

Frequently Asked Questions (FAQs)

Who is providing the funding for this program?
Where is this program in the RWJF portfolio?
Is this program national in scope?
How many public health PBRNs will be funded?
Is the program open to international applicants?
What types of organizations should participate in public health PBRNs?
Who are this program's constituents?
Can primary care PBRNs or other, existing research networks participate in this program?
How should the networks be organized? Should they be based in a state health department or in multiple state health departments?
How should the networks select a lead organization?
Can a university/academic institution function as a lead organization for a PBRN?
Will Public Health PBRNs conduct research and practice in collaboration with clinical care practitioners?
Does the program focus on health promotion or on a full spectrum of public health issues?
Is this program the first of its kind to develop public health PBRNs?
How much funding is available to grantees to start a public health PBRN?
How should grantees use the funding available through this program?
What is the period of performance for the PBRN grants?
What types of initial research projects are expected?
Can you provide examples of initial research projects?
Can you provide examples of initial research projects?
How can PBRNs be sustained after the grant ends?

Who is providing the funding for this program?

The Public Health Practice-based Research Networks program is funded by the Robert Wood Johnson Foundation.

Where is this program in the RWJF portfolio?

The program is located in the Foundation's Health Division under the leadership of Dr James S. Marks, M.D., M.P.H., senior vice president and director, Health Group. The program is part of the Public Health Team portfolio directed by Michelle Larkin, J.D., M.S., team director and senior program officer. The program officer for this program is Dr. Debra Perez, Ph.D., senior program officer, research and evaluation.

Is this program national in scope?

Yes, the Public Health Practice-based Research Networks program expects to support the development of up to 15 PBRNs located in geographic areas distributed across the U.S. However, the Individual PBRNs supported through this program may have a narrower geographic reach, such as a state or regional focus. Each network will pursue individual research projects within their specific geographic area, but the networks will also collaborate on multi-site research projects that are national in scope.

How many public health PBRNs will be funded?

Five PBRN grantees were selected through a targeted solicitation process conducted in 2008. An additional 10 PBRN grantees will be selected through the 2009 Call for Proposals.

Is the program open to international applicants?

Applicant organizations that function as the lead agency for their proposed network must be based in the United States or its territories at the time of application. PBRNs should cover geographic areas located within the U.S. and its territories. In some cases, networks may wish to include collaboration with public health agencies located outside the U.S. – for example to study

public health practice in border regions or to study practices for serving migrant populations. International agencies should not function as the lead agency for a network.

What types of organizations should participate in public health PBRNs?

Local and state governmental public health agencies must be core members of public health PBRNs, since these organizations have primary responsibility for delivering public health services within their jurisdictions. Each PBRN also needs to engage an academic/research institution that can provide expertise in research design and analytical methods. Schools of public health or other academic/research institutions may fill this role. In some cases, public health agencies may wish to include key community partners in their research networks, particularly in settings where these partners play important roles in delivering public health services.

Who are this program's constituents?

We see the laboratory for this program as being the community of state and local health department leaders and practitioners who have a desire to engage in practice based research in order to improve the delivery of public health services. Participation in such research will not be for everyone, but the findings from such research should have broad applicability within the public health system. Federal, state, and local policymakers are other important constituents and audiences for the research conducted through public health PBRNs.

Can primary care PBRNs or other, existing research networks participate in this program?

The primary objective of this program is to develop new research networks focused on studies of public health practice. However, we envision that other practice-based research networks—such as primary care PBRNs or dental PBRNs—may serve as key partners and collaborators with public health PBRNs in the conduct of studies of mutual interest. We also have taken steps to learn from these existing networks the strategies that have proven successful in organizing and maintaining practice-based research initiatives.

How should the networks be organized? Should they be based in a state health department or in multiple state health departments?

We anticipate that most PBRN networks will want to include both state and local public health agencies, given the critical roles played by each type of agency in public health practice. The numbers and types of organizations to involve in a network should be determined based on the research and practice interests held in common by potential participants, the willingness and ability of potential participants to contribute time and effort to the network, and the feasibility of maintaining communication and interaction among all participants. Each network will require a “lead agency” to serve as the primary organizing force for the network. Applicants are strongly encouraged to designate a state or local public health agency as the lead PBRN organization, where such agencies have sufficient administrative infrastructure to oversee key project activities.

How should the networks select a lead organization?

A PBRN network should designate one of their member public health organizations to serve as the lead sponsoring organization, providing an institutional home for the network. This organization will establish and maintain formal relationships with all other organizational members. Applicants are strongly encouraged to designate a state or local public health agency as the lead PBRN organization, where such agencies have sufficient administrative infrastructure to oversee key project activities such as developing network partnerships, dispersing funds to partner organizations, engaging expert consultants, and organizing data collection and analysis activities. Placing public health agencies in leadership positions within PBRNs will strengthen the visibility and voice of practitioners within the research enterprise, thereby ensuring that the resulting studies are designed to address real-world questions in public health practice and policy. PBRNs that designate another type of organization as the network's lead organization—such as a public health institute, university research center, or private organization—must offer a clear rationale for this decision. If the lead organization is not a practice agency, the application must describe mechanisms that will be used to ensure that practice agencies have a leading voice in establishing the network's research agenda and scope of work. Regardless of the type of sponsoring institution, successful applicants must provide evidence of the ability to engage experienced public health researchers, local and state public health agencies, and relevant community partners in the proposed research process.

