



**2<sup>ND</sup> ANNUAL USC HEALTH COLLABORATIVE RETREAT:  
10/19/2005  
DISCUSSION GROUP PARTICIPANT SURVEY &  
RETREAT EVALUATION**

**Demographics**

- Forty-five people returned a Discussion Group survey, fewer than half of total attendees.
  - Group A=14, Group B=13, Group C=8, Group D=10 (*Some facilitators did not complete survey.*)
- 55% of participants were returning; 45% were first-time participants.

**Retreat Evaluation** (SCALE: 4=Very Valuable, 3=Valuable, 2=Somewhat Valuable, 1=Not Valuable)

- **Networking Value: 3.27**
  - Returning participants rated slightly higher (3.32) than first-timers (3.22).
- **Research Value: 2.89**
  - First time participants rated slightly higher (2.94) than returning (2.85).
- **Retreat 2006: 100% w/opinion = Yes**
  - Preferred format is half-day (81%).
  - Returning more likely to prefer full day (21%) vs. first-time participants (16%).

**Follow-up Activities Interest**

- Most participants are interested in attending colloquia and working on proposals. A number are willing to chair a colloquium; several more expressed future interest.
  - Attend colloquia meetings (2-3/semester): 84%
  - Work on proposals emanating from colloquia: 80%
  - Chair a colloquium this year 20%

**Written Comments**

**I. Research Themes**

**GROUP A--HEALTH DECISION-MAKING**

- Bio/Psychological change mechanisms and decision-making; Complex decision-making (4)
- Global health/social wellness/lifestyle redesign theme; From decision-making (global) to lifestyle changes (4)
- Center for Social Wellness – Prevention, Entertainment and Tailoring intervention (4)
- Center for Life Choices, Media and Health
- Decision-making rationality & communications and culture
- Role of technology in prevention and health behavior
- Why are "best practices" not followed?
- Center based on LA's diversity/global environment/entertainment industry

**GROUP B—PATTERNS OF VARIATION IN HEALTH & HEALTHCARE**

- Minority Mental Health (3)
- Disparities/Cultural competence (3)
- CV Disease: Across life-span, prevention & disparities (3)
- Dental/oral health (3)
- Community collaborative/participatory research (2)

- Mental health outcomes
- Quality
- Child health policy
- Access
- Research policy
- Cross-section health measurement from community indicators to individual health characteristics

#### GROUP C—LIFE-SPAN PERSPECTIVE ON HEALTH

- Models for addressing multi-dimensional interventions for prevention and management (including systems of care) of chronic illnesses along life-span. Interactions between physical, SES, family and community culture and health systems in health and economic outcomes in an unselected population and in a model of chronic disease (Dr. Roberta Williams had a proposal developed on this--too quantitatively complicated and not funded a few years ago--maybe time to revisit?)
  - Chronic diseases to explore (prioritized by group) (6)
    - Obesity
    - Dental health/inflammation
    - Expand model to other areas, e.g. CV disease
- Prevention measures & translating knowledge into behavior changes (2)
- Research re: adherence/compliance
- Advancing the concept of a life-span perspective on health

#### GROUP D—TECHNOLOGY & INNOVATION, SCIENCE TO SOCIETY

- Model for translation/dissemination of knowledge & products for social need but uncertain commercial properties needs to be developed at USC; USC needs an incubator for technology transfer (2)
- Need to think beyond basic science to application (and give value to all levels)
- An amalgam of both research & education--USC as the local/nat'l/international leader in healthcare and invention
- Obesity
- Value of interdisciplinary communications in research & education
- Multidisciplinary met-analysis of a health topic w/communication and outreach
- Developing quantitative outcome measures for effects on society

## II. Educational Concepts

#### GROUP A--HEALTH DECISION-MAKING

- Availability of a variety of disciplines to explore impacts on health behavior and decisions
- Education-entertainment
- Doe Mayer's point about "conversation"
- Local and global interconnected
- USC needs to begin encouraging interdisciplinary educational efforts ex: Medical student education in healthcare finance

#### GROUP B—PATTERNS OF VARIATION IN HEALTH & HEALTHCARE

- University-wide theme on prevention and disparities--tied to courses, lectures series, high profile research discussion (2)
- Develop and offer a course on health disparities (2)
- Prevention-dental education
- Training research in mental health disparities
- Policy translation as a training module (Zelman idea)
- Multidisciplinary training/education colloquia or course.
- CV disease, MH, Community-based nature of CARS, examples dentistry and pharmacy

- DDS/MD collaboration for dental disease prevention

#### GROUP C—LIFE-SPAN PERSPECTIVE ON HEALTH

- Collaborating w/professional schools and graduate programs to develop interdisciplinary coursework in health promotion and prevention, particularly bridging clinical medicine with social sciences (2).
- Annual symposium highlighting interdisciplinary research here and elsewhere.
- Expand avenues to promote communication and multi-disciplinary coursework
- Knowledge and information about populations w/chronic diseases
- Mechanisms for motivating knowledge to produce behavioral change

#### GROUP D—TECHNOLOGY & INNOVATION

- Train/educate students to become competent as future leaders

### III. Ideas for Other Collaborative Projects and Activities

- Website to post upcoming RFP/ROI's for multidisciplinary collaboration
- Network for "expert speaker" series
- Developing the multidisciplinary response to media teams that are based on specific areas of expertise, such as obesity or environmental health.
- Staff should develop 1) data warehouse, 2) research interest "search" engine, 3) ties to research partners such as Kaiser and 4) Curriculum course offerings
- Community MH collaborative (lists several orgs and mentions I. Lagomasino, who wants to build a center
- Workforce distribution, training & diversity (lists a variety of community contacts)
- Presentations of collaborative research (lists some examples)
- A racial disparities conference to bring together current and new ideas
- Resource center in addition to website; Aid in sharing information from funding sources, current research programs, upcoming research opportunities and connecting interested parties
- Identify approaches to further promote and deepen networking; identify existing projects that can be leveraged or combined in new ways to expand or build networking and enrich next generation of proposals. Loeb's comments were thought-provoking and could merit further discussion and possible recs.
- Suggest series of colloquia designed along certain themes (e.g. lifecycle of health) in which presentations are given from a broad range of groups--be a catalyst for idea generation across disciplines
- USC is quite difficult to navigate for networking--have a networking expert consult on how to maximize this opportunity at two levels: A collaboration day (details offered); Grant related groups to help people learn to "schmooze"

### IV. Other Comments—Retreat

- More individual breakouts--Smaller groups w/shared interests--Use small groups to id research gaps to be pursued-- More focused groups, such as technology as a tool in health—Core disease research areas to focus ideas (5)
- Present data and papers—Solicit papers along themes (3)
- Issue oriented, no overview
- Concentrate on education in future given research this year.
- Less show/tell > small group like this year
- More interdisciplinary groups
- Provide more networking/lunch time
- Include a break at midpoint
- Like idea of colloquia

**V. Other Comments--General**

- Offer of venture capital to help w/building research capacity was terrific; would have liked to see Vice Provost stick around to hear the panelists--they had excellent points that needed to be heard higher up in university administration
- I'm willing to help, participate and support these activities
- Would like to see increased focus on minorities; particularly Hispanics
- Pro-social/health marketing for older adults
- In my unbiased opinion, a terrific retreat!
- The Collaborative needs funding to become an initiative!