

## PHSSR InsideTrack-April 2013

### Perspectives in PHSSR

#### Advancing Evidence-Based Public Health: Strengthen Your Network



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Greetings and Happy National Public  
Health Week!

We are only days away from the start  
of the Keeneland Conference, now an  
indisputable annual highlight for

those of us committed to producing and promoting public health  
services and systems research.

Evidence-based public health (EBPH) is a major focus of this year's

meeting. Multiple presentations address EBPH practice – what is it,  
how to foster it, how its presence affects outcomes. If, like me, your  
appetite is whetted by such sessions, please join me, Paul Erwin, Peg  
Allen, Paul Halverson and Karen Dahlen for breakfast on Wednesday to  
discuss how changes to the organization of national-level investments  
could strengthen state and local EBPH practice.

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*ABOUT PHSSR - The emerging field of  
public health services and systems*

*research (PHSSR) examines questions  
that relate to the financing,  
organization and delivery of public  
health services - and how those factors  
translate to population health.*

could strengthen state and local EBP practice.

One aspect of those national investments is often undervalued, to my mind, even as the field identifies tools and techniques, and encourages partners and networks. The [National Network of Libraries of Medicine](#) (NN/LM) is composed of almost 5,000 libraries and information centers, but there are those in the PH and PHSSR communities who aren't aware of its rich and varied programs and services. Anchored by eight regional medical libraries located across the U.S. and supported by the [National Library of Medicine](#) (NLM), the Network libraries share resources nationally in order to provide public health and other users with access to virtually any article or book you might need. When not free (we're working on that - more at Keeneland), these resources are available at near or below cost.

Retrieving the occasional article is the least of the benefits that could come from closer partnerships between public health and Network libraries. In their recent article on [Evidence-based Decision Making to Improve Public Health Practice](#) in *Frontiers in Public Health Services and Systems Research* (Volume 2: Number 2, Article 2), [Ross Brownson](#), [Jonathan Fielding](#) and [Christopher Maylahn](#) identify finding needed information as a beginning skill, but developing and assembling recommendations based on that evidence as an advanced skill. The two steps are linked: The success of the latter depends on the quality of the former, and both are strengthened by incorporating a knowledgeable librarian as a partner from the outset. As long as PHSSR, a proudly interdisciplinary field, continues to describe itself using non-standardized terms and outcomes, the task of consistently locating relevant literature, both formal and "grey," requires more than a mere mechanical search process can deliver. Invite the Network into your network – you'll be glad you did.

See you at Keeneland!

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## Research

### **Sixth Annual Keeneland Conference Kicks Off Tuesday, April 9**

The [National Coordinating Center for Public Health Services and Systems Research](#) is excited to welcome participants in the sixth annual [Keeneland Conference](#) to Lexington, Ky., the week of April 8.

Ancillary meetings run from Monday, April 8, until noon on Tuesday, April 9, when Paul L. Kuehnert, team director and senior program officer in public health for the [Robert Wood Johnson Foundation](#), kicks off the conference.

Other keynote speakers are: Dr. Joe V. Selby, executive director of the Patient-Centered Outcomes Research Institute, and Dr. William Roper,

CEO of the UNC Health Care System.

In addition to a packed agenda of scientific presentations, a “Washington Update” session on Tuesday afternoon will provide attendees with an insider’s look at the drama in DC – and how it affects public health. Dr. Lisa Simpson, president and CEO of AcademyHealth, will moderate the session; other panelists are: Dr. Paul Jarris, Association of State and Territorial Health Officials (ASTHO); Dr. Jeff Levi, executive director of Trust for America’s Health; and Robert Pestronk, executive director of the National Association of County and City Health Officials (NACCHO).

New to the conference this year is a “Breakfast Roundtables” session on Wednesday, April 10. Conference attendees can take advantage of the opportunity to network and explore interesting topics during the hour-long informal session. Representatives of various PHSSR partners will lead the discussion at 19 tables featuring different PHSSR-related topics.

