



health care systems
research network

Health Care Systems Research Network

NEWSLETTER

2024 Volume 3

**Governing Board Chair Dr. Michael Horberg
at the White House**



On Tuesday, September 24, HCSRN's Governing Board Chair Dr. Michael Horberg joined other leaders from across the federal government, civic and social organizations, the private sector, the arts and entertainment industries, healthcare professionals, and communities throughout the nation at the

¡Adelante! Summit. The intention of the convening, which was coordinated by the White House Office of National AIDS Policy (ONAP) is to raise greater awareness of HIV among Latinos and foster multidisciplinary collaboration, coordination, and commitment to strengthen efforts addressing the HIV epidemic in Latino communities through a comprehensive and holistic approach. Dr. Horberg has worked with the White House on HIV care and decreasing inequities before, having served on President Obama's Presidential Advisory Council on HIV/AIDS, and past Chair of the HIV Medicine Association.

The health inequities within Latino communities signify the urgent work that still lies ahead, particularly in the efforts to address HIV in this country. This Summit is intended to galvanize new and existing partners in this vital work, engaging everyone to do their part to drive progress forward.

Source: [White House to Convene Summit on Response to HIV in Latino Communities | HIV.gov](#)

Founders' Award Nominations Are Being Accepted



Background

The HCSRN is proud to announce that it has established the Founders' Award. The inaugural award will be bestowed at the 2025 Annual Conference in Saint Louis, MO, April 8-10, 2025. This award collectively honors, by its name, the original Founders of the HCSRN and recognizes **an active or recently retired awardee** who best exemplifies the spirit of those early founders in their service and lasting contribution to the network. The original Founders were visionary, creative, influential, persistent, committed, and productive in their efforts to establish what has become a wonderful lasting legacy of a network in which we all participate and from which we benefit. Each HCSRN Governing Board Member will have one vote to cast for their selection of the award winner. Travel expenses and meeting registration will be provided to the winner.

Criteria

Nominees for this award should be **an active or recently retired awardee** who exemplify the following characteristics:

- The vision and confidence to create something new or unique in embedded healthcare research.
- The spirit of fostering collegiality and collaboration across partner organizations, which remains among the most important values of the network.
- The persuasive expertise and determination to create a legacy of funded platforms or other valuable resources for conducting productive research in the HCSRN.

Timeline

- **October 7** - Award applications due
- **November 11** - Winner notified

Nomination Form

Click [here](#) to access the nomination form.

Call for Membership Committee



In June of this year, the HCSRN Governing Board of Directors established the Membership Committee as the Value Task Force, in its final report, ranked “Develop a long-term plan for HCSRN membership growth, including determining when and how growth would start and develop” as a high priority.

An additional committee member is needed. Committee Charge/Responsibilities include the following:

- Oversee programs for the recruitment and retention of members.
- Ensure members (and non-members) in the learning health systems research community are aware of the resources, services, and membership benefits of HCSRN.
- Add value to HCSRN membership by identifying, implementing and marketing the exchange of ideas, networking and communication among members.
- Evaluate and revise the membership categories/criteria and the dues structure, as necessary.

- Oversee the development of surveys and other research instruments that assist in evaluating members' needs, interests, and opinions.
- Identify and implement measurable tactics to address the goals of membership recruitment and retention programs.
- Review and approve Special Interest Group applications.
- Engage with other committees, task forces, and work groups as needed.

This is your opportunity to help shape the future of HCSRN by participating in this vital committee. Please complete [this form](#) by Friday, October 4.

The HCSRN Merchandise Store Features New VDW and 30th Anniversary Merchandise



Check out the merchandise with the new Virtual Data Warehouse logo and see the expanded offerings featuring the 30th anniversary logo!

Production time is 10 days and is created on demand.
So, place your order now.

Show your HCSRN pride with merch featuring the 30th anniversary logo or the new VDW logo.

