

PHSSR InsideTrack-March 2013

Perspectives in PHSSR



Kaye Bender, PhD, RN, FAAN
[Public Health Accreditation Board](#) (PHAB)
President/CEO

This week the country has something it has never had before – accredited public health departments. After several years of working to develop and implement a national public health accreditation program, the Public Health Accreditation Board (PHAB) announced its first accreditation status decisions. Eleven health departments of varying sizes and organizational structure across the country achieved accreditation status on Feb. 28, 2013. There are 128 total health departments in the accreditation process at this time: 112 local health departments, 15 state health departments, and one tribal health department. PHAB continues to receive statements of intent each week. The national accreditation process is established, and additional accreditation decisions are expected throughout this year and the years following.

PHAB's accreditation program is designed to improve and protect the health of the public by advancing the quality and performance of state, local, tribal, and territorial health departments. All health departments exhibit great courage in putting forth their work for peer review against national standards. These health departments demonstrate their commitment to accountability, transparency, and the development of a culture of quality improvement.

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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.

As a national non-profit accreditation organization, PHAB embraces the following concepts:

- Practice-oriented
- Evidence-based (including best and promising practices)
- Consensus-based approach to the development and adoption of standards and measures
- Peer review
- Continuous quality improvement

As a learning organization, PHAB looks forward to using results from evaluation and public health services and systems research to continue to guide its work into the future. For more information and a list of the first accredited health departments, please visit the PHAB website, www.phaboard.org.

Research

Register by March 7 for Keeneland Conference

Registration is in full swing for the 2013 [Keeneland Conference](#) on Public Health Services and Systems Research, April 8-11 in Lexington, Ky. Registration is open until Thursday, March 7, so make plans now to join the National Coordinating Center for PHSSR for the sixth annual conference, one of the nation's premier PHSSR events.

This year's agenda is packed with informative sessions, such as an update on issues to watch in DC, and prominent keynote speakers, as well as invaluable networking and information-sharing opportunities. You'll also have a chance to discuss PHSSR topics at a new Breakfast Roundtable session, and hear research-to-practice success stories at the closing session.

Confirmed keynote speakers include:

- [Paul Kuehnert, Robert Wood Johnson Foundation](#) senior program officer and team director for the Public Health team
- [William Roper](#), dean of the [University of North Carolina School of Medicine](#); CEO, [UNC Health Care](#)
- [Joe Selby](#), executive director, [Patient-Centered Outcomes Research Institute](#) (PCORI)

Don't miss out! Register now at www.keenelandconference.org

Grants Awarded to Promising Researchers Examining Questions Related to the Future of Public Health Services

Nine promising investigators have been awarded [grants](#) to conduct research that will provide public health practitioners with valuable information on evidence that will in particular help guide financial and

information – evidence that will in particular help guide financial and workforce decisions critical to the future of the public health system in the wake of the [Affordable Care Act](#).

The National Coordinating Center for PHSSR's sixth round of Junior Investigator Awards will not only produce evidence needed by the public health community, but also will help develop new qualified investigators in PHSSR.

PHLR Program Funds Five New Studies

The public health effects of laws on drugged driving, bullying, intimate partner violence, HIV decriminalization, and shared laboratory services will be investigated through five new [research projects](#) funded by the [Robert Wood Johnson Foundation's](#) Public Health Law Research (PHLR) program as part of its new Strategic and Targeted Research Program.

The grants total \$586,000 and will support studies representing high priority topics identified through a six-month long open call for ideas.

Grantees Named in New Pilot Project to Improve Local Public Health Services

The [Center for Sharing Public Health Services](#) recently announced grants for a total of \$1,927,968 to 16 teams of health departments to explore how cross-jurisdictional sharing might better equip them to fulfill their mission of protecting and promoting the health of the communities they serve. This two-year learning collaborative will help the teams – which include more than 75 public health departments and 26 local and state governments – explore ways to share resources with the goal of providing more efficient and effective public health services.

Read more [here](#) about the new project that will bring together health officials, policy-makers and other key stakeholders in 14 states to identify and share best practices from their experiences in using different types of these sharing arrangements as a strategy to provide more effective and efficient public health services to their communities.

