

The University of Texas Health Science Center at Houston
CER Resources as of October 1, 2009

CONTACT PERSON FOR RESOURCE		RESOURCE THAT COULD BE USED IN DEVELOPING CER RESEARCH
<i>Email</i>	<i>Institution/Division or Department</i>	
	Dental Branch	Electronic Patient Record
Muhammad.f.walji@uth.tmc.edu	Dental Branch	Inter-university Oral Health Research Database (in development)
	Dental Branch	EPR and Decision Support

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<i>Email</i>	<i>Institution/Division or Department</i>	
	Dental Branch, <i>continued</i>	EPR and Decision Support, <i>continued</i>

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<i>Email</i>	<i>Institution/Division or Department</i>	
Ka.bian@uth.tmc.edu	IMM	Altered sGC expression as a diagnostic biomarker and target guided cGMP therapy
David.g.gorenstein@uth.tmc.edu	IMM	Centers for Proteomics and Systems Biology
Dean.f.sittig@uth.tmc.edu	School of Health Information Sciences (SHIS)	Dean Sittig, Ph.D.
Dean.f.sittig@uth.tmc.edu	SHIS	
Elmer.V.Bernstam@uth.tmc.edu	SHIS	I2b2 clinical data warehouse
Phillip.Reeder@uth.tmc.edu	Memorial Hermann CRU	Data management assistance
Jeremy.Russell@uth.tmc.edu	Memorial Hermann CRU	Electronic Data Capture System
Phillip.Reeder@uth.tmc.edu	SHIS/Memorial Hermann CRU	Electronic Consent System
Noriaki.Aoki@uth.tmc.edu	SHIS	Cost-effectiveness analysis (Tree, Markov modeling, Monte Carlo simulation)
Noriaki.Aoki@uth.tmc.edu	SHIS	Discrete event simulation
Noriaki.Aoki@uth.tmc.edu	SHIS	Prediction modeling (data mining)
Noriaki.Aoki@uth.tmc.edu	SHIS	Primary data from Nara prefecture, Japan
Chiehwen.e.hsu@uth.tmc.edu	SHIS	GIS Spatial Analysis LAB. Expertise: diabetes, cancer, hepatitis, health disparities, community-based research.
Chiehwen.e.hsu@uth.tmc.edu	SHIS	Datasource: CBO, FBO, City, state, and federal data access.
Parsa.mirhaji@uth.tmc.edu	SHIS	Biosecurity and public health real time surveillance

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<i>Email</i>	<i>Institution/Division or Department</i>	
Kim.Dunn@uth.tmc.edu	SHIS	A Quality Health Record that assures Quality management, teleaccess/ telemedicine, medical home model
Luis.Ostrosky-Zeichner@uth.tmc.edu	MS: IM/ID	Infection control program at MHH. Provides both faculty member experienced in these topics and data.
Bela.Patel@uth.tmc.edu	MS: Division of Critical Care Medicine Internal Medicine	-faculty in clinical research -Access to 150 bed Adult critical care units at MHH/LBJ and additional in the MHH peripheral hospitals
Zaenab.alrehani@uth.tmc.edu	MS: IM/GI	A, B (see resource notes below)
Zaenab.alrehani@uth.tmc.edu	MS: IM/GI	A
Zaenab.alrehani@uth.tmc.edu	MS: IM/GI	A
Zaenab.alrehani@uth.tmc.edu	MS: IM/GI	A
Dianna.M.Milewicz@uth.tmc.edu	MS: Medical Genetics/IM	Compare the effectiveness of genetic testing in preventing premature vascular diseases.
Imoigele.aisiku@uth.tmc.edu	MS: Neurosurgery—Neurocritical Care	Dr Aisku directs new 32 bed Neuroscience ICU at MHH, and maintains database on acquired infections in NSICU
James.A.Ferrendelli@uth.tmc.edu Carmel.B.Dyer@uth.tmc.edu	MS: Departments of Neurology (Dr. Ferrendelli) and Internal Medicine-Geriatrics (Dr. Dyer)	Drs Dyer and Ferrendelli are developing a dementia program in the institute of ageing at the medical school
James.c.grotta@uth.tmc.edu	MS: Dept of Neurology, Stroke Program	Dr Grotta runs an active telemedicine

