other disciplines the potential benefits of the proposed studies and be able to articulate "this is the best we have in the field" (if indeed this is the case) and defend overly critical exercises in tearing projects down.

How do we prepare the next group of FM researchers to be study section members for NIH? Preparing faculty for participation in study sections is a critical faculty development need and opportunity. ADFM needs to partner with NAPCRG and STFM, as well as the CTSA programs, in preparing faculty for these tasks. The limited orientation sessions prepared by the Scientific Review Administrators are not enough. We feel that those family medicine researchers who have study section experience should share experiences with other family medicine researchers so that the learning curve can be accelerated for the benefit of the applications being considered. ADFM is supporting a lecture-discussion during the upcoming STFM meeting in Baltimore entitled "How To Be an Effective Study Section Member!" It is important that we demystify the process and mitigate the fear that sometimes inhibits participation.

Current changes in NIH that emphasize translation, implementation, and dissemination represent an excellent opportunity to fund innovative, integrative, multidisciplinary studies that have a FM perspective that will benefit the patients and communities we serve, but we have to be in to win.

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TITLE VII: REVISITING AN OPPORTUNITY

Through the Health Resources and Services Administration (HRSA), the Title VII (Section 747) Program is an opportunity for residency programs in family medicine to obtain additional financial resources. Specifically, the announcement for this program provides an excellent summary:

> The Primary Care Medicine and Dentistry Programs provide grants to public or nonprofit private hospitals, schools of medicine, osteopathic medicine, dentistry, physician assistants and other public or private nonprofit entities that prepare primary care physicians through predoctoral education, residency training, faculty development, and establishment or substantial expansion of academic administrative units. … Funds are also provided for cooperative agreements and contracts to develop, implement and disseminate innovative curriculum.[1]

Henderson and Scanlon point out that practitioners who spend part of their training providing care for the underserved are 3 to 10 times more likely to practice in underserved areas.[2] Medical schools that received Title VII grants during the last 16 years produced twice as many family physicians as schools that did not receive funds.[3] As of September 2004, over a 25-year history of the program, 438,000 predoctoral students and 64,000 residents in family medicine, 36,000 residents in general internal medicine and pediatrics, 40,000 physician faculty, 4,500 dental residents, and 61,000 physicians assistants have been trained.[4]

Title VII grants serve as an additional funding source to accomplish many goals including curricular innovation. Early successes included curricular development in geriatrics, family-centered maternity care, sports medicine, third-year family medicine clerkships, rural health, fellowship training, and community-oriented primary care aimed at vulnerable populations affected by HIV, family violence, chronic disease, mental illness, and multicultural issues. Newer areas of creativity include e-commerce for the clinical office, genetics, and innovation spurred by the Future of Family Medicine. According to Freeman and Kruse, "These grants are the foundation for programs that train academic leaders of the future who are more likely to instill in their students an understanding of the importance of personal medical homes and a sense of obligation to serve communities and populations."[5] For fiscal year 2007, more than 55 awards totaling nearly $7.9 million were provided to family medicine residency training programs in 28 states.

As noted by Carlisle, a majority of community-based residency programs do not receive Title VII funding.[6] Since community-based residency programs comprise more than 85% of family medicine residency programs, efforts should be developed to encourage these programs to better take advantage of this funding opportunity. Especially important for these residencies are the possibilities of getting funding for research infrastructure such as contracted research assistants for design and project implementation or contracted statisticians for data management.

Each year, Title VII funds have been under assault.

Preservation of the program has been due to the advocacy efforts of the organizations of family medicine and membership under the leadership of Hope Wittenberg, MA, the Academic Family Medicine Advocacy Alliance government relations director. For paying attention to our concerns this year, Hope credits Marcia Brand, PhD, associate administrator of the Bureau of Health Professions, and Marilyn Biviano, director of the Division of Medicine and Dentistry, new to their present positions, but long time supporters of primary care. Because of the President's veto, issues remain in both the House and Senate FY08 spending bills in which the primary care cluster of Title VII was level funded at $47.998 million. Now any new version needs to preserve or increase the current funding levels.[7]

Scholarly activity can be promoted throughout the entire process—choosing a project, involving residents and faculty, writing the grant and submitting an institutional review board application. Title VII grants are an opportunity to gain additional funding, work cooperatively with other family medicine residency programs/departments, and add to the academic basis of our discipline.

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CTSAS AND FAMILY MEDICINE RESEARCH – TIME TO GET CONNECTED

The window is closing on the opportunity for family medicine departments, working through our medical schools and universities, to be included in the 50 to 60 institutions funded by the US National Institutes of Health (NIH) to transform the US clinical research infrastructure.[1] NIH Clinical Translational Science Awards (CTSAs), designed for this purpose, have been awarded in the first 2 rounds (2006 and 2007) to 24 individual institutions and consortia.[2] The third round of applications were due October 24, 2007. If 12 new CTSAs are awarded in the third and subsequent rounds, as was the case in each of the first 2 rounds, all of the planned CTSAs will have been awarded within the next 2 or 3 years.

Family medicine has potentially much to offer and gain, given the CTSA emphasis on community engagement, practice-based research, and the agenda to "help deliver improved medical care to the entire population, helping to disseminate new technologies and new advances into clinical practice."[2] Maximizing family medicine involvement in CTSAs should help advance the NIH agenda and facilitate the maturation of the family medicine and larger primary care contribution to the national clinical research enterprise. Several Web sites and publications provide extensive context and background information on the CTSA program.[1-3] The 24 current CTSA awardees as well as criteria for the award are listed on the CTSA Web site.[2] A family medicine CTSA Strike Force is organizing communications, strategies and surveys to facilitate family medicine's role.[4] Several publications contributed by family medicine authors provide useful resources on translational research[5-9] from a family medicine and primary care perspective. Our intent in this column is to describe current opportunities and strategies for family medicine involvement in CTSA programs.

Thus far, family medicine representation has varied widely. A few departments have leadership roles within their institution, overseeing all research network and community engagement activities, and teaching researchers across the institutions the principles of practice and community-based research. Other departments play critical roles within several of these activities. Commonly, however, departments have been