

**ANNUAL REPORT 2010**

*May 1, 2011*

**LETTER FROM THE TRUSTEES**

2010 presented the Fund with opportunities to advance the goal to have pain relief figure more prominently in primary care. Among the grants made are support for research that will translate to care at the bedside, an investment in training and public education materials, and support for advocates who, as medical caregivers, will use their expertise to advance the agenda that pain can and should be better treated.

The principle, *'it is necessary to close the gap between knowledge and practice,'* provides a compass to orient the choices made by the Mayday Fund. In broad terms, our grantees accepted the challenge to use their work to revamp the map of how pain is treated. Many believe public recognition of untreated or undertreated pain, as a public health issue, is a critical step in changing practice regarding pain. To help advance this agenda, the Fund has used three strategies. The first is to expand the evidence base for how pain affects the human body and how to ameliorate it. The second is to provide information and resources that are easily accessed and implemented in clinical settings. The third and equally vital component is that the field requires leadership to move the pain agenda forward. We are privileged to work with clinicians who are so dedicated to improving the treatment of pain.

One of the goals of the Fund has been to contribute to the care of veterans. Through our partnership with the Donaghue Foundation to support the *'Implementation of a VA Stepped Care Model of Pain Management,'* the benefits of pain care coordinated in primary care are being tested. The project, conducted at the West Haven VA Hospital, if shown to be successful, could be expanded to the VA system more widely. On a parallel track, the Fund contributed to adapting the **Pain Resource Nurse (PRN) Manual** for use in hospitals in the VA System. In a triple synergy, the Fund is enabling the Community Health Center, Inc in Middletown, Connecticut to adopt, adapt and collaborate with the VA Stepped Care Model in a civilian primary care setting. As an ensemble, these projects demonstrate the clinicians desire to more creatively and effectively respond to those in pain.

Among the tools supported by Mayday to better assess and manage pain are: the [www.geriatricpain.org](http://www.geriatricpain.org) website for use by staffs in nursing homes, video and print materials to manage immunization pain in children, and a video targeted to parents on distraction techniques for their child's pain. The Fund contributed to the development of the World Health Organization's about to be released *Treatment Guidelines for Chronic Pain in Children*. At the Memorial Sloan Kettering Cancer Center, the Fund is supporting the development of a simple, reliable assessment tool for rapid screening for pain and palliative care needs in hospitalized patients with advanced cancer.

As care at the bedside is one of the key targets of the Fund, we continue to support projects that explore how to best insure that a person in pain will be well treated. The study at the Newark Beth Israel Medical Center will better gauge how personal and professional characteristics of health care workers affect their interpretation of pain in patients in the Intensive Care Unit. Ongoing studies to address post amputation pain and the possible role of nutrition in chronic daily headache form another key part of the work we support. As does a new study to explore whether clinicians may be able to prevent the transition from acute to chronic pain with interventions provided to high-risk individuals at the time of their Emergency Department visit.

In relation to the sum of our grantmaking targets, the largest number of projects supported in 2010 was for pain in children. Some of these grants are small and represent next steps in projects where the Fund has already played a role, for example, general support for *Childkind International* and the acupuncture research at the Arkansas Children's Hospital. Our contribution to the Canadian, *Pain in Child Health Network*, is intended to create an international network of researchers who will collaborate to accelerate the development of the field and to move it forward. The Fund's contribution to the *Pediatric Palliative Care Master Class*, held in Washington DC, was a sign of support for this important and sometimes emotionally difficult approach to care for children with life limiting conditions. Mayday contributed seed money to a longitudinal study at UCLA that follows up on children and their parents who participated in a chronic pain study ten years ago. Mayday had supported pilot work for the original study that resulted in a large National Institute of Mental Health grant. The current work will help us to understand the impact of treatment and how pain affects the life of a child as she or he grows into an adult.

At a recent meeting, we reviewed the scope of Mayday's contribution to the treatment of pediatric pain. From 1993, when the first grants were made, through 2010, the Fund made 77 pediatric grants, which represents an investment of \$3.6 million. Against the backdrop of a total of 281 grants amounting to \$14.2 million, we realize how important the needs of children are in our grantmaking. Our target to address pain in non-verbal populations has led us to support initiatives that serve preverbal children and more broadly, as a Fund, we have helped to create networks of pediatric pain researchers, some scholarly and others as advocates. Through the course of this investment, we have seen junior researchers become the leaders in the field and have watched programs that started, as pain champion courses, become full-fledged hospital departments. While for many the pace may seem slow, the overall growth of the field of pediatric pain is impressive.