The conference concludes Thursday morning with a session featuring practitioner-researcher success stories.

For a complete agenda, visit [www.keenelandconferenc.org](http://www.keenelandconferenc.org). See you in Lexington next week! If you can't be there in person, follow the conference on Twitter: [www.twitter.com/keenelandconf](https://www.twitter.com/keenelandconf)

### **Public Health Foundation Offers Two Keeneland Conference Sessions**

[Public Health Foundation](#) (PHF) will be participating in [two sessions](#) at the 2013 PHSSR Keeneland Conference. For early risers on Wednesday, April 10, PHF’s [Council on Linkages Between Academia and Public Health Practice](#) staff will host a breakfast roundtable (#16, Bluegrass Ballroom 2) focused on the research needs and opportunities related to the [Core Competencies for Public Health Professionals](#). Later on the 10th, at 10:45 a.m., PHF’s [TRAIN](#) staff will present on “Public Health Workforce Training & Education Data: Improving Access for Researchers through TRAIN” (Technology & Data III, Thoroughbred 3A), highlighting [how TRAIN data can inform PHSSR research](#). Keeneland attendees are encouraged to attend both sessions and provide input on how workforce development issues surrounding competency-based training can aid PHSSR.

### **Brown Scholarships Awarded to Help Students and Scholars Attend Keeneland Conference on PHSSR**

The [National Coordinating Center for Public Health Services and Systems Research](#) has announced the first three recipients of the Dr. E. Richard “Rick” Brown Keeneland Conference Scholarships.

The scholarships were established to recognize the many lasting

The scholarships were established to recognize the many lasting contributions of [Dr. Brown](#), distinguished leader, scholar and teacher in public health and the founding director of the [UCLA Center for Health Policy Research](#). He passed away on April 20, 2012.

Read more about the scholarships and the recipients [here](#).

### **Frontiers in PHSSR Features Latest Research**

Check out the latest issue of [Frontiers in PHSSR](#) for the latest in PHSSR research, including Practice-Based Research Networks (PBRN)-driven studies in quality improvement, accreditation, and community asset identification. Or learn how to submit your own emerging findings [here](#).

### **PHSSR Matters Highlights Research Findings and Results**

Recent issues of [PHSSR Matters](#), a weekly email update on research from the [National Coordinating Center for PHSSR](#), highlighted the [Public Health Activities and Services Tracking](#) (PHAST) study; a [story](#) about how public health finance expertise helped a financially-strapped health department; how PHSSR plays a role in [public health accreditation](#); and a recent article in [The Nation's Health](#) on the past, present and future of PHSSR. Find these and other issues [here](#).

### **AcademyHealth Publishes Policy Brief on Translating HSR and PHSSR**

AcademyHealth has issued a policy brief, [Research Insights: Using HSR to Influence Policy Change and Population Health Improvement](#), which focuses on translating health services research and PHSSR, with an emphasis on translation theory. It highlights some proven methods, and new strategies, for transitioning evidence-based public health from knowledge into action, and address the traditional barriers accompanying this process. These concepts were discussed during a panel at the 2012 Annual Research Meeting.

### **NNPHI Looking for a Research and Evaluation Intern**

The [National Network of Public Health Institutes](#) (NNPHI) is recruiting a graduate-level Research and Evaluation Intern to support work in PHSSR and national evaluation projects. Find more information and how to apply [here](#).

### **Recently Published Research**

Law and the Public's Health: Science and Policies.

Scutchfield FD, Costich JF.

Am J Prev Med. 2013 Apr;44(4):427-8. doi:

10.1016/j.amepre.2013.01.001.

<http://www.ncbi.nlm.nih.gov/pubmed/23498111>

State pre-emption, local control, and alcohol retail outlet density regulation.

Mosher JF, Treffers RD.