Don't Delay. [Order today!](#)



NIH PRAGMATIC TRIALS COLLABORATORY

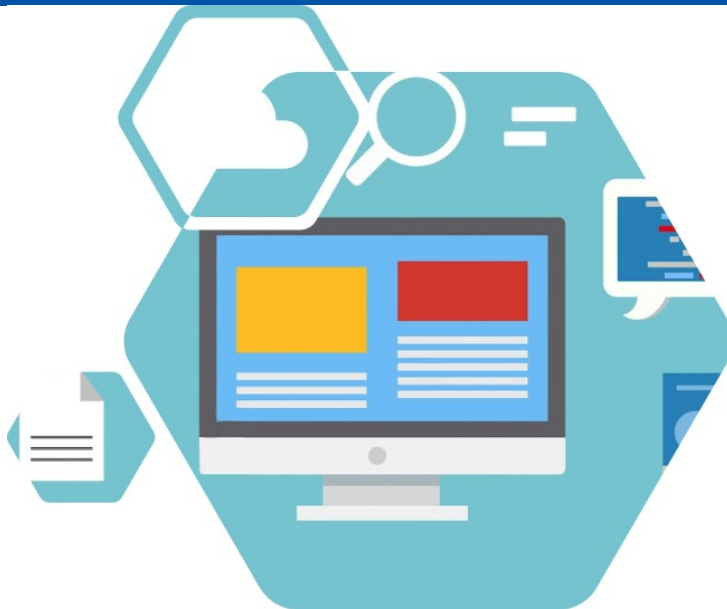
Rethinking Clinical Trials®

NIH Pragmatic Trials Collaboratory Launches New Self-Paced Learning Path on Pragmatic Trial Study Design

The NIH Pragmatic Trials Collaboratory has launched a new interactive learning path that provides essential knowledge to research teams on how to choose the most appropriate study design for a pragmatic clinical trial. The learning path is a series of self-paced training modules that include expert videos, reference materials, and knowledge checkpoints. Its content covers key information for designing a study, including: choosing between an explanatory or pragmatic study design, how to make decisions about randomization, and choosing between parallel and stepped-wedge design.

This new tool is free and takes about 1 hour to complete. Learners will receive a certificate upon completing the course. Learn more: <https://bit.ly/3AiTclH>

Scientific Data Research Forum Recaps



PROC DS2, the VDW, and You



Matthew T. Slaughter

Data Scientist

Kaiser Permanente Center for Health Research

This article is based on the January 9, 2024 SDRF presentation entitled, PROC DS2, the VDW, and You presented by Matthew T. Slaughter, MS, Data

The SAS DS2 (DATA Step Two) procedure was released in 2012 as a modern successor to the classic SAS DATA step. Originally named TSPL (Table Server Programming Language), DS2 was created to provide better integration with external database management systems including support for a wider variety of data types and embedded SQL. DS2 also provides fast multithreaded processing and allows programming in an object-oriented style.

DATA step code can be converted to DS2 with statements which clarify execution scope and other minor changes. Such a conversions improves performance when executing CPU-intensive array operations, and further gains can be achieved by taking advantage of multithreading.

However, the main reason to use DS2 in an HCSRN context is the flexible data type system. Because DS2 attempts to coerce input data to the declared type, types can be enforced while handling unexpected input types, particularly dates and times. This is valuable when writing code for distribution across sites because the data types present in VDW tables at remote sites may be uncertain. DS2 code can reliably and efficiently enforce date or time types across DBMS platforms without site-specific customization or complex logic. Unlike the DBSASTYPE option, DS2 variable declarations never break implicit passthrough to the target database.

The ethos of HCSRN is to allow sites to use their preferred back-end database while providing consistent results to distributed programs and minimizing the need for customization. Current VDW workplan programming practices fall short of this ideal because sites preferring Oracle as the VDW platform are forced to either customize workplan code for their site or maintain a separate VDW platform for external use. Replacing PROC SQL with PROC DS2 in distributed code would save time for programmers and data managers while delivering on the promise of the VDW.

