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## Getting to Zero: Studying Structural Characteristics of Zero-Burnout Primary Care Clinics

by Anders Herreid-O'Neill, MA

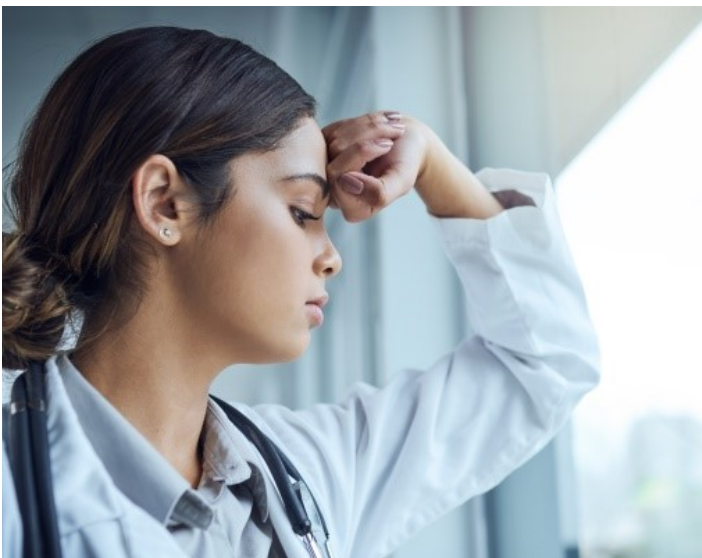
As staffing shortages continue to plague hospital systems across the country, understanding the causes of burnout among employees has never been more important. However, until recently most research into burnout focused on individual factors and increasing personal resilience. Now, **Dr. Sam Edwards** is taking a different approach. In a new manuscript, Dr. Edwards and the team re-explored data from EvidenceNOW, an Agency for Healthcare Research and Quality survey, to determine structural characteristics of 'zero-burnout' primary care clinics.

Dr. Edwards and his team considered 'zero-burnout' practices to be those in which no employees reported burnout in the survey and contrasted these with high-burnout practices where 40% or more of employees reported experiencing burnout. Of the 715 practices which met their inclusion criteria, 215 could be classified as zero-burnout, whereas 94 practices were considered high-burnout. Structurally, the zero-burnout practices were more likely to be

solo practices and clinician-owned, used more quality improvement strategies, and have employees who were more likely to report that clinic leadership created a work environment where "things can be accomplished." They were also more likely to report a strong culture, which included stressing the importance of teamwork, communication, psychological safety, and allowing for learning from mistakes. Interestingly, there was no association between burnout and per clinician per day patient visits, loss of clinicians, or change in electronic health record usage.

These findings suggest that clinical practices interested in minimizing burnout among their employees ought to look to structural factors, in addition to personal factors. In a letter to the Oregon Medical Board on the findings Dr. Edwards said, "...burnout prevention efforts that focus on individuals, such as wellness promotion or individual coaching, are inadequate, and future efforts must focus on whole practices and the organizations in which they are nested."

Some actions that can be undertaken relatively quickly include developing leaders that create inclusive environments and adding appropriate quality improvement strategies. However, much of the work must happen at a higher level than the individual clinic. The research team suggest that supporting solo and small clinician-owned practices through a program like the agricultural extension program could have a major impact on burnout rates among primary care practices.



[Click here to read the full article!](#)



## Cultural Differences in Social Relationships: Implications for Combating Depression

by Arielle Hughes, MS

Now more than ever, cultivating social relationships and maintaining positive social connections with family, friends, and coworkers are paramount. For American adults, higher quality social relationships are beneficial for mental and emotional health, but this did not appear to be the case in Japan, according to a recent study published in the *International Journal of Social Psychiatry*.

The United States is characterized as an individualistic society which differs from a collectivistic society like Japan. In a collectivistic society, social relationships are typically considered interdependent, which means people views themselves as contributing to and being a member of a group (e.g., family). In an individualistic society, like the United States, people tend to view themselves as being more independent from their family and close friends. CIVIC Core Investigators **Drs. Alan Teo and Meike Neiderhausen** collaborated with Dr. Teo's former Portland VA Research Foundation summer research intern, **Benjamin Kaveladze**, to investigate how these cultural differences may shape differences in the link between social relationships and symptoms of depression, inflammation, and stress.

Dr. Teo's primary research interest is the role of social connections in health. Prior research has demonstrated that positive social relationships can combat the negative effects of general stress on mental and physical health. However, because the nature and quality of social relationships are not necessarily the same across cultures, social relationships may differ in their ability to combat negative mental and physical outcomes like depression and inflammation in different countries.

