2008
annual report

THE UNIVERSITY *of* TEXAS
SCHOOL OF PUBLIC HEALTH

RESEARCH *into* ACTION
A Knowledge Translation Initiative

INSTITUTE FOR
HEALTH POLICY

Research into Action

A Knowledge Translation Initiative

Our primary mission: to translate public health research into evidence-based policies and programs to enhance the health of communities.

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Executive Summary

Executive Summary

This Research Into Action (RIA) annual report summarizes the activities of the RIA knowledge translation (KT) initiative, based in the Institute for Health Policy at The University of Texas School of Public Health. It is organized into 10 sections. For your convenience, we provide a brief summary.

■ **How It All Began** Through a generous gift from the ExxonMobil Foundation, the Institute for Health Policy at the University of Texas School of Public Health was able to formalize a commitment to its KT efforts via a new initiative, Research Into Action (RIA). This project developed and launched an innovative KT model, tested it with two research projects from the School of Public Health, and plans to serve as a catalyst for policy-relevant research and as a broker for faculty opportunities to inform current policy debates.

■ **Developing a New Model** Much of the existing literature on KT is spread widely across different disciplines and often lacks explicit direction on how to conduct successful translations. The RIA team reviewed this literature and identified a set of "best practices" in the field. RIA then developed a unique model for KT that prescribes different levels of effort and activity based on the perceived gaps between researcher and user. This departure from the classic model is an advance in the conceptualization of the KT process.

■ **Mapping the Evidence** To support KT, a broad array of directly relevant supporting evidence must be assembled. The RIA team used "evidence mapping" to accomplish this. Evidence maps can be created that display general results and clusters of evidence in a way that best summarize the findings. The team weighs the evidence by mapping published study results to answer specific questions about the central topic under consideration.

■ **Active Bodies, Active Minds** One of the IHP's first two research projects was PASS & CATCH, which draws a correlation between physical activity and improved academic achievement. Working with the principal investigator, the RIA team developed advocacy and presentation materials that explain the results to public audiences, and reached out to the U.S. Centers for Disease Control & Prevention (CDC) for support. The CDC expressed interest in collaborating with us in the national distribution of these results, once the study is published.

■ **SBIRT-Expert Analysis** SBIRT is a program mandated for use in all level I trauma centers. Doctors and other medical personnel are required to screen accident patients for signs of substance abuse. If the patients are found to be under the

influence, medical professionals will either conduct a brief intervention or refer them to facilities where they can receive treatment. RIA focused on Harris County's level III and level IV trauma centers (which are not required to provide SBIRT services), translating the existing evidence on program effectiveness and providing resource links and options to assist in the adoption decision.

World 2.0 As the IHP and the RIA team delved further into KT, it became clear that there was no central repository for KT information on the Internet. With that in mind, the RIA team launched a second major initiative – developing a Web portal that would be a one-stop-shop for all KT-related public health information.

What We've Accomplished During its first full year of activity, RIA has:

- ✓ Developed the axial model of KT
- ✓ Developed the three-level project selection matrix
- ✓ Conducted several user surveys to create a foundation for current and future research
- ✓ Conducted its first two KT projects – PASS & CATCH and SBIRT
- ✓ Completed the specification of a comprehensive Web-based KT portal
- ✓ Met its matching requirements for next year through a gift to the IHP from the Houston Endowment

What We Will Accomplish In 2009, we will be evaluating our first two projects, as well as selecting two new projects for our second year. RIA also anticipates the completion of two major Web initiatives by mid-summer – the KT Web portal and the completely renovated IHP/RIA Web pages will be unveiled. These Internet initiatives will substantially raise the public profile of the IHP and RIA.

Benefit to Society Our foremost goal is to have effective KT become the norm. We hope to set a standard that is adopted widely in public health research and practice. Our translation of PASS & CATCH findings connects us to national efforts on obesity prevention and the pressing need to address the obesity epidemic. Likewise, our efforts promoting the adoption of SBIRT, a program proven to reduce injury and substance abuse, can have an impact on thousands of lives a year.

The Institute for
Health Policy

Knowledge Translation

How It All Began

How It All Began

The Institute for Health Policy (IHP) was established at The University of Texas School of Public Health to assist researchers throughout the UT Health Science Center in translating their technical findings into usable advice for program administrators and practical recommendations for health policymakers. This practice is commonly referred to as "knowledge translation," and is often referred to as simply "KT."

With a generous gift from the ExxonMobil Foundation, the IHP was able to extend its commitment to KT with a new program initiative called Research Into Action (RIA). The RIA's primary mission is to translate public health research into evidence-based policies and programs to enhance the health of communities.

This concept of translating research into useful action can be traced to the agricultural extension services at the beginning of the 20th century. Applying this concept to medicine, nursing, and public health is relatively new in the United States, but it is already an established practice in Europe and Canada.

The IHP is devoted to raising awareness of KT in the United States, and using it to bring research from the pages of peer-reviewed journals to those who can use and benefit from it the most.

At the IHP, the practice of KT is carried out through the Research Into Action (RIA) initiative. Using a KT model designed by the staff, the RIA is dedicated to sharing information and best practices to advance the field of KT. Typically that is accomplished by choosing specific research projects and working with the principal investigators to share their findings with targeted populations.