NNPHI Recruiting External Reviewers for PHSSR Call for Proposals

The [National Network of Public Health Institutes](#) (NNPHI) is recruiting external reviewers for both content and methods for the [Robert Wood Johnson Foundation's](#) Public Health Services and Systems Research [Call for Proposals](#). External reviewers will be asked to review full proposal narratives of no more than 15 pages plus supporting documentation. The review period takes place from May 6 to June 3. In thanks for participation, external reviewers will be eligible to receive an honorarium of \$250. Please note: If you are included in a proposal

an honorarium of \$250. Please note: if you are included in a proposal submitted for this solicitation, you cannot serve as a reviewer. If you are interested in reviewing or would like additional information, please contact Erica Johnson at phssr@nnphi.org.

E. Richard Brown Social Justice Award Established to Foster Next Generation of Health Policy Leaders

A new fund to foster the next generation of health policy leaders has been set up, and donations are now being accepted in honor of the late E. Richard Brown, the Center's founding director.

Brown, who passed away on April 20, 2012, was a beloved husband, father, grandfather, teacher, mentor and public health visionary who touched the lives of tens of thousands of Americans with his unique blend of warmth, intelligence, tenacity and belief that public health data and information could be a powerful force for good. Learn more about Dr. Brown's work and life, and the new award, [here](#).

Social Network Analysis, Workforce Training Among Recent PHSSR Matters Topics

[Social Network Analysis](#), [cross-jurisdictional sharing](#), [workforce training](#), and [Ohio's Smoke Free Workplace Law](#) are topics of recent issues of [PHSSR Matters](#), a weekly update for our community on the latest research and developments in the field – and their impact.

Frontiers in PHSSR and RE-ACT: Reaching Diverse Stakeholders to Improve Research Translation

Ensuring that emerging research findings are transmitted to decision-makers who can use them in real-world settings can be challenging. Too frequently, standard academic dissemination approaches like high-impact journal publications and national conference presentations limit potential audiences to those who can find room in increasingly tight budgets to cover expensive subscriptions and/or conference travel. With the current state of public health funding, it is increasingly important to leverage communication resources that can provide important information to practice and policy audiences. The open-access journal [Frontiers in PHSSR](#) and the [RE-ACT: Research to Action in Public Health Delivery](#) podcast both remove cost barriers to making research-derived information more accessible to diverse audiences. Both channels offer opportunities to provide brief descriptions of preliminary findings from ongoing or recently completed studies or quality improvement projects. Through these outlets, findings that have the potential to guide future public health practice, health policy, and research are better positioned to reach the audiences who need them most. An agreement between *Frontiers* and the [American Journal of Preventive Medicine](#) ensures that publications in the former are not precluded from future full-length journal

in the former are not precluded from future full-length journal publications. The National Coordinating Center for PHSSR encourages you to consider submitting to *Frontiers* or to [contact us](#) directly with RE-ACT podcast ideas.

NACCHO Extends Survey Deadline of National Profile of Local Health Departments to March 8, 2013

The success of the [National Profile of Local Health Departments](#) (LHDs) depends on participation from the diverse mix of LHDs in the U.S. The deadline has been extended, and responses are requested by March 8, 2013. The [National Association of County & City Health Officials](#) (NACCHO) would greatly appreciate it if those from across PHSSR who utilize the data collected would assist in promoting and encouraging local health departments to complete the Profile. Find more information on the Profile [website](#).

Issue of Improving Population Health in U.S. Cities Addressed in JAMA and Human Capital Blog

Nicholas Stine, Dave Choksi and Marc Gourevich discuss the unique challenges and opportunities to improving population health in urban settings in the [Feb. 6 Issue of Viewpoint in JAMA](#). With the vast majority of Americans living in urban environments, building durable strategies to improve population health is imperative and will involve collaboration among local health care systems, public health departments, and community partners.

As part of the New York Academy of Medicine Primary Care and Population Health Working Group, Stine and Choksi also blog about their conversations with thought leaders in primary care and population health. Read about what these leaders, including the [Public Health PBRNs](#) Director, [Glen Mays](#), had to say in a five-part blog at the [Robert Wood Johnson Foundation's Human Capital Blog](#).

The New Public Health: Rewiring for the Future

A new [American Public Health Association](#) report based on the 2012 APHA Midyear Meeting delivers seven steps to rewire public health for the future. Based on the positive outcomes from the Communities Putting Prevention to Work and Community Transformation Grants programs funded through the Affordable Care Act, key recommendations were made for positioning public health for the future. Read the seven recommendations and see the full report [here](#).

CTSA Tool Shop Webinar: Harvard Catalyst Profiles Research Networking Software

Do you need help finding collaborators? Would you like to create a research portfolio of your institution? The Clinical and Translational Science Awards (CTSA) Consortium Coordinating Center recently

hosted a webinar on the Profiles Research Networking Software, an NIH-funded open source tool to speed the process of finding researchers with specific areas of expertise for collaboration and professional networking. A video recording of this presentation can be found [here](#).