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		program covering hospitals throughout Texas, including rural hospitals, for acute
Clark.w.sitton@uth.tmc.edu Elizabeth.b.jones@uth.tmc.edu	MS: Departments of Radiology (Dr. Sitton) and Emergency Medicine (Dr. Jones)	Dr Sitton is director of neuroimaging at Memorial Hermann, and uses MRI and CT to select patients for acute stroke therapy in one of the nation's busiest and most active stroke treatment centers. Dr Jones directs a network of emergency physicians in several Houston hospitals who manage acute stroke patients.
Jerry.s.wolinsky@uth.tmc.edu	MS: Dept of Neurology, MS group	Dr Wolinsky directs a large MS group and oversees multicenter therapeutic clinical research studies for MS
James.c.grotta@uth.tmc.edu	MS: Dept of Neurology, Stroke Program	Dr Grotta directs the stroke program which maintains a database on a large number of stroke patients and their treatment at
Raymond.a.martin@uth.tmc.edu	MS: Dept of Neurology, Div of Diagnostic Neurology	Dr Martin directs the diagnostic neurology section which manages a large number of patients with headache
Omotola.A.Hope@uth.tmc.edu Jeremy.d.slater@uth.tmc.edu Giridhar.p.kalamangalam@uth.tmc.edu	MS: Dept of Neurology, Comprehensive Epilepsy Program	Dr Hope along with Drs Slater and Kalamangalam studies variables that affect drug compliance in epilepsy patients, especially the elderly, and direct an epilepsy monitoring unit that evaluates patients with intractable epilepsy
Robert.L.hunter@uth.tmc.edu	Med School / Pathology	Biomarkers for guiding cancer therapy
Robert.Brown@uth.tmc.edu	Med School / Pathology	
Cheryl.chanaud@memorialhermann.org Cheryl.m.chanaud@uth.tmc.edu	Memorial Hermann Healthcare System	
Sharon.K.Ostwald@uth.tmc.edu	SON: Center on Aging	Sharon K. Ostwald

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<i>Email</i>	<i>Institution/Division or Department</i>	
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Lorraine.Frazier@uth.tmc.edu	SON: Center for Nursing Research	Lorraine Frazier
Thomas.A.Mackey@uth.tmc.edu	SON: UT Health Services	Thomas Mackey
Barry.R.Davis@uth.tmc.edu	SPH/Biostatistics/Coordinating Center	Access to large national clinical trials data bases in cardiovascular disease, stroke, Parkinson's disease, rheumatoid arthritis
Barry.R.Davis@uth.tmc.edu	SPH/Biostatistics/Coordinating Center	Faculty and staff with expertise in design, management, analysis of large multisite clinical trials; web-based system for trial data management.
Barbara.C.Tilley@uth.tmc.edu	SPH/Biostatistics	Faculty in Division with expertise in the analysis of observational studies and approaches such as propensity score matching

