT | | | | | | |  |
| EQUIPMENT SUBTOTAL | | | | | | | $ |
| SUPPLIES  Materials: Educational hand outs, props for teaching, hands-on activities during the sessions, advertising hand outs ($100) | | | | | | | 100 |
| SUPPLIES SUBTOTAL | | | | | | | $ 100 |
| OTHER EXPENSES (List by category)  Meetings: Logistics of set up: renting space/chairs if needed, projector/equipment, snacks and beverages for the meetings ($200)  Incentives: Providing child care, gas cards, cash incentive for participation ($600)  Meeting travel to PAS, airfare, hotel, meals ($1000) | | | | | | | 200  600  1000 |
| OTHER EXPENSES SUBTOTAL | | | | | | | $ 1800 |
| TOTAL COSTS | | | | | | | $ 2400 |