Recently Published Research

[Determinants of the Core Functions of Local Public Health Agencies: Examining What Matters in Local Public Health Practice.](#)

Remmert DM, O'Rourke T, Notaro SJ, Turnock B.

J Public Health Manag Pract. 2013 Feb 26.

[The Affordable Care Act: The Value of Systemic Disruption.](#)

Shaffer ER.

Am J Public Health. 2013 Feb 14.

[Click here](#) to see the full list of 20 papers.

PBRN

News from the [Public Health Practice-Based Research Networks](#) (PBRNs):

Stat of the Month:

The use of Maternity Care Coordination Services (MCC) in North Carolina was associated with an approximate 2 percent reduction in the probability of delivering a premature infant, along with modest increases in health care service utilization, according to preliminary findings from a [North Carolina Public Health PBRN](#) study of the program. MCC is a formal case management approach provided to Medicaid-eligible pregnant women during and after pregnancy to improve birth outcomes. The program consists of outreach, assessment of maternal assets and needs, service planning, coordination and referral, follow-up and monitoring, and education and counseling. The PBRN study used an innovative, quasi-experimental research design with propensity-score weighting to control for systematic differences between Medicaid recipients who did and did not receive MCC services. It is interesting to note that, despite the possible benefits of MCC services in reducing preterm birth, only one-third of Medicaid eligible women received these services during the study period. In light of North Carolina's move away from MCC and toward a medical home model, future research should investigate whether services delivered through this system structure have similar advantageous effects on preterm birth.

Funding Sources and Public Health Performance

Bill Livingood and colleagues in the Florida PBRN have published results of their study examining the association between funding sources and local performance of essential public health services. The study finds considerable variability in funding sources across Florida's local agencies, and a heavy reliance on discretionary local sources for performing cross-cutting, non-categorical services. The paper is available early online in the [Journal of Public Health Management and Practice](#). Related new articles of interest from Dr. Livingood include an instructive commentary on the new [Institute of Medicine](#) report regarding methods for valuing community-based prevention activities in the journal [Health Education and Behavior](#), and an examination of a new model for combining quality improvement and evaluation activities for health programs, published in [Health Promotion Practice](#).

Policy

PHAB Announces Awarding of Accreditation to 11 Public Health Departments

On Feb. 28, the [Public Health Accreditation Board](#) (PHAB) awarded five-year accreditation to 11 public health departments.

"This is a truly historic moment in public health," said PHAB President and CEO [Kaye Bender](#), PhD, RN, FAAN. "With accreditation, we now have national standards that promote continuous quality improvement for public health and a mechanism for recognizing high performing public health departments. These are the first of many health departments that we look forward to being able to recognize for achieving national standards that foster efficiency and effectiveness, and promote continuous quality improvement." For more details and a list of the newly accredited health departments, click [here](#).

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 from those who know it best 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](#).

Sequestration.

Across-the-board spending cuts of 5 percent in FY 2013 for all nondefense "programs, projects, and activities (PPA)" are scheduled to

take effect on March 1 unless legislation is enacted to prevent them. The direct impact on health services research remains unclear, and we're unlikely to know more until the [Office of Management and Budget](#) issues the sequestration order to agencies.

At the [National Institutes of Health](#), for example, there are not many PPAs outlined in statute beyond the institutes. This means that institute directors will have discretion in how cuts are applied. For example, extramural research grants could face deeper cuts to spare the intramural research portfolio. NIH issued a notice in February, stating the agency would most likely reduce the final FY 2013 funding levels of non-competing continuation grants and make fewer competing awards. "Although each NIH Institute and Center (IC) will assess allocations within their portfolio to maximize the scientific impact, non-competing continuation awards that have already been made may be restored above the current level as...but likely will not reach the full FY 2013 commitment level described in the Notice of Award."

Unlike NIH, the [Centers for Disease Control and Prevention](#) (CDC) has many PPAs and thus will have less flexibility in how sequestration is applied. For example, the [Prevention Research Centers](#) would be subject to an across-the-board cut of 5 percent. The [Prevention and Public Health Fund](#)—mandatory funding established through the [Affordable Care Act](#)—is also subject to sequestration, about a 5.7 percent across-the-board cut. The Prevention and Public Health Fund has been used to support public health research and data collection activities at the [National Center for Health Statistics](#).