Our mission to address the burden of pain intersects with our goal to raise awareness amongst other funders that this is a strategically important area to support. We hope to be good members of the foundation community and seek partners to achieve our mission. In this respect, we consider our grants to The Council on Foundations and Philanthropy New York as evidence of good citizenship. In 2010, the Fund participated in the Collaborative to Advance Funding for Palliative Care, a group of foundations, created to raise awareness and support for the medical specialty focused on improving the quality of life for people facing serious though not necessarily terminal illness. Part of our work in this collaborative is to share with our colleagues the promise of palliative care with its emphasis on pain and symptom management, communication and coordinated care. Currently, palliative care is considered appropriate from the time of diagnosis and can be provided along with curative treatment.

We also recognize that the field of pain medicine is complex and charged, especially as regards certain pain medications that raise significant cultural, ethical and organizational red flags and the question of whether pain care should be considered a basic human right. In 2010 the Fund

contributed to an International Pain Summit, part of the International Association for the Study of Pain (IASP) World Congress, and to the support of a meeting hosted at the Center for Practical Bioethics to explore the impact of Opioid Contracts for patients who depend on these medications.

As we review the year's grants, one striking feature is the overlap occurring as advances made in one part of the pain field have an influence on others. For example, palliative care has helped to re-orient care at the bedside to be more patient-centered, regardless of the severity of the diagnosis. Teaching parents how to distract their children, in turn makes them aware of how to deal with their own pains and the role the brain plays in how a person focuses on pain. If the emergency department study is able to shed light on the transition from acute to chronic pain, there will be reverberations in how pain is treated across the life cycle. Or at the most simple level, the tools available at [www.geriatricpain.org](http://www.geriatricpain.org), while intended for the cognitively impaired elderly, may also be useful to the nurse working with a newborn suffering from pain – both situations rely on decoding gestures, much as self-report is crucial for the normally healthy person. Perhaps, the most obvious example of overlap is the toggling together of the VA and Community Health Center primary care initiatives.

Finally, in 2010 we resumed the Media & Society Fellows Program. Over the next five years, we look forward to the promise of recruiting an additional 30 clinicians who are eager to take messages about pain, the field of pain, and the promise of research to the broader public and to policy makers.

As we look forward to our work in 2011, we have asked an informal group of our grantees to share with us trends they think will shape the field in the next five years. Key issues that emerged in the survey are: what accounts for the transition from acute to chronic pain, how to expedite the transfer of knowledge to improve practice, overcoming the stigma of pain, the progressive integration of multidisciplinary pain assessment and treatment into the fabric of everyday medical care, medical and regulatory issues regarding the use of opioid medications for chronic non-cancer pain, the need for more research, both basic and clinical, and the need for a epidemiological data about various types of pain. This list skims the surface but it helps to define the direction of our work.

2011 is off to a good start. We thank our grantees for the creativity and energy they bring to the field and for working with the Fund to serve those who suffer.

#### **TRUSTEES**

Robert D. C. Meeker, Jr.  
Caroline N. Sidnam  
Pamela M. Thye  
John C. Beck

#### **ADVISORS**

Robert A. Cook, VMD, MPA  
William M. Dietel

Christina M. Spellman, Executive Director

## GRANTS 2010

### PAIN & EMERGENCY MEDICINE

- ***PAIN HELP: A Proof of Concept Trial to Prevent the Transition from Acute to Chronic*** – *The University of North Carolina, Chapel Hill, NC*. Individuals commonly present to the emergency department (ED) with acute musculoskeletal pain after exposure to stress and trauma. Currently no treatments are available to prevent this transition, therefore the secondary prevention of chronic pain after exposure to stress and trauma is not part of emergency medicine practice. The goal of the PAIN HELP Trial is to demonstrate that emergency medicine providers may be able to prevent chronic pain by providing interventions to high-risk individuals at the time of the ED visit. Contact: Samuel McLean  
<http://cnsd.unc.edu/triumph/>  
Grant: \$120,876.80 – First payment of a two-year grant totaling \$241,753.60