The RIA conducts systematic reviews and translations of scientific content and dissemination of results through a number of communication channels, including the media, scholarly articles, and presentations at conferences.

The IHP also plans to serve as a catalyst for policy-relevant research and brokering opportunities for faculty to apply their expertise to inform current policy debates. In addition, specialized training and education in policy analysis, design and development is currently being offered as a part of the graduate-level curriculum here at the UT School of Public Health.

RIA's Latest Thinking

Developing a New Model

Developing a New Model

Much of the existing literature on KT is spread widely across different disciplines and often lacks explicit direction on how to conduct successful translations. The RIA team reviewed this literature and identified a set of "best practices" in the field.

Success appears to depend upon what information gets exchanged, when, by whom, and through what kind of media.

The RIA team's task was to think beyond the classic KT model, which is based on a simple communication cycle with feedback. Many groups have devised KT models which describe theoretical processes, or which attempt to describe communication processes after the fact.

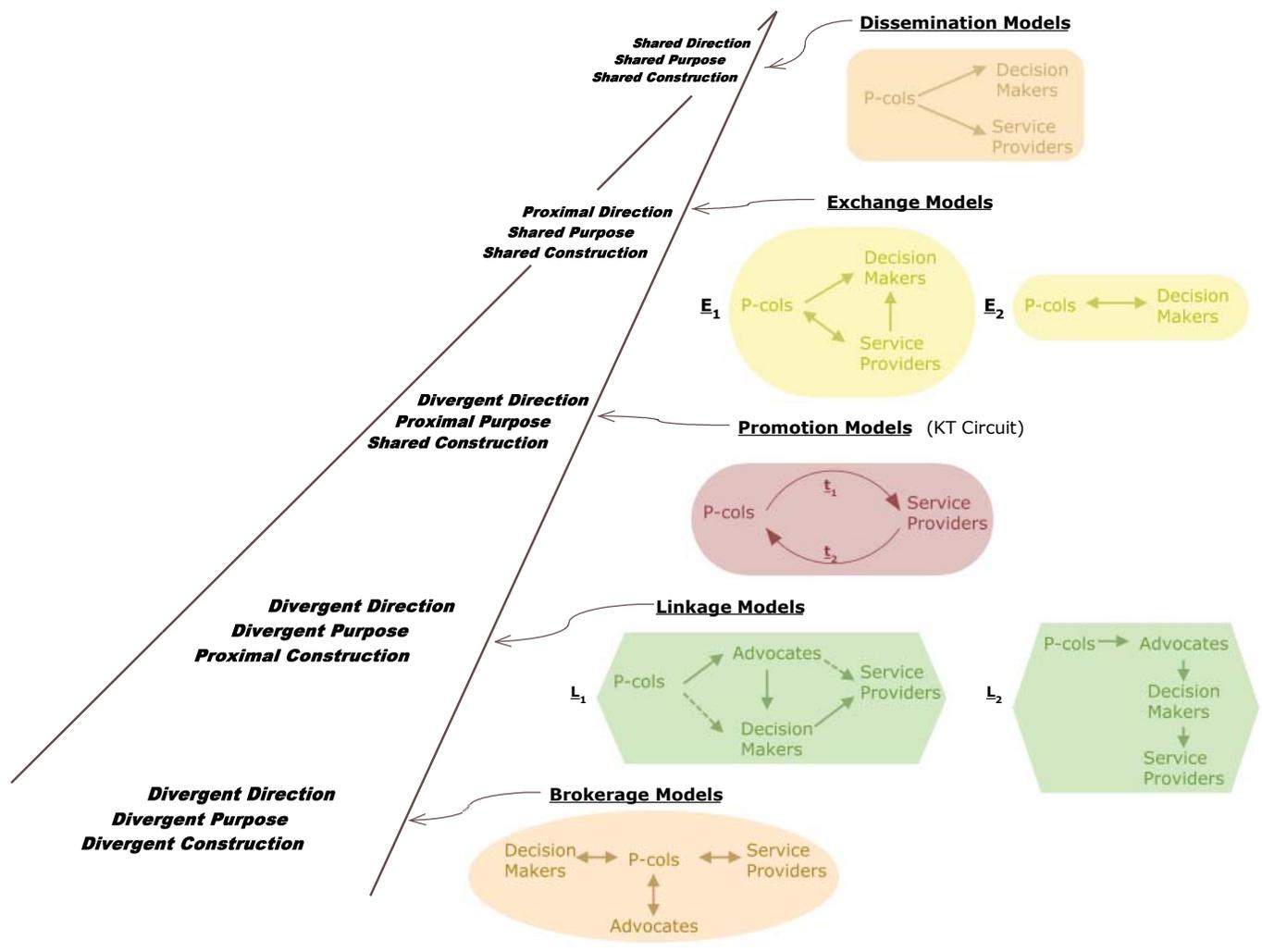RIA developed a unique model for KT that allows for varying degrees of readiness on the part of the user, or gaps between the user and researcher of varying size and complexity.

The RIA model prescribes different levels of effort and activity based on the perceived gaps. This departure from the classic model represents an advance in the conceptualization of the KT process. An abstract detailing this model has been submitted to the third National Conference on Health Communications, Marketing and Media, sponsored by the U.S. Centers for Disease Control and Prevention. We also participated in last year's conference, presenting material from our audit of KT Web sites and user survey.