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Robert.O.Morgan@uth.tmc.edu	SPH-MPCH	Center for Health Services Research (CHSR)
Robert.O.Morgan@uth.tmc.edu	SPH-MPCH (CHSR)	IOM 100 topic of interest
Robert.O.Morgan@uth.tmc.edu	SPH-MPCH (CHSR)	IOM 100 topic of interest
Sarah.A.Felknor@uth.tmc.edu	SPH – MPCH	SPH - MPCH Research Group (this group overlaps with the CHSR)
Sarah.A.Felknor@uth.tmc.edu	SPH - MPCH	SPH - MPCH Research Group
Sarah.A.Felknor@uth.tmc.edu	SPH - MPCH	SPH - MPCH Research Group
Sarah.A.Felknor@uth.tmc.edu	SPH - MPCH	SPH - MPCH Research Group
Sarah.A.Felknor@uth.tmc.edu	SPH - MPCH	SPH - MPCH Research Group
Charles.E.Begley@uth.tmc.edu	SPH – MPCH (CHSR)	IOM 100 topic of interest
Charles.E.Begley@uth.tmc.edu	SPH – MPCH (CHSR)	IOM 100 topic of interest
Xianglin.L.Du@uth.tmc.edu	SPH-Epidemiology and MPCH (CHSR)	National SEER (Surveillance, Epidemiology, and End Results) cancer registry data and SEER-Medicare linked data
Xianglin.L.Du@uth.tmc.edu	SPH-Epidemiology and MPCH (CHSR)	IOM 100 topic of interest
Xianglin.L.Du@uth.tmc.edu	SPH-Epidemiology and MPCH (CHSR)	IOM 100 topic of interest
Xianglin.L.Du@uth.tmc.edu	SPH-Epidemiology and MPCH (CHSR)	IOM 100 topic of interest
Henry.S.Brown@uth.tmc.edu	SPH-MPCH; Dell Center and the CATCH program (CHSR)	IOM 100 topic of interest

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Beth.E.Quill@uth.tmc.edu	SPH-MPCH	IOM 100 topics
Beth.E.Quill@uth.tmc.edu, <i>continued</i>	SPH-MPCH, <i>continued</i>	IOM 100 topics, <i>continued</i>

1. Resources include: a) faculty members with experience in a particular topic or methodology relevant to CER (see IOM list of 10 or secondary, particularly data that could help estimate numbers of patients with particular conditions or taking specific medication c) centers or research groups; d) relationships with community-based provider organizations; e) relationships with community-base f) other resources relevant to CER.

DESCRIPTION OF RESOURCE (w/relationship to IOM priority topics, if possible)

Comprehensive Dental EHR containing over 50k patients.

Examples of data collected include:

- o Medical and dental histories,
- o Medications
- o Vital signs (BP)
- o Chief complaint
- o Periodontal measures
- o Procedures / treatments provided
- o Demographics
- o Radiology images
- o Treating provider (student, resident, faculty)
- o Appointment history

The following IOM 100 Topics would be relevant:

- Compare the effectiveness of the various delivery models (e.g., primary care, dental offices, schools, mobile vans) in preventing dental caries in children.
- Compare the clinical and cost-effectiveness of surgical care and a medical model of prevention and care in managing periodontal disease to increase tooth longevity and reduce systemic secondary effects in other organ systems.

- We are leading the effort to build a large inter-university oral health database with data from 4 dental schools (UT-Houston, UCSF, Tufts and Harvard)
- This project would be appropriate for CER infrastructure development projects

- The Dental Branch clinics which are fully equipped with Electronic Health Records offer an excellent venue to test interventions seeking to enhance adoptions of guidelines and best practices.
- The patient population at the Dental Branch is diverse and includes large number of patients with health disparities and people with limited health literacy.

**DESCRIPTION OF RESOURCE (w/relationship to IOM
priority topics, if possible)**

The following IOM 100 Topics would be relevant:

- Compare the effectiveness of patient decision support tools on informing diagnostic and treatment decisions (e.g., treatment choice, knowledge acquisition, treatment-preference concordance, decisional conflict) for elective surgical and nonsurgical procedures—especially in patients with limited English-language proficiency, limited education, hearing or visual impairments, or mental health problems.
- Compare the effectiveness of alternative redesign strategies—using decision support capabilities, electronic health records, and personal health records—for increasing health professionals’ compliance with evidence-based guidelines and patients’ adherence to guideline-based regimens for chronic disease care.
- Compare the effectiveness of care coordination with and without clinical decision supports (e.g., electronic health records) in producing good health outcomes in chronically ill patients, including children with special health care needs.
- Compare the effectiveness of different techniques (e.g., audio, visual, written) for informing patients about proposed treatments during the process of informed consent.
- Compare the effectiveness of dissemination and translation techniques to facilitate the use of CER by patients, clinicians, payers, and others.