Am J Prev Med. 2013 Apr;44(4):399-405. doi:

10.1016/j.amepre.2012.11.029.

<http://www.ncbi.nlm.nih.gov/pubmed/23498107>

State laws governing school meals and disparities in fruit/vegetable intake.

Taber DR, Chriqui JF, Chaloupka FJ.

Am J Prev Med. 2013 Apr;44(4):365-72. doi:

10.1016/j.amepre.2012.11.038.

<http://www.ncbi.nlm.nih.gov/pubmed/23498102>

Strong Smoke-Free Law Coverage in the United States by Race/Ethnicity: 2000-2009.

Gonzalez M, Sanders-Jackson A, Song AV, Cheng KW, Glantz SA.

Am J Public Health. 2013 Mar 14.

<http://www.ncbi.nlm.nih.gov/pubmed/23488507>

Public Health Leadership Development: Factors Contributing to Growth.

Olson LG.

J Public Health Manag Pract. 2013 Mar 11.

<http://www.ncbi.nlm.nih.gov/pubmed/23480897>

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## **PBRN**

Stat of the Month:

While more than 84 percent of local health departments (LHDs) in Nebraska indicate a strong organizational culture of commitment and collaboration toward quality improvement (QI) initiatives, only slightly more than half (53 percent) of LHD directors feel that their staffs have the training in basic methods for evaluating and improving quality, according to findings from a Nebraska Public Health PBRN study that examined the relationship between QI and accreditation strategies for regional LHDs in Nebraska.

Even with staff capacity challenges, slightly less than one-half of LHD directors indicated the use of a QI model such as Lean, Model for Improvement, Baldrige or Six Sigma for a QI program or intervention in their departments, and 47 percent of LHDs indicated the use of QI techniques for any QI program or intervention with Brainstorming, Prioritization Matrix, and Run Charts being the most common techniques. The use of such QI strategies, agency commitment to QI, and length of time engaged in QI were positively associated with attitudes towards seeking voluntary national accreditation and belief

that national standards are a good idea that would strengthen the agency. Furthermore, a commitment to QI is positively associated with both the commencement of preparation for accreditation and the use of QI strategies, while the integration of QI policies and practices within the agency also are positively associated with confidence in the agency's capacity to obtain accreditation.

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## Policy

### Washington Update

As part of the collaborative effort between the National Coordinating Center for PHSSR and [AcademyHealth](#), AcademyHealth offers a Washington update on federal activities relevant to the field of PHSSR. Hear the very latest on DC activities at a special "Washington Update" panel at the 2013 Keeneland Conference. The panel, scheduled for 3:45 p.m. on Tuesday, April 9, will feature [Lisa Simpson](#), president/CEO of AcademyHealth, moderating and participating. Panelists include: Paul Jarris, [ASTHO](#); Jeff Levi, [Trust for America's Health](#); and Robert Pestronk, [NACCHO](#).

**FY 2013 Finalized (Finally)...**Recently, the House and Senate cleared spending bills for FY 2013—six months into the fiscal year. The bill carries over funding at essentially current levels for health agencies, with a \$71 million increase for the [National Institutes of Health](#) (NIH). The bill prohibits any "new starts;" no funds may be used to initiate new projects or resume projects that were not funded in FY 2012. The bill does NOT address sequestration, leaving the 5 percent across-the-board cuts to take effect (more on that below).

While probably the best case scenario for health services research, the bill carries with it a troubling amendment that does not bode well for social science of any kind, including health services research. More on that is available on AcademyHealth's blog [here](#).

**Competing Budgets...**The House and Senate passed budget blueprints for FY 2014 recently—each representing very different visions for federal priorities. For example, the Senate budget cancels sequestration, and relies heavily on \$1 trillion in new tax revenue to pay for it. The House budget not only keeps sequestration in place, but also exempts defense and shifts full responsibility for its nearly \$1 trillion in cuts onto domestic programs like public health and research. The vast difference in the overall spending level available for domestic spending—the House with \$55 billion less than the Senate—will set up another House and Senate showdown as appropriators work to develop and negotiate the FY 2014 spending bills. It also increases the likelihood of yet another continuing resolution for health programs, and new "new starts" as a result.