The graphic on the opposite page illustrates the RIA team's current thinking on this proactive model of KT.

As demonstrated in the model's spectrum of encounters, researchers and end-users (be they policy-makers, administrators, health professionals or the general public), depending on their placement on the spectrum, will have varying degrees of convergence on the topic being disseminated. This represents RIA's latest thinking, and continues to be refined.

The Axial Model for KT Research and Development

Shared Direction
Shared Purpose
Shared Construction

Dissemination Models

P-cols → Decision Makers
P-cols → Service Providers

Proximal Direction
Shared Purpose
Shared Construction

Exchange Models

E_1 P-cols ↔ Decision Makers / Service Providers

E_2 P-cols ↔ Decision Makers

Divergent Direction
Proximal Purpose
Shared Construction

Promotion Models (KT Circuit)

P-cols — t_1 → Service Providers
t_2

Divergent Direction
Divergent Purpose
Proximal Construction

Linkage Models

L_1 P-cols → Advocates → Service Providers / Decision Makers

L_2 P-cols → Advocates → Decision Makers → Service Providers

Divergent Direction
Divergent Purpose
Divergent Construction

Brokerage Models

Decision Makers ↔ P-cols ↔ Service Providers
Advocates

To simplify the process of planning for KT efforts, RIA staff created a comprehensive list of projects and activities derived from the "best practices" compiled from all sources. This comprehensive list is intended to function like a clinical algorithm, allowing staff to plug in the appropriate activities based on the scenario identified by the model. This chart illustrates a sampling of the activities and the categories they fall under.

Analysis
- Review all material
- Meet with principal investigator and staff
- Second round of targeted evidence mapping

Translation
- Develop broad expertise on potential users
- Translate scientific findings into actionable messages
- Frame key messages to meet users' needs

Specify Relevant Forms of Communication
- Inventory targets and tactics
- Match tactics to a media plan

Review Model Elements
- Evaluate efficacy of initial analysis, translation, and tactic selection

Execution
- Create timeline
- Set budget

Products/Reporting
- Develop communications materials
- Direct user interaction
- Interactions with media
- Interactions with intermediary organizations

Evaluation
- Design evaluation measures
- Track implementation and user uptake
- Final report

RESEARCH into ACTION

A Systematic Approach

Mapping the Evidence

Mapping the Evidence

The RIA project began in the fall of 2007. At the outset, staff produced a mission statement and logo, a revised logic model, and a set of operational objectives to guide implementation.

Staff also created a systematic screening process to guide the choice of research findings for translation. The project's focus was on research completed at the UT School of Public Health in the prior three years.

To accomplish the selection task, an exhaustive inventory of studies was completed, a custom database to organize the application of the screening criteria was designed, and a weight-of-evidence assessment from the published scientific literature was completed on the final set of candidate studies.

The assessors used 15 criteria to screen 144 research studies over the course of three rounds. From this, a set of 10 candidate studies were identified. After further investigation, these 10 were then narrowed down to three. The staff then conducted a full weight-of-evidence assessment on these three studies.

RIA staff found that no single study had significant enough results to stand alone. This is frequently the case; progress in public health is made in small increments. For the purpose of creating a persuasive case for KT, a broad array of directly relevant supporting evidence must be assembled. How is this done? The IHP uses a tool called evidence mapping.

Evidence maps can be created that display general results and clusters of evidence in a way that best summarize the findings. Evidence mapping begins with a search of the research literature for previous systematic reviews. If the literature has already been synthesized in a systematic review, it is then updated with more recent research or search terms are modified to widen the breadth of review.

Next, the team weighs the evidence by mapping published study results to answer specific questions, for example:

Descriptive questions *What clinical contexts have been investigated? What are the different types of interventions studied in the population of interest?*
Outcome questions *How effective was the intervention? What is the effectiveness of intervention on special populations?*
PICO Principle – Population *(who)*, Intervention *(what)*, Compared to, and Outcome *(consequences/effectiveness). For example, in [X] population, did [Y] treatment, compared to none or little [W] treatment, reduce/ increase [Z] outcome?*

Adopted from "Evidence Mapping Systematic Review, and Meta-Analysis," © Patricia Mullen, Dr. PH.

Next, the group determines selection criteria (both inclusion and exclusion) for studies; conducts a document search; and develops a strategy for capturing relevant study characteristics, such as:

- **Search strategy**
- **Report identification** *author, title, journal or other pub. type, publication date*
- **Population**
- **Program or treatment**
- **Setting, time**
- **Study design/methods/quality rating**
- **Outcome measures**
- **Applicability to different populations and settings**

Using this systematic approach, the IHP staff is able to take large amounts of data and turn it into practical, useful information.

Two of the studies that were subjected to evidence mapping were finally selected for translation. One was a physical activity supplement to the coordinated approach to child health (CATCH) program, and the other concerned screening and brief intervention during emergency care.