<p align="center">DESCRIPTION OF RESOURCE (w/relationship to IOM priority topics, if possible)</p>
<p>First Quartile Compare the effectiveness of genetic and biomarker testing and usual care in preventing and treating breast, colorectal, prostate, lung, and ovarian cancer, and possibly other clinical conditions for which promising biomarkers exist.</p>
<p>1) Compare the effectiveness of genetic and biomarker testing and usual care in preventing and treating breast, colorectal, prostate, lung, and ovarian cancer, and possibly other clinical conditions for which promising biomarkers exist.</p>
<p>2) Compare the effectiveness of adding information about new biomarkers (including genetic information) with standard care in motivating behavior change and improving clinical outcomes.</p>
<p>Compare the effectiveness of alternative redesign strategies—using decision support capabilities, electronic health records, and personal health records—for increasing health professionals’ compliance with evidence-based guidelines and patients’ adherence to guideline-based regimens for chronic disease care.</p>
<p>Compare the effectiveness of care coordination with and without clinical decision supports (e.g., electronic health records) in producing good health outcomes in chronically ill patients, including children with special health care needs.</p>
<p>Contains multiple datasets including: Allscripts -- approximately 230,000 UT-Physician patients, all outpatient data entered into Allscripts EMR IDX – limited data (billing diagnoses, demographics) on over 1M patients</p>
<p>The CCTS biomedical informatics component staffs the CRU informatics core as a “consultation” service.</p>
<p>We have developed a forms-based data capture system that can be used to collect data for CER studies.</p>
<p>We are currently piloting an electronic consent system that will free investigators from having to maintain paper consents. System is currently online and being piloted.</p>
<p></p>
<p></p>
<p>100,000 ER visits, HbA1c, LDL, BP data from 50,000, etc</p>
<p>Evaluate the effectiveness (quality of program, satisfaction/approval of users) by geographic variations, etc in terms of structure, process, or outcomes of the program.</p>
<p>Comparing the effectiveness of many public health studies, including 1) dissemination and translation techniques to facilitate the use of CER by patients, clinicians, payers, etc. 2) pub medical home vs. usual care 3) traditional outcomes research variables such as prevent obesity, hypertension, diabetes, and heart disease in at-risk populations.</p>
<p>Data from 13 Hermann Emergency Departments received and processed in near real time (every 10 minutes or so)</p>

<p align="center">DESCRIPTION OF RESOURCE (w/relationship to IOM priority topics, if possible)</p>
<p>We have three payers that are interested in funding a demonstration of the medical home model using telemedicine / teleaccess. The Quality Management Model overcomes the barriers to physician adoption of outcomes of care. The relationship to CER is for validating outcomes/ treatments prior to being integrated into ongoing CER research.</p>
<p>1. "Compare the effectiveness of various screening, prophylaxis, and treatment interventions in eradicating methicillin resistant Staphylococcus aureus (MRSA) in communities, institutions, and hospitals." 2. "Compare the effectiveness of strategies (e.g., bio-patches, reducing central line entry, chlorhexidine for all line entries, antibiotic impregnated catheters, treating all line entries via a sterile field) for reducing health care associated infections (HAI), including catheter-associated bloodstream infection, ventilator associated pneumonia, and surgical site infections in children and adults. Both are first quartile priorities.</p>
<p>Compare the effectiveness of strategies (e.g., bio-patches, reducing central line entry, chlorhexidine for all line entries, antibiotic impregnated catheters, treating all line entries via a sterile field) for reducing health care associated infections (HAI), including catheter-associated bloodstream infection, ventilator associated pneumonia, and surgical site infections in children and adults</p>
<p>Our GI and Hepatologist have extensive experience with chronic diseases such as Hep C, Hep B, and liver diseases. Could study the effectiveness of upper endoscopy utilization for gastroesophageal reflux disease on morbidity, quality of life.</p>
<p>Our GI faculty have extensive experience with inflammatory diseases such as Crohn's Disease.</p>
<p>Our faculty deals with many pt. with one or more chronic diseases. They could compare the effectiveness of accountable care systems and usual care on costs, processes of care and outcomes for geographically defined populations of patients with chronic diseases.</p>
<p>Have interest in working with biomarkers to improve clinical outcomes.</p>
<p>1. Cohort of patients with mutations in genes that predispose to aortic aneurysms, aortic dissections, premature strokes and premature coronary artery disease. Establish "virtual clinic" to collect outcome data and provide updated information to the patients and their physicians to improve outcomes of these vascular diseases to improve the translation of genetic data into clinical care more rapidly than previous genetic discoveries (BrCa1, BrCa2, etc.)</p>
<p>Could use database and NSICU patients and personnel to compare the effectiveness of various strategies to reduce health care associated infections.</p>
<p>Could compare the effectiveness and costs of alternative detection and management strategies for dementia in community-dwelling individuals.</p>
<p>Could compare the effectiveness of pharmacologic and non-pharmacologic treatments in managing behavioral disorders in people with Alzheimer's disease and other dementias</p>
<p>Could compare the effectiveness of telemedicine and usual care in</p>