The president's budget is expected to be released the week of April 8, two months after the statutory "deadline."

**Sequestration...** Across-the-board spending cuts of 5 percent in FY 2013 for all domestic "programs, projects, and activities (PPA)" took effect on March 1, and we're hearing a lot about the cancellation of White House tours and air shows. The direct impact on health services research, however, remains unclear, and we're unlikely to know more until the agencies release more information about how they plan to implement the cuts. More about the potential impact of sequestration on health services research—and why we don't yet know more—is available on AcademyHealth's blog [here](#).

**Prevention Fund...** There is a significant new threat to the [Prevention and Public Health Fund](#), and it's not from whom you might expect. The FY 2013 spending bill that passed last week does not include any additional funding for the implementation of the federal exchanges—which by law are to be operational October of this year. The administration requested \$1 billion in FY 2013 to pay for their implementation—a price tag that was higher than originally estimated because more states were expected to develop their own exchanges. It just so happens that the Prevention Fund has \$1 billion available in FY 2013—making it an easy target to underwrite implementation of the Affordable Care Act.

Advocates are particularly concerned, and chatter around Washington from credible sources is that the Prevention Fund will be tapped in part, if not in full. Last week, a reporter asked Senator Tom Harkin (D-IA)—widely recognized as the "father of the Fund"—if he had any thoughts. Mr. Harkin was emphatic that the Fund is safe, as the President promised last year the administration would keep its hands off the Fund after it was tapped to pay for a 10-month patch in Medicare physician payment. [CQ HealthBeat](#) Editor John Reichard writes:

*But what if the administration decides to go ahead despite what it said in writing last year? Does Harkin think he can stop it? "Oh, yes. They better not try it. Now listen, let me rephrase that. They won't. They just won't do that. The president has given me his word." What about taking a small piece of the fund and using it for exchanges? "I'm telling you, they gave me their word and the president's not going to break his word, I know that."*

Legally, however, there is nothing Mr. Harkin or anyone could do to stop the administration from using the Fund to support the exchanges. Doing so would decimate the [Centers for Disease Control's](#) budget, as the Fund has been used to supplant their base discretionary funding over the past three fiscal years. [This chart](#) demonstrates how much CDC stands to lose if the Fund is diverted to the exchanges (source: [Campaign for Public Health Foundation](#)).

We understand the administration will announce the FY 2013 Prevention Fund allocations in the next two weeks.

### **Meetings with Staff who Support Senate**

**Appropriators...**AcademyHealth recently met with staff who support Senate appropriators and had a chance to talk frankly about their information needs. What we heard helped frame the communication challenges we face as a field, and offered insights into how we do a better job conveying the value of our work to federal policy-makers.

One challenge that PHSSR could help address relates to the lack of evidence on what works in public health, and the impact of budget cuts on health outcomes. Policy-makers need evidence to help them support and defend public health policies and programs, including the [Prevention and Public Health Fund](#), but current messages from the field aren't value-based; they don't address the "so what" question. In addition, evidence that exists tends to focus on process and operations.

We were advised that PHSSR needs to focus on health outcomes, i.e., the human impact of cuts or investments, rather than the operational impact. For example, instead of talking about how many flu clinics will close or public health jobs will be lost, policy-makers need more data on how many people won't get a flu vaccine because of closures, and what that would mean for the status of the public's health.