The next months involved translating content into actionable messages, building a network of collaborators for dissemination, and engaging policymakers as potential users of these results.
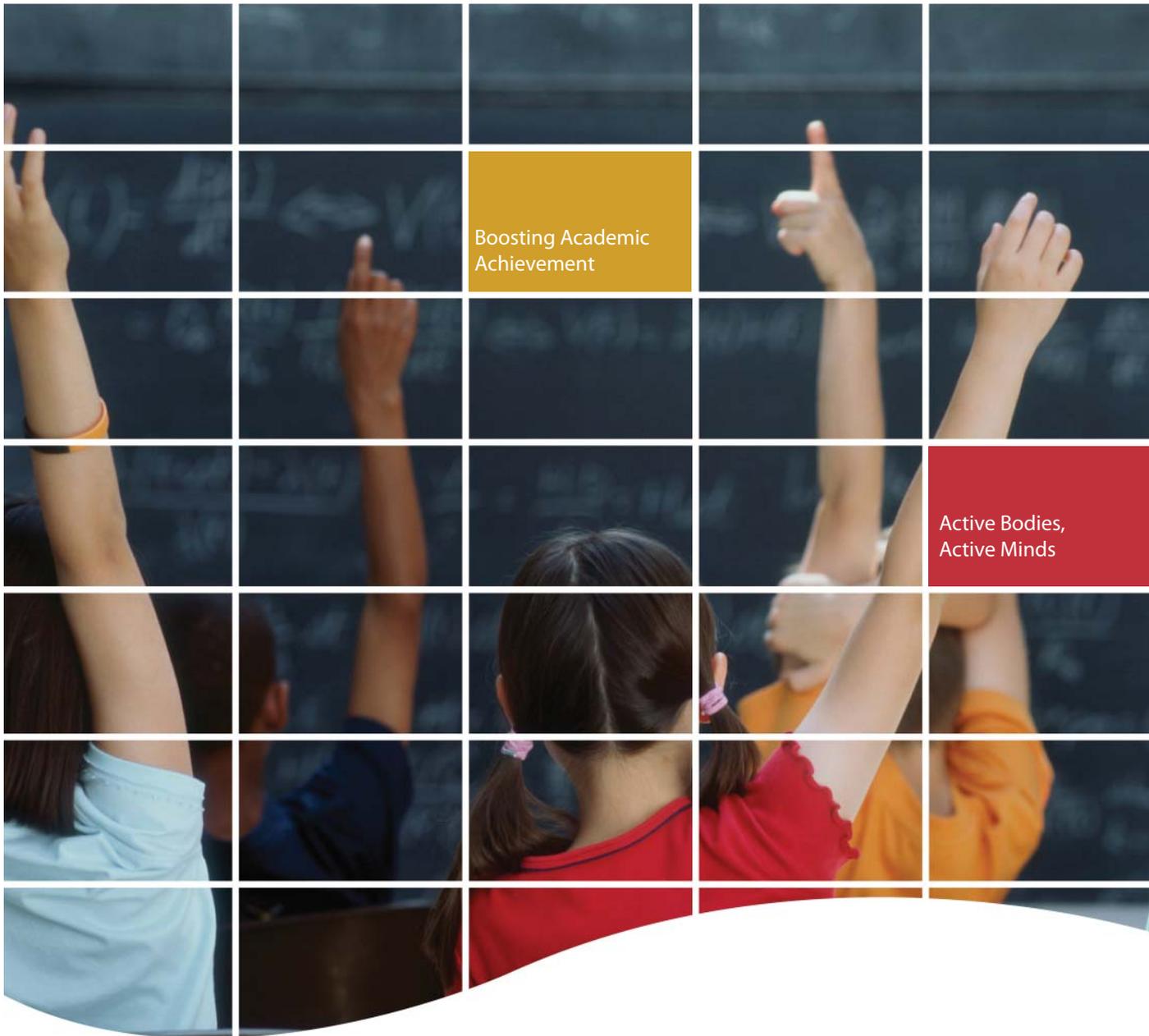
Boosting Academic Achievement

Active Bodies, Active Minds

Active Bodies, Active Minds

One of the IHP's first two research projects was PASS & CATCH, which draws a correlation between physical activity and improved academic achievement.

Dr. Nancy Murray, the principal investigator, has gone further than other researchers by focusing on how teachers can use physical activity in the classroom as a teaching aid and demonstrating the benefits of physical activity for poorly adapting students.

The IHP staff, with input from Dr. Murray, developed a variety of collateral materials for PASS & CATCH. These were (and are) used at conferences, public meetings, and other gatherings to spread the word about PASS & CATCH.

As a first step in the KT efforts on behalf of the PASS & CATCH pilot project, the IHP developed and began distribution of an advocacy flyer highlighting the positive results of the PASS & CATCH research.

The flyer is designed to transmit the relevant research to interested lay people like teachers, principals, school district administrators, and parents. It features not only the PASS & CATCH research, but also related research on the beneficial effects of increased physical activity in the classroom. This ad-

vocacy flyer has already been used several times by Dr. Murray in her presentations, and she reports a very positive response.

A revised version of this advocacy flyer, targeted to legislators and policymakers, is being developed. The revised flyer more strongly emphasizes the cumulative impact of research into the beneficial effects of classroom physical activity, and accentuates the relationship between physical activity and improved academic performance.

This version of the flyer clearly calls for action on the part of the intended audience, in the form of policy and funding changes.

The RIA staff also worked with Dr. Murray to develop a PowerPoint presentation suitable for use at various school district and School Health Advisory Council meetings, as well as other education-focused audiences.