Can a university/academic institution function as a lead organization for a PBRN?

Applicants are strongly encouraged to designate a state or local public health agency as the lead PBRN organization, where such agencies have sufficient administrative infrastructure to oversee key project activities. PBRNs that designate another type of organization as the network's lead organization—such as a public health institute, university research center, or private organization—must offer a clear rationale for this decision. If the lead organization is not a practice agency, the application must

describe mechanisms that will be used to ensure that practice agencies have a leading voice in establishing the network's research agenda and scope of work.

Will Public Health PBRNs conduct research and practice in collaboration with clinical care practitioners?

We anticipate that Public Health PBRNs will conduct research on a wide range of issues affecting public health practice, some of which will likely involve the interface with clinical care delivery. Examples may include emergency preparedness, coordinated delivery of preventive services, communicable disease control, and health care workforce development.

Does the program focus on health promotion or on a full spectrum of public health issues?

Ideally PBRNs will develop the capacity to conduct research on a full spectrum of public health issues—particularly cross-cutting issues that arise in delivering multiple types of categorical public health programs and services. These cross-cutting issues involve, for example, organizational issues, workforce development and staffing, public health financing and economics, information systems, public health law and policy, and quality improvement methodologies. Individual PBRNs are likely to focus initially on a narrower range of topics that are seen as feasible and highly salient to network members.

Is this program the first of its kind to develop public health PBRNs?

Yes, we are not aware of any existing PBRN initiatives that focus primarily on issues of practice confronted by public health agencies. However, there are existing research initiatives that involve public health agencies at some level—including selected primary care PBRNs around the country and the network of Prevention Research Centers (PRCs) supported by the Centers for Disease Control and Prevention. We anticipate that some of these existing initiatives will serve as useful platforms for launching public health PBRNs, and others may offer valuable lessons for engaging public health agencies in research. But public health PBRNs will not duplicate the clinical research conducted by primary care PBRNs nor the rigorous intervention research conducted by PRCs.

How much funding is available to grantees to start a public health PBRN?

Each PBRN grantee will receive up to \$90,000 in financial support plus up to 20 days of expert consultation time to be used over a 24-month period in developing their PBRN.

How should grantees use the funding available through this program?

Grant funds are designed to be used to support core activities in organizing and developing a PBRN and implementing an initial research project. Funds may be used for project staff salaries, network communications and meetings, project-related supplies and travel, data collection and analysis, and other direct project expenses, including a limited amount of equipment deemed essential to the project.

What is the period of performance for the PBRN grants?

PBRN grantees are expected to use their funds over a 24 month period in developing their networks and conducting an initial research project.

What types of initial research projects are expected?

Each grantee will develop plans for a small-scale research project that allows network members to gain experience in collaborative research, test their network processes, and obtain useful information that will guide future research activities. In most cases, we expect that PBRNs will pursue a simple, descriptive research study that generates findings relatively quickly using readily available data and information sources. The goal for this component of the grant is to produce an early research "success" that solidifies participant interest in the network and leads to new questions that the network can pursue through larger-scale research projects.

Can you provide examples of initial research projects?

A PBRN might conduct a small, descriptive study among its participating agencies to answer practice variation questions like: (1) To what extent do participating agencies use similar or different processes for collecting and reporting information on infectious disease cases? Are differences in process associated with differences in the timeliness of reporting?

(2) To what extent do participating agencies vary in the extent to which they offer evidence-based obesity prevention programs? What factors account for this variation (e.g. availability of external funding, staff expertise, local obesity prevalence, program availability from other community providers)?

(3) How do participating agencies vary in the frequency of conducting restaurant inspections and the processes used to conduct these inspections? Are variations in inspection frequency and process associated with variations in deficiency detection rates and/or incidence of food-borne illness?

PBRNs may also pursue projects to document variation in resources or capacities across different practice settings, such as differences in staffing patterns and/or differences in spending levels across specific program areas. The ultimate objective of these studies may be to determine how resource flows influence program performance and/or outcomes.

Still other PBRNs may pursue projects that examine variations in organizational structure across practice settings and that document variations in how public health responsibilities are divided among different organizations. For example, a study may document local variation in the agencies charged with enforcing tobacco control policies, and determine whether differences in enforcement organization are associated with differences in rates of reported violations.

How can PBRNs be sustained after the grant ends?

PBRN grantee will use their initial research projects as a springboard for subsequent research activities. This will include the identification of new or refined research questions, assessment of appropriate funding opportunities, and the development of research designs and funding proposals. Funding opportunities for public health systems and services research have expanded significantly in recent years, including opportunities at RWJF, CDC, the National Institutes of Health, and other foundations. We expect that the PBRNs developed through this program will be well positioned to compete for these research opportunities.