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## **Funding**

### **Call for Proposals: Healthy Eating Research**

#### **Concept Paper Deadlines: April 24 and July 10, 2013**

[Healthy Eating Research](#) has released its 2013 Call for Proposals (CFP). This CFP is for two types of awards aimed at providing advocates, decision-makers, and policy-makers with evidence to reverse the childhood obesity epidemic. The award types are Round 8 grants and [RWJF New Connections](#) grants awarded through the Healthy Eating Research program for early-career investigators from historically disadvantaged and underrepresented communities. For more information and to download the CFP, please visit [www.healthyeatingresearch.org](http://www.healthyeatingresearch.org). April 24 and July 10 are the deadlines for concept papers.

### **Call for Proposals: Credentialing Research in Nursing**

**Applications Due: May 1, 2013**



Up to \$25,000 is available from the Margretta Madden [Styles Credentialing Research Grants Program](#). Named for a past president of the [American Nurses Credentialing Center](#), the [American Nurses Association](#), and the [International Council of Nurses](#), the program focuses on understanding the relationship of credentialing individuals or organizations to quality outcomes in health care. Credentialing programs of interest include certification, accreditation, and recognition programs such as the Magnet Recognition Program® and the Pathway to Excellence Program®. Applications are due May 1, 2013, through the [American Nurses Foundation](#).

#### **National Institutes of Health**

##### **[Obesity Policy Evaluation Research \(R01\)](#)**

**Proposal Due:** [Standard R series deadlines](#)

This Funding Opportunity Announcement (FOA) encourages Research Project Grant (R01) applications that propose to evaluate large scale policy or programs that are expected to influence obesity related behaviors (e.g., dietary intake, physical activity, or sedentary behavior) and/or weight outcomes in an effort to prevent or reduce obesity.

##### **School Nutrition and Physical Activity Policies, Obesogenic Behaviors, and Weight Outcomes [\(R01\)](#), [\(R03\)](#) and [\(R21\)](#)**

**Proposal Due:** [Standard R series deadlines](#)

This Funding Opportunity Announcement (FOA) is issued by the National Institutes of Health's Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), the National Cancer Institute (NCI), the National Heart, Lung, and Blood Institute (NHLBI), and the Office of Behavioral and Social Sciences Research (OBSSR). The FOA encourages Research Project Grant (R21) applications that propose to: (1) foster multidisciplinary research that will evaluate how policies (federal, state and school district levels) can influence school physical activity and nutrition environments, youths' obesogenic behaviors (e.g., nutrition and physical activity behaviors), and weight outcomes; (2) understand how schools are implementing these policies and examine multi-level influences on adoption and implementation at various levels (e.g., federal, state, school district, and school); and (3) understand the synergistic or counteractive effect of school nutrition and physical activity policies on the home and community environment and body weight.

##### **mHealth Tools to Promote Effective Patient–Provider Communication, Adherence to Treatment and Self Management of Chronic Diseases In Underserved Populations [\(R01\)](#), [\(R03\)](#) and [\(R21\)](#)**

**Proposal Due:** [Standard R series deadlines](#)

**Proposal Due:** [Standard K series deadlines](#)

The purpose of this initiative issued by the National Institute of Nursing Research (NINR) and the Office of Dietary Supplements (ODS) is to stimulate research utilizing Mobile Health (mHealth) tools aimed at the improvement of effective patient-provider communication, adherence to treatment and self-management of chronic diseases in underserved populations. With the rapid expansion of cellular networks and substantial advancements in Smartphone technologies, it is now possible and affordable to transmit patient data digitally from remote areas to specialists in urban areas, receive real-time feedback, and capture that consultation in a database. mHealth tools, therefore, may facilitate more timely and effective patient-provider communication through education communication around goal setting, treatment reminders, feedback on patient progress and may improve health outcomes. This announcement encourages the development, testing and comparative effective analysis of interventions utilizing mHealth technologies in underserved populations.

**National Institute on Aging**

**[Implications of the Economic Downturn for Health, Wealth, and Work at Older Ages \(R01\)](#)**

**Proposal Due:** [Standard R series deadlines](#)

This Funding Opportunity Announcement (FOA) invites research on the implications of exogenous shocks, such as those produced by the recent economic downturn, for health, economic circumstances, and planning throughout the life-cycle.

