Within the NIH-funded Diabetes Research Center (DRC), the Einstein DRC Prevention and Control (P&C) Core provides the necessary linkages from basic science, through efficacy studies and epidemiology, into the realm of applied effectiveness and translational research for broad implementation. The collective expertise of its faculty spans health promotion, adherence to self-management behaviors, lifestyle interventions for obesity, evaluation, epidemiology and health services research, community engagement, clinical trials, and biostatistics. The P&C Core provides support across a broad range of research and community projects for primary, secondary and tertiary prevention in diabetes and related conditions. Through three distinct functional units, it provides the focal point for addressing health disparities among the minority populations and underserved communities. Elizabeth A. Walker, PhD, RN is P&C director and provides scientific direction and promotion of collaborations with public health and health disparities initiatives. Jill Crandall, MD, leader of the Clinical Research Methodology Unit, provides a broad background in diabetes clinical trials and translational research; Meredith Hawkins, MD, is co-leader. Judith Wylie-Rosett, EdD, RD, director of the Behavioral Intervention and Evaluation Methodology functional unit, is a nationally-recognized expert in lifestyle interventions for obesity and weight control; Jeffrey Gonzalez, PhD is co-leader. A new third functional unit is the Social-Environmental Research Methodology unit with Dr. Walker as its leader; Bruce Rapkin, PhD is co-leader.

THE PREVENTION AND CONTROL CORE: FUNCTIONAL UNITS

1. Clinical Research Methodology Functional Unit (CRMU)

   The Clinical Research Methodology Unit serves as one of three functional units of the P&C Core and is organized to meet two key objectives:

   A. To increase the quality and scope of diabetes-related clinical trials, clinical physiology and translational research. The CRMU provides assistance and consultation to investigators at multiple stages of research design and implementation. Specific functions include:
      - consultation about study design and analysis
      - assistance with selection of appropriate metabolic variables, biomarkers and clinical outcome measures
      - assistance with recruitment and retention of study subjects
      - development and application of innovative diabetes clinical research methodologies
      - consultation about use of established data sets and databases for epidemiological research

   B. To foster the career development of new diabetes clinical and translational investigators. The CRMU provides training in research methods specific to diabetes-related research. Specific functions include:
      - mentoring of trainees from multiple disciplines in diabetes-related clinical research projects
      - providing a structured seminar/workshop program for diabetes clinical research trainees

2. Behavioral Intervention and Evaluation Methodology (BIEM) Functional Unit

   The BIEM unit is organized to meet two key objectives:

   A. To increase the extent to which investigators develop effective interventions by:
      - Using behavioral epidemiology to identify and prioritize intervention goals
      - Leveraging varied communication channels for intervention research
      - Developing tailored approaches to meet the needs of culturally-diverse, hard to reach, high-risk individuals, families and communities
      - Using qualitative and quantitative assessments in intervention development

   B. To increase the extent to which investigators apply rigorous evaluation methods by enabling and supporting unit users in:
      - Developing/refining process and outcome measures (e.g., assess validity and reliability of behavioral and psychosocial instruments)
      - Conducting formative and summative evaluations (e.g., standardize measurement procedures, apply
RE-AIM evaluation metric
- Monitoring intervention implementation
- Assessing participants’ understanding and comprehension of data collection instruments and intervention protocols

3. Social-Environmental Research Methodology (SERM) Functional Unit
The Social-Environmental Research Methodology unit is organized to meet two key objectives:

A. To increase community and social capital development by providing expert resources for:
- Assessing and building community capacity and social capital
- Leveraging community structures to enhance health, e.g., library systems, departments of health, union benefit funds, places of worship, recreational facilities, etc.
- Facilitating methods to assess community collaboration in diabetes-related research
- Developing the research environment to perform community-based participatory research (CBPR)

B. To engage the community in diabetes-related research to reduce health disparities by:
- Enhancing resources to facilitate health disparities research
- Enhancing public health initiatives related to disparities through training, coursework, and pilot projects, e.g., community health worker curricula, community gardens
- Promoting research in quality improvement for the delivery of health services to reduce disparities
- Coordinating global diabetes-related health initiatives, specifically in India and Uganda.

CURRENT RESEARCH PROJECTS OF THE EINSTEIN DRTC

Prevention of Type 2 Diabetes: Behavioral Interventions for Lifestyle Modification and for Preventive Medication Adherence. Staff training in brief behavioral counseling techniques.

Telephone Interventions in English and Spanish to promote diabetes medication adherence, healthy lifestyle changes, retinopathy screening.

Interactive Weight-Control Interventions: Workbooks, Computer Software, Internet Development. Qualitative and quantitative studies of Hispanics, African Americans, and Chinese Americans with diabetes, including focus groups

Measuring Risk Perception for Developing Diabetes/Complications

Behavioral studies of obesity and diabetes risk in youth including school and clinical interventions

Self-management support using peer facilitators in the community.

Health Care Delivery in Primary Care Settings: Management of diabetes, hypertension and depression. QI for standards of diabetes care and risk factor reduction.

Public health approaches to improve diabetes control and prevention.

PRINCIPAL FACULTY

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