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***“The quality of social relationships is one of the important facets of social connections that I think has major implications for illnesses such as major depressive disorder.”***

- Dr. Alan Teo



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Using data collected on 1,327 adults from the United States and Japan on symptoms of depression, stress, social relationships, and physiological markers of stress (e.g., inflammation) over the course of six years, Dr. Teo and his collaborators found that, on average, people in the United States reported lower depressive symptoms when they also reported high-quality social relationships. In contrast, for people in Japan, high-quality social relationships did not appear to be protective against depressive symptoms. However, in both countries, social relationship quality acted as a buffer against depressive symptoms as psychosocial stress increased, indicating a moderating role of psychosocial stressors.

Dr. Teo and colleagues' research findings inform clinical interventions for depression. Considering the patient's cultural background and how that differentially affects traditional interventions could improve mental and physical health outcomes. For patients that come from a more individualistic cultural background, helping them cultivate positive social relationships is likely to be a helpful approach to reducing risk for development of depression. But for patients with a more collectivistic cultural background, this may not work as well. Accounting for patient diversity and developing cultural sensitivity when treating mental and physical health problems is an implication in treatment all clinicians should consider.

[Click here to read the full article!](#)

## Welcome our new Fellow: Abigail Mulcahy

by Arielle Hughes, MS

**Dr. Abby Mulcahy, PhD** grew up on military bases, surrounded by servicemen, veterans, and their families. Their father served in the United States Air Force and after he retired, their mother became a civil servant. Abby applied to join CIVIC as an HSR&D Fellow, in part, because joining the VA system is a homecoming of sorts and a way for Abby to give back using their training in health services research .

Abby completed their PhD in Public Health at Oregon State University in 2021 with a graduate minor in Women, Gender, and Sexuality Studies. They also hold a BA in political science from the University of Wyoming and an MPH in public health policy and management from Texas A&M University. Abby anticipates working on projects related to suicide prevention, sexual and repro-

ductive health, and aging, as well as studying characteristics and health care use of Veterans, Veteran VA users and non-users, and non-Veterans (civilians).

Abby's overall goal is to employ a positive deviance framework to identify what tools, strategies, and resources make members of multiply-minoritized groups successful and to re-engineer these to improve health equity overall. VA is the ideal place to do this work due to the volume of longitudinal data available and mentorship opportunities available with researchers already doing this work. Abby hopes their work will make it possible for more veterans to receive the care they need and live longer healthier lives.

[Learn more about Abby on our website!](#)



## Career Advancement Following a Career Development Award (CDA): Factors that Predict Career Success and Satisfaction

by Arielle Hughes, MS

The CIVIC Learning Health System Postdoctoral Fellowship Directors and Education Staff regularly seek out and provide resources to fellows, mentors, and those seeking Career Development Awards (CDAs) that may benefit their career development.

The Fellowship recently examined the literature on factors that predict career success and satisfaction, especially as related to diversity, equity, and inclusion. Two factors shown to predict career success and satisfaction are discussion of work-life balance and service and leadership opportunities in academic medical facilities.

**Discussion of work-life balance in mentor-mentee relationships is a factor associated with career satisfaction for physician scientists.** However, only approximately 22 percent of mentees reported discussing this with their mentors. These findings are especially pertinent to female physician-scientists considering they reported being more dissatisfied with their work-life balance and spent more time, on average, on domestic responsibilities (e.g., parenting, household tasks) than did their male physician-scientist counterparts. It is implied by these findings that discussing work-life balance more often may improve career satisfaction. This is important for female mentees who tend to have greater responsibilities outside of work than their male mentees **and** are more likely to leave their current positions due to issues with work-life balance.

**Service and leadership in academic medical**



**facilities** are also associated with career success in early career academic medical faculty. Examples of specific aspects of service and leadership included: collegial relationships with mentors, responsibility to contribute to department administrative issues, and advice about departmental politics. These leadership topics and discussion of career advancement should be emphasized when mentors are evaluating mentees for progress in the area of self-development. Other implications of these findings include ensuring mentees have adequate access to administrative support, grant administrators, and statistical support.

The Fellowship aims to support mentor-mentee relationships and career advancement of early career investigators by sharing relevant findings and encouraging their implementation into mentor-mentee evaluations and other standardized practices. This dissemination of current findings can be applied to all mentor-mentee relationships in the hopes of improving career satisfaction and success.



## Diversity, Equity, and Inclusion: A Year in Review

by Christopher Larsen, BS



Racial justice protests in Portland and across the world in response to police killings of Breonna Taylor, George Floyd, and many other Black Americans have encouraged personal and professional dialogue around the principles of anti-racism, diversity, equity, and inclusion (DEI). In response, CIVIC staff volunteered to be involved in the collection and review of DEI literature and resources. These efforts led to many conversations and a Center-wide open forum held to talk about recent events, reactions, and calls to action as a research community. The discussions and interest in DEI work also led to the creation of workgroups aimed at incorporating DEI principles throughout workplace operations at CIVIC.