The [Agency for Healthcare Research and Quality](#) (AHRQ) is funded by intergovernmental transfer and thus is not directly subject to sequestration. One would expect, however, that because Public Health Service Act agencies with budget authority (e.g., NIH and CDC) are subject to sequestration, AHRQ will be indirectly impacted because there is less funding available from these agencies to transfer to AHRQ.

Similar to AHRQ, the [Patient Centered Outcomes Research Institute's](#) base budget is not subject to sequestration because it too is funded by intergovernmental transfer from the U.S. Treasury. However, PCOR Trust Fund fees—to be collected at the end of this fiscal year—are subject to sequestration. The fees will compose the vast majority of PCORI's \$500 million budget.

There is hope that if sequestration occurs on March 1, Congress will use the expiration of the FY 2013 continuing resolution as a vehicle to undo the cuts retroactively and postpone sequestration until Congress and the White House can pass a more comprehensive deficit reduction package.

FY 2014 Budget. There are reports that the President's FY 2014 budget request will be released on March 18. The budget has been delayed due in part to uncertainty caused by sequestration.

PAHPA Reauthorization. On Jan. 22, the House passed the [Pandemic and All-Hazards Preparedness Reauthorization Act](#) (H.R. 307), and on Feb. 14 the Senate Health, Education, Labor and Pensions (HELP) passed their amended version (S. 242). The legislation reauthorizes programs under the Public Health Service Act and the Federal Food, Drug, and Cosmetic Act with respect to public health security and all-hazards preparedness and response. The [Congressional Budget Office](#) (CBO) analysis of the bill is available [here](#). The bill is endorsed by the executives of the [Association for State and Territorial Officials](#), the [National Association of County & City Health Officials](#), the [American Public Health Association](#), and [Trust for America's Health](#) (see [letter](#)).

First enacted in 2006, the [Pandemic and All-Hazards Preparedness Act](#) (PAHPA) was the first legislative reference to public health services research (PHSR) by the federal government. The Secretary of the U.S. [Department of Health and Human Services](#) (HHS) was authorized to identify the existing PHSR knowledge base and establish a research agenda. The \$50 million appropriation included a mandate to "fund research centers at accredited schools of public health to conduct PHSR for preparedness and emergency response." To date, the CDC [Office of Preparedness and Response](#) (OPHPR) has funded nine [Preparedness and Emergency Response Research Centers](#) (PERRCs). This program is not reauthorized by the new legislation.

PAHPA reauthorization will come up in the Senate "soon," where it is expected to pass. It will then go back to the House to vote on the amended version. We understand the House has no objections to changes made by the Senate HELP Committee.

Strategic Roadmap for Public Health. In January, [Trust for America's Health](#) released *A Healthier America 2013: Strategies to Move from Sick Care to Health Care in the Next Four Years*. [The report](#) defines foundational capabilities of public health departments, and reinforces the [Institute of Medicine](#) (IOM) call for public health research, evaluation, and quality improvement as a core competency. Specifically, TFAH notes that the IOM report recommended "bolstering research, by capitalizing on improved technology to access and analyze data, to better demonstrate the value of public health and prevention services and programs."

TFAH also suggests it might be time to restructure federal public health programs. For example, TFAH recommends (1) improving efficiencies of programs at CDC through strategic realignments and integration; (2) consolidating federally-supported public health surveillance systems; and (3) evaluating ways to restructure public

health agencies to improve and align functions and services. On the latter, TFAH recommends an assessment be conducted “regarding public health science, practice research, and workforce development functions that cut across CDC, [HRSA](#), [SAMSHA](#), and AHRQ. An integrated approach to this work could help close the gap between prevention and health promotion and direct health care services within [HHS].”

Funding

[Building Capacity of the Public Health System](#)

Deadline: March 7, 2013

Funds for national, nonprofit organizations to strengthen the infrastructure and improve the performance of the U.S. public health system through the provision of capacity building assistance.

[California Breast Cancer Research Program \(CBCRP\)](#)

[Community Research Collaboration Awards](#)

Call for Proposals: Healthy Eating Research

[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.

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](#)

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, and 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 which 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 (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

[Electronic Data Methods \(EDM\) Forum: Second Phase \(U18\)](#)

Letter of Intent Due: March 15, 2013

Proposal Due: April 18, 2013

This FOA solicits Research Demonstration and Dissemination grant (U18) applications from organizations that propose to continue and expand the work of the Electronic Data Methods (EDM) Forum. The Forum will convene investigators from projects similar in scope and capability to those in three programs: PROSPECT (Prospective Outcome Systems using Patient-specific Electronic data to Compare Tests and therapies), scalable distributed research networks, and enhanced registries for QI and CER (for further details please visit: <http://www.edm-forum.org/publicgrant/About/projectprofiles/>), experts in health information technology and in outcomes research, practicing clinicians, patients, representatives from relevant organizations, and other relevant stakeholders.