RIA staff has reached out to interested parties at the Centers for Disease Control on behalf of PASS & CATCH. The CDC would support implementation of a national dissemination effort in support of PASS & CATCH, once the findings are published.

In addition, the RIA staff is currently completing a stand-alone PowerPoint presentation that details the correlation between physical activity and academic achievement.

Leading up to the conclusion of the PASS & CATCH project, the IHP plans to work with Dr. Murray to develop an evaluation tool for the presentation; schedule more presentations to groups of decision makers and other influential people in school curricula; and work with her on perfecting her presentation skills.

The goal is to complete all pending PASS & CATCH support activities by June 2009, contingent on the U.S. Centers for Disease Control and Prevention's collaboration in a national media campaign.

The implications of successful KT of this research are manifold. Dr. Murray's research indicates that poorly adapting children, in particular, benefit from increased physical activity.

Her PASS & CATCH study, and the rapidly accumulating supporting evidence, all point to improved academic, social, classroom management, and productivity outcomes from increased physical activity.

While this KT project focused on academic outcomes, the results have the side benefit of lending further support to the battle against childhood obesity, which is a burgeoning epidemic in the United States.

SBIRT - Expert Analysis

SBIRT - Expert Analysis

The second research project for RIA's initial year was Screening, Brief Intervention and Referral to Treatment (SBIRT).

SBIRT is a program mandated for use in all level I trauma centers. Doctors and other medical personnel are required to screen accident patients for signs of substance abuse (level II trauma centers are required to have a screening component only). If the patients are found to be under the influence, the issue is discussed with them and the medical professionals will either conduct a brief intervention or refer them to facilities where they can receive treatment.

RIA decided to focus its efforts on Houston-area level III and level IV trauma centers, which are not required to provide SBIRT services, to translate the existing evidence on program effectiveness, provide resource links and options to assist in the adoption decision.

RIA, working with an external expert, Dr. Larry Gentilello, developed a survey for area trauma centers regarding the barriers to the adoption of SBIRT. Dr. Gentilello is one of the leaders in the SBIRT field.

The survey was administered online and was completed by either trauma program managers or coordinators. Nine of the 11 level III and IV trauma centers in Harris County responded.

The team soon found that the level III and level IV trauma centers in the Houston area did not have the comprehensive framework in place to support the SBIRT initiative, through no fault of their own. Resources are tight, and as a result many of the smaller hospitals do not have the tools necessary to run an effective SBIRT program.

Only three trauma centers reported providing patients with alcohol/drug abuse counseling. However, a majority of respondents thought that between 15-30 percent of their patients would be positive for alcohol and drug use if tested, and more than 10 percent would be re-admitted for re-injury in the next five years. With most centers admitting between 500-3,000 patients annually, 10 percent of patients would be a large number of re-admittances.

Also, a majority of respondents believed that alcohol/drug abuse was a significant burden, and that their patients would benefit from

having an alcohol intervention. Six organizations were interested in a presentation of the effectiveness and cost savings of the SBIRT program, providing the RIA an opportunity to improve the care provided to patients in level III and level IV trauma centers in Houston.

Now that the survey is complete, the data is being analyzed by IHP personnel and shared with outside experts in the field. Using the information gathered in the survey and its own environmental assessment, RIA staff will present the results to an upcoming meeting of the Harris County Regional Advisory Council on Trauma.

The staff will also develop a portfolio of communications materials identifying the most likely obstacles in developing an SBIRT program and how they can be overcome – basically an expansive "toolkit" that will provide these hospitals with the information and strategies necessary to implement their own SBIRT protocol. This will be presented to level III and level IV trauma program managers/coordinators throughout the Houston area by the end of April, 2009.

Additionally, the RIA plans to release the survey results to the media and actively pursue media coverage of the issue.

Web Site Re-design

World 2.0

World 2.0

As the IHP and the RIA team delved further into knowledge transfer, it became clear that there was no central repository for KT information – no search engine, Web portal, or comprehensive Web site where KT professionals and others could go to find out the latest news and information, and connect with other KT professionals.

With that in mind, the RIA team launched a second major initiative – developing a Web portal that would be a one-stop-shop for all KT public health information.

To accomplish this, the team first conducted an audit and in-depth assessment of all KT-related sites using multiple keywords and three different search engines.

Next, the team created and conducted a survey of potential users that would pinpoint what features people are looking for in a KT Web portal, and how they currently use the Web to conduct research, establish networks, and disseminate scholarly and technical information.

As mentioned earlier, these results were analyzed and presented at last year's CDC Health Communications Conference. After the conference, the IHP staff sent the survey to hundreds of conference attendees asking for their input, as well.
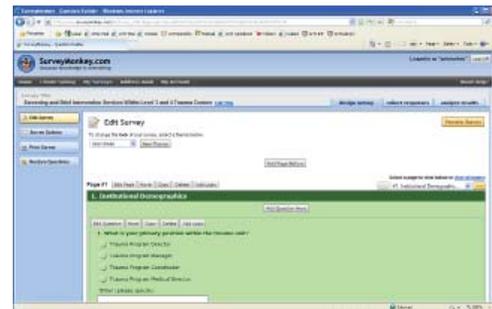
The results were striking. More than 70 percent of all respondents indicated that they use the Internet regularly to track down KT information, but they also indicated dissatisfaction with the amount of information available and the ease of locating it.