The Steering Workgroup conducted an initial survey of CIVIC employees to evaluate the Center's culture and environment in regard to fostering diversity, equity, and opportunity. There were 43 respondents. While many

respondents noted things CIVIC was doing well, respondents also identified additional work to be done. Workgroup members updated CIVIC's vision and mission statements to reflect the work to "continue our development as an inclusive, and diverse collaborative team of health services investigators." Recently, the Steering Workgroup has collaborated on procedures guide for sexual and identity-based harassment or other inappropriate behaviors, and continued efforts to provide more opportunities for team communication.

The Relationships Workgroup was charged with considering changes to the CIVIC environment and identifying resources with the aim of creating a more inclusive and equitable work environment. Together they have developed inclusive language guides for CIVIC "to bolster equity- and anti-racism-focused language in the workplace (how we talk to each other) and in our communications to scientific and lay audiences (manuscripts, presentations, etc.)."

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The Research Workgroup was initially tasked with learning about how CIVIC can avoid bias and apply anti-racist principles to various stages throughout the research project lifecycle. The team identified anti-racist principles before applying them within the contexts of research. Through working sessions, they've collected and reviewed academic and non-academic resources geared towards dismantling white supremacy culture. The Research Workgroup hopes to compile these resources into a guide that provides "questions that researchers can turn to as they move forward with each part of the research process to help ensure they are using an anti-racist approach."

The Hiring Workgroup was asked to identify ways CIVIC can proactively recruit and retain people of color, women, and LGBTQ community members at each level of the Center. The workgroup has created a Hiring Toolkit to help CIVIC investigators from the stage of recruitment on through onboarding. Currently, the team seeks to address retention by examining the performance appraisal process and creating an exit interview strategy.

Together, these workgroups are helping to facilitate CIVIC's commitment to promoting an environment characterized by diversity, equity, and inclusion for all persons.

**Media Mentions & Accolades**

- Dr. Denise Hynes was awarded a new grant, "Care Coordination and Outcomes for High Risk Patients: Building the Evidence Base for Implementation"!
- Dr. Hynes was also awarded a VA Health Services Research & Development Senior Research Career Scientist award! Congratulations, Dr. Hynes!
- Dr. Lauren Denneson also received funding for a new project: "A pilot trial of health coaching to improve functioning and reduce suicide risk among reintegrating Veterans." Congratulations, Dr. Denneson!
- Dr. Alan Teo was awarded a new grant, "Virtual Yoga for Social Isolation and Loneliness in Rural Veterans" from the Veteran's Rural Health Resource Center—Portland! Congratulations, Dr. Teo!
- Avery Laliberte has first-authored her first paper with Dr. Jason Chen's lab! Congratulations, Avery! [You can read the article here.](#)
- Dr. Alan Teo was appointed Associate Editor of the journal *Asia-Pacific Psychiatry*. [You can check out the journal here!](#)
- Dr. Jason Chen worked with practicum student Ty Dingle on an OHSU blog post for Suicide Prevention Month. [You can read the blog post here.](#)
- Dr. Shannon Nugent was interviewed for the American Cancer Society ResearchHERS—Promoting Women in Science! [You can watch the full interview here.](#)



# Rural Health Corner



Veterans Rural Health Resource Center -Portland | Office of Rural Health

## Welcome to the team! Expanding the VRHRC-Portland



As we enter the last few months of 2021, the Veterans Rural Health Resource Center in Portland (VRHRC-P) is reflecting on its first two years in operation. The Center has gone from a mere 6 projects in its portfolio in fiscal year (FY) 2020 to an astonishing 17 projects anticipating funding in FY 2022. Beyond an expanding research portfolio and budget, the Center is also growing itself with the addition of two new team members. Co-directors **Drs. Travis Lovejoy and Sarah Ono** are excited to introduce **Helen Harrison** and **Rachel Wall** to VRHRC-P.

Rachel received her BS in Chemistry and MS in Biology from Indiana University. With nearly 9 years of research experience, including the last 4 years at the Layton Aging and Alzheimer's Center at OHSU and Portland VA Health Care System, she joins VRHRC-P as a Program Analyst and Rural Outreach Specialist stationed in rural Oregon. Helen, who joins as a Research Health Technician, received her BA in Public Health from University of California Berkeley. Prior to starting at the Center, she was a part of research projects related to depression and substance use disorders at University of California San Francisco, Kaiser Permanente, and the VA San Francisco Health Care System.