Health Resources and Services Administration

[MCH Knowledge to Practice Program](#)

Proposal Due: March 26, 2013

In addition to supporting graduate training of maternal and child health (MCH) professionals, the Maternal and Child Health Bureau is

neath (MCH) professionals, the Maternal and Child Health Bureau is committed to advancing the knowledge and skills of practicing MCH professionals. Knowledge to practice (KP) education methodologies, including distance learning and blended methods (some in-person meeting time with distance follow-up), provide effective and efficient means by which MCH professionals in practice enhance and advance their analytic, managerial, and clinical skills while continuing to meet their daily on-site responsibilities. This program strongly supports HRSA goals to improve access to quality health care and services, strengthen the health workforce and improve health equity. Current barriers to continuing education include ever-tightening travel restrictions, capacity shortages, difficulty in taking time away from work, and the cost of trainings. Distance learning and/or blended learning methods can help address these barriers[1]. In addition, in times of severely limited resources, innovation assists in reaching MCH populations, including busy professionals. Therefore, both KP and MCH Navigator projects should be designed to implement new and emerging technologies.

Proposals Due: March 28, 2013

The CBCRP is accepting applications for Cycle 19 Community Research Collaboration (CRC) Awards. A full description of the awards can be found in the [Call for Applications](#) and on the [Community Research Collaboration pages](#).

[AHRQ Notice of Intent to Publish a Funding Opportunity Announcement \(FOA\) for the Developing Evidence to Inform Decisions about Effectiveness \(DEcIDE\) Network for Patient-Centered Outcomes Research \(U19\)](#)

FOA Anticipated Release Date: Late Winter 2013

First Estimated Application Date: Spring 2013

AHRQ intends to publish a Funding Opportunity Announcement (FOA) to broadly solicit applications for research centers to participate in the “Developing Evidence to Inform Decisions about Effectiveness” (DEcIDE) Network, a component of [AHRQ's Effective Health Care Program](#). AHRQ plans to continue the collaborative research network that it established in 2005 with a specific focus on comparative effectiveness and patient-centered outcomes research (CER/PCOR) and methodologies that are designed to support evidence-base decision-making in patient communities served by (1) Medicare; or (2) State Medicaid and/or Children’s Health Insurance (CHIP) programs. Overall FOA objectives are to conduct original research and appropriately disseminate the results to stakeholders.

Events

[PHSSR Keeneland Conference](#)

April 8-11, 2013
Lexington, Ky.

[Network Leadership Academy Training Session: Addressing Challenges of Effective Interorganizational Networks](#)

May 29-31, 2013
Denver, Co.

[AcademyHealth Annual Research Meeting](#)

June 23-25, 2013
Baltimore, Md.

[AcademyHealth PHSSR Interest Group Meeting](#)

June 25-26, 2013
Baltimore, Md.

[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

[Evaluating Survey Quality in Health Services Research: A Decision Framework for Assessing Nonresponse Bias](#)

March 6, 2013, 1-2:30 p.m. EST

[Using the American Community Survey \(ACS\) for Health Services Research: Opportunities, Best Practices and Expert Advice](#)

March 7, 2013, 1 p.m. ET

[Traditional and New Methods for Disseminating What Works](#)

March 26, 2013, 1-2:30 p.m.

In Memoriam

Remembering C. Everett Koop

F. Douglas Scutchfield, MD, director of the National Coordinating
Center for PHSSR *remembers about his friend, former Surgeon General*

Center for PHSSR, [reminds about his friend, former Surgeon General C. Everett Koop](#), who became the country's family physician during his tenure in the post. Dr. Koop passed away Feb. 25 at the age of 96.

**Stephen Thacker, National Coordinating Center for PHSSR
National Advisory Committee Member**

Stephen B. Thacker, MD, MSc, RADM/ASG (ret.), U.S. Public Health Service, passed away on Feb. 15, 2013, at his home in Atlanta, Ga. A dedicated public servant and a friend of PHSSR, Dr. Thacker served as a member of the National Coordinating Center for PHSSR National Advisory Committee Member. He will be greatly missed. Read more [here](#) about his life and his many contributions to public health.

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