**National Institute on Aging**

**[Regional and International Differences in Health and Longevity at Older Ages \(R01\), \(R03\) and \(R21\)](#)**

**Proposal Due:** [Standard R series deadlines](#)

This Funding Opportunity Announcement (FOA) encourages Research Project Grant (R01) applications from institutions/organizations proposing to advance knowledge on the reasons behind the divergent trends that have been observed in health and longevity at older ages, both across industrialized nations and across geographical areas in the United States. This FOA is intended to capitalize on provocative findings in the literature that have been insufficiently understood and addressed. This FOA is also intended to capitalize on NIA's investment in the development of cross-nationally comparable datasets that can be harnessed to study these research questions; these include the Health and Retirement Study (HRS), the English Longitudinal Study on Aging (ELSA), the Survey of Health, Aging and Retirement in Europe

Ageing (ELSA), the Survey of Health, Aging and Retirement in Europe (SHARE), and the Human Mortality Data Base. Applications proposing secondary analysis, new data collection, calibration of measures across studies, development of innovative survey measures, and linkages to administrative sources are encouraged. Applications are not restricted to projects using the NIA-supported datasets above and may propose research using any relevant data.

### **Reducing Health Disparities Among Minority and Underserved Children [\(R01\)](#) and [\(R21\)](#)**

**Proposal Due:** [Standard R series deadlines](#)

This Funding Opportunity Announcement (FOA) issued by the National Institute of Nursing Research (NINR), National Heart, Lung, and Blood Institute (NHLBI), National Institute on Alcohol, Alcoholism, and Alcohol Abuse (NIAAA), and National Institute on Deafness and Other Communication Disorders (NIDCD), National Institutes of Health (NIH), encourages Research Project Grant (R21) applications from institutions/organizations that propose to conduct research to reduce health disparities among minority and underserved children. Specifically, this initiative focuses on ethnic and racial minority children and underserved populations of children such as: children from low literacy, rural and low-income populations, geographically isolated children, hearing and visually impaired children, physically or mentally disabled children, children of migrant workers, children from immigrant and refugee families, and language minority children. Specific targeted areas of research include biobehavioral studies that incorporate multiple factors that influence child health disparities such as biological (e.g., genetics, cellular, organ systems), lifestyle factors, environmental (physical and family environments), social (e.g., peers), economic, institutional, and cultural and family influences; studies that target the specific health promotion needs of children with a known illness and/or disability; and studies that test and evaluate the comparative effectiveness of health promotion interventions conducted in traditional and nontraditional settings.

### **National Institutes of Health**

### **Epidemiology and Prevention in Alcohol Research [\(R01\)](#), [\(R03\)](#) and [\(R21\)](#)**

**Proposal Due:** [Standard R series deadlines](#)

The [National Institute on Alcohol Abuse and Alcoholism](#) (NIAAA), [National Institutes of Health](#) (NIH), encourages the submission of investigator-initiated research grant applications to support research investigating the epidemiology of alcohol use, alcohol-related harms, and alcohol use disorders and the prevention of underage drinking, alcohol-related harms, and alcohol use disorders.

## Agency for Healthcare Research and Quality

### [AHRQ Conference Grant Program \(R13\)](#)

**Application Due: Feb. 1, May 1, Aug. 1, and Nov. 1, 2013**

The [Agency for Healthcare Research and Quality](#) (AHRQ), announces its interest in supporting conferences through the AHRQ Conference Grant Program. AHRQ seeks to support conferences that help to further its mission to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. The types of conferences eligible for support include: research development, research design and methodology, dissemination and implementation conferences, research training, infrastructure and career development.

This funding opportunity announcement supersedes previous AHRQ Conference Grant FOA's, including [PA-09-231](#) (the AHRQ Small Grant Program for Conference Support) and [PAR-09-257](#) (the AHRQ Grant Program for Large or Recurring Conferences).