<p align="center">DESCRIPTION OF RESOURCE (w/relationship to IOM priority topics, if possible)</p>
<p>managing stroke, especially in rural areas</p>
<p>Could compare the effectiveness of traditional and newer imaging modalities (i.e routine CT vs newer CT and MRI algorithms) when ordered by neurologists and emergency department physicians for selecting stroke patients for therapeutic intervention.</p> <p>Could compare the effectiveness of diagnostic imaging performed by non-radiologist and radiologists</p>
<p>Could compare the effectiveness of comprehensive, coordinated care and usual care on various outcome measures for people with multiple sclerosis</p>
<p>Could compare the effectiveness of different disease management strategies in improving the adherence to and value of pharmacologic treatment (for stroke prevention) in the elderly</p>
<p>Could compare the effectiveness of different treatment strategies on the frequency and lost productivity in people with chronic, frequent migraine headaches</p>
<p>Could compare the effectiveness of monotherapy and polytherapy on seizure frequency ...etc.... in patients with intractable epilepsy</p>
<p>The first quartile of the IOM Priority Topics for Comparative Effectiveness Research includes: “Compare the effectiveness of genetic and biomarker testing and usual care in preventing and treating breast, colorectal, prostate, lung, and ovarian cancer, and possibly other clinical conditions for which promising biomarkers exist.”</p>
<p>The morphoproteomics project of Dr. Robert Brown fits this priority very well. It uses novel biomarkers to select the best cancer therapy for individual patients. We have already documented saving tens of thousands of dollars on chemotherapy with improved results and have enthusiastic support of oncologists. Relationships are established with UT-Houston Oncology, MD Anderson, and the Neuroblastoma consortium.</p>
<ol style="list-style-type: none"> 1) Access to hospital-based patients, including diverse patient populations (ethnic/racial; multiple chronic conditions; adult & pediatric) 2) Community-based providers for acute care hospitals 3) Estimates of patient-types (inpatients) 4) Use of EMR by health care providers/students 5) Hospital System EMR 6) Practical experience with EMR implementation in hospitals 7) Experts on Quality Indicators for hospital patients
<p>Various data on elderly persons with dementia, caregivers of stroke survivors and nursing home residents; research interest group on chronic illness in aging; relationships with various rehabilitation agencies in the Houston area (Ostwald), facilities for the aged (Rapp) and international nursing homes (Bergstrom)</p>