Using the survey results and the team's own research, they developed a blueprint for a comprehensive Web portal dedicated to

knowledge transfer. The IHP envisions the site as a central repository for all things KT related. It will include a glossary of terms, best practices, links to relevant institutions and the latest KT articles and research, a calendar of events, an electronic bibliography, current KT funding sources, and areas for user comments.

The staff created a request for proposal, which was sent out to potential vendors. Bids were submitted for consideration by six companies interested in developing the Web portal. These bids are currently undergoing a careful review, as this project will become a cornerstone of the IHP's contribution to the world of KT. The portal will launch mid-summer 2009.

At the same time, the IHP is undertaking a major redesign of its Web site (www.sph.uth.tmc.edu/ihp/). A graphic designer with extensive Web design experience was hired in March, and she is responsible for designing a site that takes into account the unique needs of the users. This user-friendly site, which will be maintained in-house, will be implemented mid-summer 2009.

The RIA is also exploring the new Web 2.0 communications technologies. An IHP Facebook page was established in February, and the use of vehicles such as Twitter are also under consideration.

The IHP is dedicated to using the power of the World Wide Web to spread the word about KT, and to position itself as a leader in the field.

RESEARCH into *ACTION*
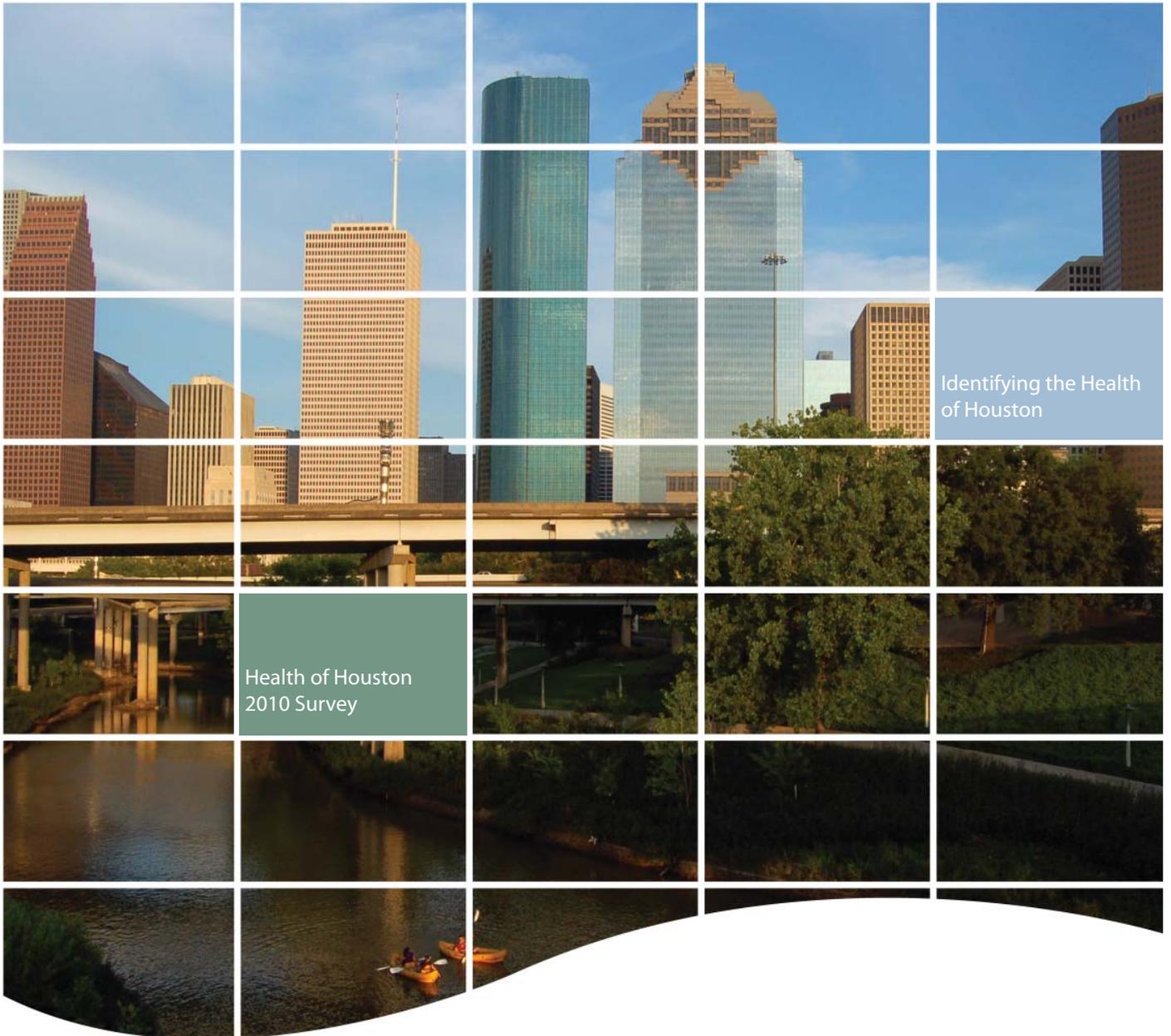
Identifying the Health of Houston

Health of Houston
2010 Survey

Identifying the Health of Houston

As a condition of our ExxonMobil Foundation funding, the IHP has pursued matching funds from other sources. One significant initiative of ours currently being funded by the Houston Endowment is called the Health of Houston.