### **AHRQ Notice of Intent ?Patient-Centered Outcomes Research Funding Opportunity Announcements**

On Dec. 5, the [Agency for Healthcare Research and Quality](#) (AHRQ) published a notice of its intention to post several new Funding Opportunity Announcements related to Patient-Centered Outcomes Research (PCOR) in Calendar Year 2013. Forthcoming opportunities include:

- **Enhancing Comparative Effectiveness Research (CER) Data Resources**
- **Institutional Mentored Career Development Award Program in PCOR**
- **Researcher Training and Workforce Development in Methods and Standards for Conducting Patient-Centered Health Outcomes Research**
- **Individual Mentored Career Development Award Program in PCOR**
- **Electronic Data Methods (EDM) Forum: Phase II**
- **Bringing Evidence to Stakeholders for Translation (BEST) to Primary**
- **Disseminating Patient Centered Outcomes Research to Improve Healthcare Delivery Systems**
- **Deliberative Approaches for Patient Involvement in Implementing Evidence-Based Health Care**

View the full Notice of Intent [online](#).

**National Institutes of Health**

[Request for Information \(RFI\): FY 2013-2018 Strategic Plan for the Office of Disease Prevention](#)

**Response Date: April 14, 2013**

This RFI is intended to gather broad public input on the strategic priorities to be included in the plan and other suggestions on how to enhance the prevention research portfolio at the NIH. The ODP invites input from prevention researchers in academia and industry, health care professionals, patient advocates and advocacy organizations, scientific or professional organizations, federal agencies, and other interested members of the public. Organizations are strongly encouraged to submit a single response that reflects the views of their organization and membership as a whole.

Your perspectives can include, but are not limited to, the following topics as they relate to the six draft strategic priorities listed below:

- Suggested changes, additions, or deletions to the list of strategic priorities
- Recommended measurable objectives associated with an individual priority
- Appropriate benchmarks for gauging progress toward each recommended objective.

**Department of Health and Human Services**

[Limited Competition: Training for Examination, inspection, and investigation of food manufacturing, processing, packing, holding, distribution, and importation, including retail food establishments \(U18\)](#)

**Letter of Intent Due Date: April 11, 2013**

**Application Due Date: May 16, 2013**

This Funding Opportunity Announcement (FOA) is issued to announce the availability of cooperative agreements to be awarded under Limited Competition. The goal of the FDA/Office of Regulatory Affairs (ORA) Cooperative Agreement Program is to facilitate long-term improvements to the national food safety system by training food regulatory officials to the standards for examination, inspection, and investigation of food manufacturing, processing, packing, holding, distribution, and importation, including as related to retail food establishments.

**Johnson and Johnson Community Health Care Program grant funding opportunity**

**Submission Deadline: May 15, 2013**

The [Johnson & Johnson Community Health Care Program](#), in partnership with the [Johns Hopkins Bloomberg School of Public Health](#), has announced a [grant funding opportunity](#) "for non-profit

[PHSSR](#) has announced a [grant funding opportunity](#) for non-profit community health care organizations implementing evidence-based, community-education programs that promote wellness and healthy lifestyle choices to prevent and reduce the impact of obesity in children." Up to eight \$200,000 grants will be awarded for activities in Louisville, Ky.; Chicago, Ill.; Las Vegas, Nev.; Charlotte, N.C; and Washington, D.C. The deadline for grant submissions is May 15.

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## Events

### Meetings

#### [PHSSR Keeneland Conference](#)

April 8-11, 2013  
Lexington, Ky.

#### **Register Now for the 2013 [NNPHI Annual Conference](#)**

The Art and Science of Collaborative Practice: *Moving America's Health Agendas Forward*  
May 20-22, 2013  
New Orleans, La.