Closing Know-Do Gaps for Preventing Youth Firearm Injuries



Jennifer Boggs, PhD, MSW
Investigator
Institute for Health Research

This article is based on the August 13 SDRF presentation entitled, [Results From A Hybrid Effectiveness-Implementation Trial To Improve Uptake Of A Secure Firearm Storage Program In Pediatric Primary Care.](#)

Starting around 2020, firearm related injuries became the leading cause of death for young people in the United States (about 6 deaths per 100,000 in 2021) , overtaking motor vehicle accidents. There are evidence-based brief programs that can be delivered in pediatric primary care that promote more

secure storage of firearms among parents.

Principal Investigator Rinad Beidas (Northwestern University) has been working over the past decade, funded by the National Institute of Mental Health, and in partnership with two HCSRNs Henry Ford Health (Site PI: Brian Ahmedani) and Kaiser Permanente Colorado (Site PI: Jennifer Boggs) to understand what it takes to support pediatric clinicians in talking to parents about secure storage and offering free cable locks, an evidence-based practice. While professional organizations, like the American Academy of Pediatrics, recommend that pediatric clinicians engage in these practices, only 2% of doctors report doing so.

In the largest study of its kind, recently [published](#) in *JAMA Pediatrics*, ASPIRE tested whether pediatricians were more likely to have safe firearm storage conversations and offer a free cable lock — via an evidence-based program called S.A.F.E. Firearm — if they received a “Nudge” or a “Nudge+.” The “Nudge” consisted of a prompt in the clinician’s electronic health record (EHR) system to remind them to have the conversation with parents during the well visit. In the “Nudge+” scenario, clinicians received this reminder via the EHR system and received support from staff employed by their health system who helped problem solve logistics such as where to store hundreds of cable locks or how to navigate conversations with caregivers. This was done at scale across 30 clinics at Kaiser Permanente Colorado and Henry Ford Health in 50,000 well-child visits and reflects what is possible when bringing implementation science methods to impactful know-do gaps.

The study showed that Nudge+ resulted in 49% of pediatricians delivering the full program (brief conversation plus offering cable locks) compared to 22% in the Nudge condition. The proportion of visits receiving counseling alone (without offer of a lock) were higher, at 62% for Nudge+ and 42% for Nudge. Considering that Colorado and Michigan have high firearm ownership rates of about ½ of residents, more than the national average of about 1/3, we find that these results indicate potential for impact. The ASPIRE team is now looking at whether parents changed their storage behavior, among those who were not securely storing their firearms prior to receiving S.A.F.E. Firearm, and preliminary results illustrate a significant change towards more secure storage – as expected from prior work. A cost-effectiveness analysis is also underway and demonstrates that while Nudge+ is more expensive due to practice facilitation, the cost per patient reached is lower than Nudge, because far more Nudge+ patients receive the program.

Rinad Beidas commented that “This work would not be possible without the incredible village and team of researchers alongside our care delivery constituents in each health system. We hope this is just the beginning of the pursuit of our shared mission of saving the lives of young people and look forward to future collaborations.”

HCSRN Job Board



Want a rewarding job in health research? Check out the [HCSR N Job Board](http://www.hcsrn.org/en/JOBS/) to browse career opportunities. We list faculty and staff positions at HCSR N research centers and academic institutions as a service to the research community.

Spread the Word!

Be sure to forward this email to share the latest from HCSR N with you peers and colleagues!

Share this Link with Your Colleagues to Receive the Latest HCSR N Information

Keeping the HCSR N communication list current is an ongoing task. We don't always know when new people join our member institutions and others leave. Please share this [link](#) with people in your organization who should know about the latest HCSR N happenings. Whether it's conference updates, information about the next SDRF presentation, Governing Board news or job postings, the best way to stay up to date, is by completing the link above.



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