One of the projects under this initiative is the Health of Houston 2010 survey. This survey, the first of its kind in the greater Houston area, will assess the self-reported health of Houstonians and provide community-level estimates of health status and health care needs.

The survey will support the efforts of health agencies, service providers, and community organizations with more accurate and up-to-date health information, and provide specialized analyses, topical reports, and training in the use of survey information.

The IHP staff has been researching the various groups and organizations dedicated to health in the Houston area, identifying a network of hundreds of potential users of the report, and securing their support.

The staff is emphasizing governmental, community, and stakeholder involvement in the survey planning, implementation, and dissemination process.

Driving the initial development of the survey is the question: What do these organizations want to know about the health needs of the people they serve? Working directly with the groups to develop the survey will enable the IHP to custom-design a survey that will be the most useful to its audience.

The IHP is using this information to develop a comprehensive health needs survey of the Houston area. Results will be provided to the organizations so that they can use it to apply for grants, target care based on areas of need, and develop policy recommendations.

The Health of Houston 2010 survey will involve 3,000-4,000 Houston households. It will question the members of these households regarding their access to health care, their general health, their experiences with chronic diseases, and their primary health care needs.

"Up to this point, health organizations have had to cobble together information from a variety of sources," said Jessica Tullar, Ph.D., an epidemiologist on the survey team. "We want to connect the unknown to the known – we want to provide people with the information they need about the health topics specific to their neighborhoods, something that's never been done before in a systematic way."

The survey results are expected to be released at the beginning of 2011.

RESEARCH into ACTION

What We've
Accomplished

What We've Accomplished

During its first full year of activity, RIA has moved from research, review, and planning, to the execution of a variety of significant projects.

First, the team developed the axial model as a new way of conceptualizing the KT task and as a contribution to the state of the art. The axial model describes various potential scenarios from simple to complex, and then prescribes appropriate tactics for accomplishing the appropriate KT goals. The methods (tactics) are drawn from current practices in social marketing, public relations, and advertising.   An exhaustive list of these methods and their potential targets was compiled for future efforts, thus reducing planning time.

Second, the team introduced a three-level tool for analyzing the suitability of research projects for KT – the project selection matrix. This was used to narrow down the more than 140 eligible research projects from the UT School of Public Health. Evidence mapping could then be applied in a targeted way to establish the state of the science for each of the priority areas identified.

To create a foundation for current and future projects, the RIA team conducted three online surveys. The first was a survey of KT professionals on their use of the Internet for KT research.

A revised version of this survey was conducted with the attendees at the 2008 Centers for Disease Control (CDC) health marketing conference, adding several questions on their use of social networking (Web 2.0). Finally, a county-wide survey of all level III and level IV trauma centers identified important information about emergency room admissions, substance abuse, and the use of interventions.

As the first two projects (PASS & CATCH and SBIRT) moved forward, staff began a broad outreach program to create strategic linkages not only for the two initial projects, but for future projects as well. Among the more than 30 organizations contacted so far are the CDC, the Canadian Institutes for Health Research, and the Southwest Educational Development Laboratory.

For the PASS & CATCH project, RIA created an advocacy flyer and PowerPoint presentation suitable for lay audiences, and assisted the principal investigator (PI) in tailoring her presentation to lay audiences consisting of teachers, principals, school health professionals, and parent volunteers. Using our KT model, we identified the PI as a product

champion, and built the KT program around her fluency with the research. We are now identifying and booking more presentations with area independent school districts and School Health Advisory Councils.

For the SBIRT project, RIA staff is now in the process of developing a communications portfolio that will identify likely obstacles to SBIRT implementation and potential solutions. This is a direct outcome of our survey of level III and level IV trauma centers, which pinpointed the issues and obstacles emergency room directors and trauma coordinators had with SBIRT.

The RIA project has met its matching requirements for next year via a gift to the IHP from the Houston Endowment for the Health of Houston Project.