The [National Network of Public Health Institute's](#) 12th annual [conference](#), The Art and Science of Collaborative Practice: *Moving America's Health Agendas Forward*, will be held May 20-22, 2013 in New Orleans, La. This year's theme explores the role of collaboration in facilitating health transformation.

For more information, view the preliminary conference [agenda](#) and visit the event website at <http://www.regonline.com/2013NNPHI>.

#### [Network Leadership Academy Focuses on Addressing Challenges of Effective Interorganizational Networks](#)

May 29-31, 2013  
Denver, Co.

If you're interested in collaboration and/or network leadership, learn more about a leadership training opportunity. The Research Program on Collaborative Governance at the [University of Colorado Denver's School of Public Affairs](#) invites you to participate in the [2013 Network Leadership Training Academy](#), a three-day comprehensive workshop geared for program directors, coalition leaders, and middle to senior managers to learn how to address the challenges of building, managing, and evaluating effective interorganizational networks. Space is limited, so register early. Get more information [here](#), or contact Sara Sprong at [rpcg@ucdenver.edu](mailto:rpcg@ucdenver.edu).

### **AcademyHealth Annual Meetings and Translation and**

## Dissemination Opportunities

AcademyHealth's [Annual Research Meeting](#) (ARM) is taking place in Baltimore on June 23-25, 2013. The Annual Research Meeting features more than 150 sessions, including methods training, poster sessions, and networking opportunities. [Register](#) by April 26 to receive early bird pricing.

The Public Health Systems Research Interest Group (PHSR IG) Meeting is held at the end of the ARM on June 25-26. The PHSR IG is currently the largest at AcademyHealth, with more than 2,700 members. The IG provides a forum for members to share information, network with their peers, and learn about/participate in new opportunities for expanding knowledge of the field. Register for the PHSR IG Annual Meeting [here](#).

The PHSR IG will also be hosting a unique Translation and Dissemination Workshop on June 26, 2013, in conjunction with AcademyHealth's Annual Research Meeting and the PHSR IG Meeting. Participants selected through the [application process](#) will receive an opportunity to present their research to editors from targeted journals, complimentary registration for the [Interest Group Meeting](#), and a \$1,000 travel stipend. Applicants for this skill-building session must submit a publication concept by April 12.

### [NACCHO Annual Conference to Feature Session Track on Public Health Research](#)

July 10-12, 2013

Dallas, Texas

Learn more and register [here](#).

### [2nd Annual National Health Impact Assessment Meeting](#)

Sept. 24-26, 2013

Washington, DC

### [APHA 2013 Annual Meeting](#)

Nov. 2-6, 2013

Boston, Mass.

## Webinars

**Planning, Executing, Analyzing and Reporting Research on Delivery System Improvement**, sponsored by [Agency for Healthcare Research and Quality](#) (AHRQ) Delivery System Initiative, in cooperation with the AHRQ PCMH Program:

- Fuzzy Set Analysis, April 15, 1-2 p.m. EDT
- Statistical Process Control, May 14, 1-2 p.m. EDT

• [Healthcare Delivery System](#), April 15, 1-2 p.m. EDT

- Logic Models, June 4, 1-2 p.m. EDT
- Formative Evaluation, July 15, 1-2 p.m. EDT
- Mixed Methods, TBA, December 2013

Click here to [register](#).

**CDC National Prevention Information Network ([NPIN](#)) Public Health Social Media Webinar Series**

“In the Know: Social Media for Public Health” is a series of six webcasts, each focusing on a different social media channel and providing basic information, tips and hints for how to use them to meet your needs. Archives are available for the past two sessions, Twitter and LinkedIn and Slideshare.

Upcoming sessions are:

- Facebook and Image Sharing (Instagram, Pinterest and Flickr), April 23, 2-3pm ET
- Google+ and YouTube, May 14, 2-3 p.m., ET
- Measurement and Evaluation, June 4, 2-3 p.m. ET

Visit the CDC National Prevention Information Network online for [more information](#) and to [register](#).

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