### CHANGING PRACTICE

- ***Task Force on Nursing Home Pain*** - *The Sigma Theta Tau International Foundation for Nursing, Indianapolis, IN*. A collaboration with the John A. Hartford Foundation and others to create educational resources for nurses who provide care in nursing homes. In 2009, the website: [www.geriatricpain.org](http://www.geriatricpain.org) was launched. Contact: Keela Herr  
<http://www.geriatricpain.org>  
Grant: \$66,077 –First payment of four-year grant totaling \$153,384
- ***Contribution to Promote the ‘Safe Use’ of Pain Medications for Older Americans*** – *The American Geriatric Society, New York, NY*. A small discretionary grant made in concert with the John A. Hartford Foundation.  
<http://www.americangeriatrics.org/>  
Grant: \$3,000

### INFORMATION & RESOURCES

- ***PRN – Pain Resource Nurse Manual for the VA System*** - *University of Wisconsin, Madison, WI*. A grant to support an initial planning meeting. Contact: June Dahl  
Grant: \$61,036

### PAIN AND CHILDREN

- ***Educational Tools for Immunization Pain Management in Children*** –*University of Toronto, Toronto, Ontario, CA*. A grant to produce videos for use in public health educational campaigns. Contact: Anna Taddio  
Grant: \$55,000

- ***Acupuncture for Relieving Pain in Newborns - Arkansas Children's Hospital Foundation, Little Rock, AR.*** A grant to study the effect of electrode simulated acupuncture to relieve the pain of heel sticks in newborns. Conducted in conjunction with the Stanford University Lucille Packard Children's Hospital. Contacts: K.J.S Anand, R. Whit Hall and Brenda Golianu  
<http://www.archildren.org/foundation/about/>  
Grant: \$20,000 -- Partial payment of two-year grant of \$401,884 made in 2008. The final payment will be made in 2011
- ***PICH: Pain in Child Health: Strategic Training Initiative in Health Research - IWK Health Centre, Halifax, NS, Canada.*** A grant to support participation by international trainees in a Canadian Institutes of Health Research training program with goal of creating an international network of pediatric pain researchers. Contact: Barb Brown  
[http://paininchildhealth.dal.ca/pich/cgi-bin/view\\_page.pl?pageToView=content\\_main\\_WelcometoPICH!](http://paininchildhealth.dal.ca/pich/cgi-bin/view_page.pl?pageToView=content_main_WelcometoPICH!)  
Grant: \$50,300 – Second payment of a three year grant of \$150,900
- ***Contribution to Pediatric Palliative Care Master Class – District of Columbia Pediatric Palliative Care Collaborative, Washington, DC***  
Grant: \$10,000
- ***Extension of a Longitudinal Study of Pediatric Chronic Pain – UCLA Pediatric Pain Program, Los Angeles, CA.*** A grant to explore a follow-up of children and their parents several years after enrollment in a pediatric pain study. Contact: Marcia Meldrum  
Grant: \$13,981
- ***Pediatric Pain Distraction Video for Parents – University of Iowa Foundation, Iowa City, IA.*** Contact: Charmaine Kleiber  
Grant: \$11,825
- ***Childkind International – Connecticut Children's Medical Center, Hartford, CT.*** A grant to support the development of Childkind. Contact: Nancy Bright  
Grant: \$10,000
- ***Contribution to the World Health Organization's Treatment Guidelines for Chronic Pain in Children – International Association for Hospice and Palliative Care, Houston, TX.*** Contact: Liliana De Lima  
Grant: \$33,000

## RESEARCH

- ***Analysis of Biofeedback as a Therapeutic Intervention for Post Amputation Pain - Center for Pain Studies, Rehabilitation Institute of Chicago, Chicago, Ill.*** A research project to test the effectiveness of new treatments for post amputation pain. Contact: R. Norman Harden  
<http://www.ric.org/research/centers/pain/index.aspx>  
Grant: \$79,507.92 -- Final payment of three-year grant of \$251,669.63
- ***Exploratory Analgesic Dietary Intervention for Chronic Daily Headache – Program on Integrative Medicine, University of North Carolina, Chapel Hill, NC.*** A grant to support a translational research study to investigate a multifaceted dietary strategy designed to address fundamental biochemical derangements believed to play central roles in the initiation, amplification and perpetuation of human pain. Contacts: Douglas Mann, Christopher Ramsden and Susan Gaylord  
<http://www.med.unc.edu/phyrehab/pim/research>  
Grant: \$119,997.11 – Final payment of a two-year grant of \$239,985.96