What We Will Accomplish
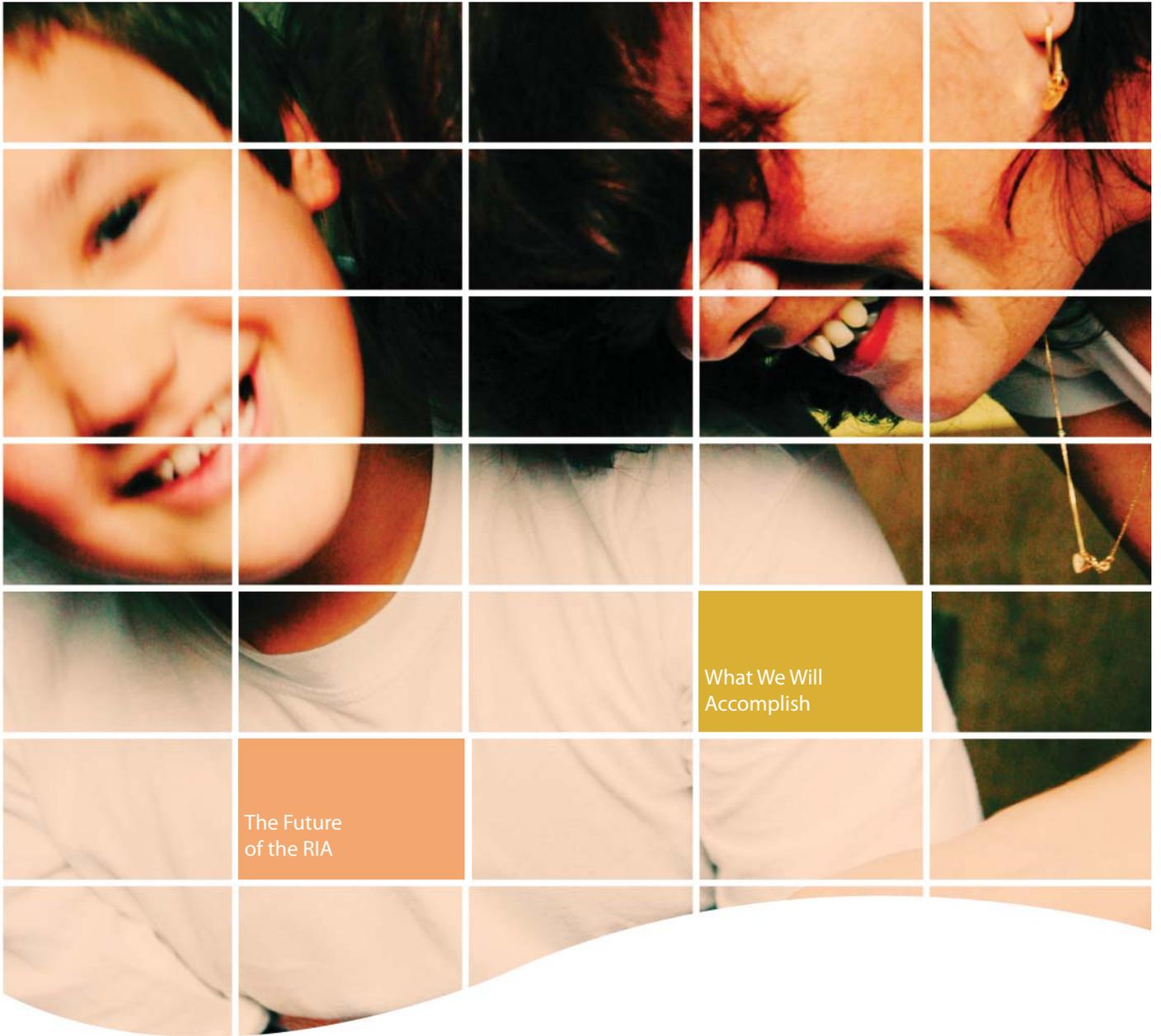
The Future of the RIA

What We Will Accomplish

The Research Into Action group anticipates an extremely busy 2009. We will be wrapping up our two initial research projects, as well as choosing two new projects to focus on.

To determine what public health topics are currently at the forefront of research, the staff conducted an audit of dozens of prominent public health organizations – such as the Centers for Disease Control, the Texas Public Health Association, and the National Institutes of Health. Based on that research, the group has narrowed down the research paradigm to the following:

- Insurance issues
- Environmental health
- Obesity – prevention initiatives, policies, etc.
- Diabetes management
- Aging and disability issues
- Alcohol abuse and proposals to lower the drinking age
- HPV vaccinations
- Access to mental health care
- Language barriers to accessing health care
- The fate and impact of evidence-based guidelines

The staff is continuing to evaluate these topics, and will, within the next several weeks, identify two research topics to focus on in the coming months.

Meanwhile, the group anticipates the completion of two major initiatives mid-summer. Both the KT Web portal, the first of its kind, and the completely renovated IHP/RIA Web pages will be unveiled. These two

projects are the cornerstones of the RIA's communications outreach and represent a huge amount of time and effort. Each of these Internet initiatives will substantially raise the profile of the IHP and RIA, both in the United States and globally.

RESEARCH into ACTION

Societal Benefits

Societal Benefits

The RIA initiative is built on the assumption that the public's health can be improved with better KT. This belief, supported by current findings in the KT literature, promotes the idea that research will improve health practices and policy decision-making, and that evidence-based decision-making about health is superior to current practice.

Through our research and assessments of KT organizations, the RIA has identified gaps between the optimal KT practice and what is currently being done. The RIA proposes a better way of conducting KT and is dedicated to sharing this model through a Web portal that will also create an environment for continued advances in the KT process.

By engaging in KT in public health priority areas, we are able to address large-scale problems with evidence-based programs and policies that have proven effective. Our translation of the PASS & CATCH research connects us to larger efforts on obesity prevention and the great need to address the obesity epidemic.

Likewise, our efforts promoting the adoption of SBIRT, a program proven to reduce injury and substance abuse, can have an impact on thousands of lives in a single year.

Our foremost goal is to have effective KT become the norm. We hope to set the standard in public health research and practice – our nation's quality of life and economic future depend on it.

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- Sr. Comm. Specialist
- Research Associate
- Graphic Designer
- Graduate Assistants

Health of Houston

- Faculty Affiliates
- Program Manager
- Faculty Associate
- Research Associate
- Graduate Assistants
- Interns

Clean Air Project

- Faculty Affiliates
- Research Associate

Decision Support

- Research Associate
- Research Associate
- Graduate Assistants