DESCRIPTION OF RESOURCE (w/relationship to IOM priority topics, if possible)
IOM Priorities: 3, 6, 12, 13, 37, 39, 44, 80, 82
Databases on cardiovascular and metabolic risk factors in children and adolescents; relationships with Aldine Independent School District; public health, primary prevention and epidemiologic expertise
IOM Priorities: 14, 15, 88
Biobehavioral databases of women with breast cancer
IOM Priorities: 16, 18
Small databases on behaviors and attitudes of African Americans with DM Type 2; relationship with several local African American churches
IOM Priorities: 22, 60
Biobehavioral database on perinatal parameters
IOM Priorities: 24, 28
Biobehavioral database on substance abuse recovery clients; Long-standing collaboration with Cenikor substance abuse recovery centers and several local disadvantaged communities through churches; participatory action research expertise
IOM Priorities: 24, 30, 84
Databases from patients with HIV/AIDS and tuberculosis; relationship with Acres Home and Thomas Street Clinic
IOM Priorities: 33
Neonatal screening
Pilot data comparing manual turning and automated turning (kinetic therapy) in mechanically ventilated ICU patients
IOM Priorities: 64
Data on informed consent issues in various groups
IOM Priorities: 86
Primary Care database; relationship with regional and national primary care facilities, particularly those that are nurse-managed
Generate pilot data for future effectiveness trials or analyses to address effectiveness questions.
Ability to assist in the design and conduct of effectiveness trials.
Ability to work with investigators conducting comparative effectiveness analyses of observational data and in design and conduct of effectiveness trials.

<p align="center">DESCRIPTION OF RESOURCE (w/relationship to IOM priority topics, if possible)</p>
<p>The mission of the Center for Health Services Research (CHSR) is to conduct research and provide technical assistance and training in the organization, financing, and outcomes of health services, systems, and policies. The Center focuses on the development and application of health services research methods in the design and evaluation of individually targeted healthcare and community-based public health. (http://www.sph.uth.tmc.edu/chsr/default.aspx). The CHSR has 11 primary faculty with a broad range of active research interests and expertise (for specifics on each faculty member see: http://www.sph.uth.tmc.edu/chsr/faculty.aspx).</p>
<p>“Compare the effectiveness of different benefit design, utilization management, and cost-sharing strategies in improving health care</p>
<p>“Compare the effectiveness of different strategies to engage and retain patients in care and to delineate barriers to care, especially Medicare and the elderly</p>
<p>Community-based healthcare delivery systems</p>
<p>Community-based clinical interventions in chronic disease among minority populations</p>
<p>Personal health records and medical information systems</p>
<p>Meta analyses</p>
<p>“Compare the effectiveness of strategies for enhancing patients’ adherence to medication regimens [2Q] – Specific interest in self-management in epilepsy.</p>
<p>“Compare the effectiveness of patient decision support tools on informing diagnostic and treatment decisions (e.g., treatment</p>
<p>SEER data are available for patients of all ages with various types of cancer in the SEER areas (accounting for 25% of the U.S. population).</p>
<p>SEER-Medicare data are available for patients aged 65 or older. We have SEER-Medicare data at UT-SPH for patients diagnosed with breast, ovarian, prostate, lung, colorectal, head and neck, and hematological (including Hodgkin's disease, non-Hodgkin's lymphomas and multiple myeloma) cancers. These rich data may be used for comparative effectiveness research and cost-effectiveness research on cancer screening, treatment and surveillance (note: projects need to be approved by the NCI’s SEER-Medicare office before using the data).</p>
<p>Compare the effectiveness of management strategies for localized prostate cancer (e.g., active surveillance, radical prostatectomy</p>
<p>Compare the effectiveness of management strategies for ductal carcinoma in situ (DCIS).</p>
<p>Compare the effectiveness of interventions (e.g., community-based multi-level interventions, simple health education, usual care) to reduce health disparities in cancer.</p>
<p>The Topic of interest is in the top quartile of interest. It is, to “[c]ompare the effectiveness of school-based interventions</p>

**DESCRIPTION OF RESOURCE (w/relationship to IOM
priority topics, if possible)**

Compare the effectiveness of interventions (prenatal care, nutritional counseling, smoking cessation, substance abuse treatment and combinations of these interventions) to reduce incidences of infant mortality, preterm births and low birth weights among African American women. Interest area: MCH and vulnerable populations.

Compare the effectiveness of interventions . . . to reduce health disparities in . . . , birth outcomes. Special interest: MCH and vulnerable populations.

Compare the effectiveness of divers and comprehensive support services for infants and their families following discharge from neonatal ICU.

Interest area: MCH, vulnerable populations.

00 priority topics); b) data, primary

is or using specific devices;

and lay organizations; and