Their research interests align closely with VRHRC-P's focus areas including increasing access to care for rural

Veterans and mental health issues. Helen is "interested in supporting the health of rural Veterans in general, but particularly in the delivery of mental health services." Rachel added, "recognizing and serving the needs of underrepresented populations has been pervasive throughout my family. Knowing I can potentially help others with my work is all the motivation I need" to participate in Veteran-related rural health research. Both Rachel and Helen are excited to work with all of VRHRC-P to continue the effort of serving and increasing access to care for rural communities.

Earlier this summer, the Center—including Helen and Rachel—gathered in-person for some team bonding and a bit of fresh air. This year's retreat served as the first opportunity for the newest members to meet the founding team, including Drs. Lovejoy and Ono. This day proved to be one of Helen's and Rachel's fondest memories thus far. Rachel shared, "I am only about a month in, but I have to say that my favorite memory was the group retreat. I was able to get to know everyone and the Center more personally."

Team members are excited to welcome Rachel and Helen to VRHRC-P. **Administrator Melissent Zumwalt** added that "our Center is incredibly fortunate to have been able to recruit Rachel and Helen. They are wonderful additions to our team! We are all excited about the transformative work we'll be able to continue and build on together."

Keep an eye on future issues of the Rural Health Update for more information on Rachel, Helen, and VRHRC-P.





## CIVIC Investigator Story: Lauren Denneson, MS, PhD

by Anders Herreid-O'Neill, MA

While some researchers are known for retreating to the ivory tower, **Dr. Lauren Denneson** found herself drawn in the opposite direction. Following an undergraduate experience obtaining degrees in German and Applied Social Psychology and Health Psychology, Dr. Denneson was determined to find somewhere she could apply her research more directly. "As I was finishing my PhD, I started looking for research roles that were embedded in healthcare systems, health departments, or other settings that supported a connection between research findings and improving care, systems, or policy." This search led her to join Dr. Steven Dobscha's research team at CIVIC, which had just received funding for a suicide prevention study. As Dr. Denneson describes it from then on, "the rest is history."

Prior to her work with Dr. Dobscha and at CIVIC, Dr. Denneson's knowledge of VA was minimal, but a desire to find a place where her research could result in tangible health benefits eventually led her to look for research groups partnered with health institutions. This drive was so strong that in graduate school in addition to her social psychology and health psychology courses, she took courses in the public health department, "which I don't think the [psychology] department was very happy about."

At CIVIC, Dr. Denneson was exposed to suicide prevention research for the first time while working with Dr. Dobscha. It wasn't obvious at first, but as Dr. Denneson describes, "After a couple of years I realized that suicide prevention and my research interests in health psychology/health promotion are pretty complementary."

This interest combined well with the opportunity to do something that so inspired Dr. Denneson to begin with. Suicide prevention is an especially, "thorny, vexing, and important concern among Veterans and for the VA," she added.

Dr. Denneson enjoys that research allows her "ample opportunity to explore new ideas and learn new things." This desire to explore new ideas and work with health care partners led Dr. Denneson to a career at CIVIC. "Plus," she concludes, "I like to think there's a chance that my work contributes some good to the world."

If you'd like to learn more about Dr. Denneson's research, check out [her profile on the CIVIC webpage](#).

Continue to the next page to learn about the team that supports Dr. Denneson's research!



## CIVIC RA Corner: Dr. Denneson's Lab



**Kate McDonald**  
(She/her/hers)



**Kyla Tompkins**  
(she/her)



**Mesa Willis**  
(she/her/hers)

<b>Title</b>	Research Associate	Qualitative Analyst	Research Assistant
<b>Areas of Interest</b>	Suicide risk and resilience, trauma, emotion regulation, mood disorders, community mental health access; women, children/teens, and LGBT+ populations	Gender, intersectionality, feminist methodologies, military culture, suicide, feminist geography, and bicycling	Population health and social determinants of health
<b>Favorite Halloween Costume</b>	"Wednesday Addams in a group Addams family costume."	"Rainbow Brite and her trusty pumpkin, Judy."	"One year, I was a bunch of grapes."
<b>Favorite Halloween Treat</b>	Halloween Oreos	Pumpkin Spice Lattes	Apple Cider

Dr. Denneson's team enjoys a collaborative working environment that promotes equality, contribution, and career development. Every member of the team is a scientist and treated as such, no matter the hierarchy. Dr. Denneson respects their ideas, validates their frustrations, provides guidance and perspective, and always makes time to check in. The team looks forward to furthering their own quantitative and qualitative analysis skills and the many opportunities the team provides.