## RESEARCH AND CHANGING PRACTICE

- ***Development of a Simple, Reliable Tool for Rapid Screening for Pain and Palliative Care (needs) in Hospitalized Patients with Advanced Cancer*** – Memorial Sloane Kettering Cancer Center, New York, NY. Contact: Paul Glare  
<http://www.mskcc.org/prg/prg/bios/1085.cfm>  
Grant: \$58,022
- ***Implementation of a VA Stepped Care Model of Pain Management*** - Yale University School of Medicine and the West Haven VA Hospital, New Haven, CT. A partnership with The Patrick and Catherine Weldon Donaghue Medical Research Foundation to support transdisciplinary teams to conduct research while exploring the best ways to move knowledge into practice – Donaghue’s deep commitment to ‘knowledge uptake.’ This project is designed to include - as the name suggests - different steps in pain care. It starts with all-inclusive access to pain assessment and treatment services within primary care clinics. It continues with readily available secondary consultation services offering specialized pain care. The final ‘step’ is tertiary interdisciplinary pain care services offering pain consultation and evaluation by an interdisciplinary team. The invitation to work with The Donaghue Foundation on its ‘Program For Research Leadership’ has enabled Mayday to make progress towards three goals: closing the gap between knowledge and practice, sharing the Fund’s mission to advance the better care of pain with fellow foundations, and making some meaningful contribution to the Veterans Health Administration.  
Contacts: Robert D. Kerns and Patricia Rosenberger  
The Donaghue Foundation:  
[http://www.donaghue.org/about\\_donaghue/knowledge\\_uptake.php](http://www.donaghue.org/about_donaghue/knowledge_uptake.php)  
<http://medicine.yale.edu/index.html>  
Grant: \$100,000 – Second payment of a four-year grant of \$400,000 matched equally by The Donaghue Foundation
- ***‘Project STEP-ing Out: Sharing Best Practices in Pain Management Between Community Health Center, Inc and VA Connecticut Healthcare System’***– Community Health Center, Middletown, CT. A project that will adopt, adapt and collaborate with the VA Stepped Care Model of Pain Management. Contact: Daren Anderson  
<http://www.chc1.com/>  
Grant: \$151,000 – First payment of a three-year grant totaling \$453,000
- ***Pain Perceptions and Treatment in Intensive Care Units*** – Newark Beth Israel Medical Center, Newark, NJ. A study of examine how health care workers’ personal and professional characteristics affect their interpretation of pain in patients in the ICU,” Contacts: Jennifer LaRosa and Pamela B. Rayvid  
[http://www.saintbarnabas.com/hospitals/newark\\_beth\\_israel/](http://www.saintbarnabas.com/hospitals/newark_beth_israel/)  
Grant: \$50,000 – First payment of a two-year grant totaling \$100,000

## FOUNDATION CITIZENSHIP

- ***The Council on Foundations***  
Arlington, VA. -- \$2,260
- ***Philanthropy New York***  
New York, NY. -- \$950

## NIMBLE ADVOCACY GRANTS

- ***Contribution to the International Pain Summit*** – International Association for the Study of Pain (IASP), Seattle, WA. A Contact: Kathy Kreiter  
<http://www.iasp.org>; [http://www.iasp-pain.org/AM/Template.cfm?Section=International\\_Pain\\_Summit](http://www.iasp-pain.org/AM/Template.cfm?Section=International_Pain_Summit)  
Grant: \$25,000
- ***Exploring the Impact of Opioid Contracts – A Consensus Meeting*** – Center for Practical Bioethics, Kansas City, MO. Contact: Myra Christopher  
<http://www.practicalbioethics.org/>  
Grant: \$15,675

#### **PROGRAM RELATED PROJECT**

The Mayday Pain & Society Fellowship: A Media & Policy Initiative is designed to equip physicians, nurses, social workers, scientists, and ethical and legal scholars with the skills to become effective advocates and spokespeople about pain issues in the United States. The Fellowship was established to build a community of experts in the pain management field that can effectively communicate to the public and policymakers. The Fellowship is steered by an advisory committee made up of some of the nation's leading experts in the pain management field.

Contacts: Carol Schadelbauer, Burness Communications

<http://www.maydayfellows.org/>

**TOTAL GRANTS PAID IN 2010: \$1,057,507.83** net of refunds or repayments

#### **FINANCIALS**

The Mayday Fund Financial Statements are published on the website:

<http://www.maydayfund.org>

May 1, 2011