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# PUBLIC HEALTH

## SERVICES & SYSTEMS RESEARCH PRACTICE-BASED RESEARCH NETWORKS

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#### Frontiers in PHSSR:

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## Research

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### Presentations from the 2014 PHSSR Keeneland Conference Now Available Online

Research shows that improving the public's health requires much more than simply expanding health insurance coverage and improving access to doctors and hospitals. This is why leaders in public health research, policy, and practice from around the country gather in Lexington every April to share their latest lessons learned at the 2014 Keeneland Conference, a premier national meeting focused on advancing the science of public health across the United States.

The conference brings together researchers, practitioners and policymakers to share the latest research and insights regarding how to organize, finance, and deliver programs and policies that improve health status on a population-wide basis.

Keynote speakers included Dr. Alonzo Plough, vice president and chief science officer of the Robert Wood Johnson Foundation, and Dr. David Ross, director of the Public Health Informatics Institute.

In addition to the two keynote speakers, this year's Keeneland Conference featured three interactive plenary sessions:

- [Innovations and Evidence Needs for Governmental Public Health Practice](#)
- [Implementing Health Reform in Kentucky](#)
- [Translating Research Findings for Policymakers](#)

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Letter to the Editor:  
Community Health  
Assessment by Local Health  
Departments: Future  
Questions

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Differences in Definitions of  
EBPH and Evidence:  
Implications for  
Communication with  
Practitioners.

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Editorial Comment:  
Differences in Definitions of  
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Playing to our Strengths: An  
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Editorial Comment: Cost-  
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Prioritization of Limited  
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A Method for Identifying  
Positive Deviant Local  
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Editorial Comment: A  
Method for Identifying  
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Health Departments in  
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The Effects of the Changes  
in Section 317 Rules for  
Administration of Federally  
Purchased Vaccines

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Editorial Comment:  
Changing the Rules in  
Vaccine Coverage for  
Vulnerable Populations



Presentations are now online with audio and video files to be posted in late May 2014.

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### Research-in-Progress Webinars Open to the Public

Each month PHSSR & Public Health PBRN grantees are invited to share their preliminary findings with the public. Mr. Christopher Maylahn, both a Junior Investigator and leader in the New York Public Health PBRN, will be presenting his research on the May 14 webinar. His research focuses on collaborations between local health departments and hospitals. [Click here](#) for more information on the upcoming webinar. On June 18, Dr. Theresa Green will present on "Quantifying the Value of Public Health Intervention". Both webinars will be held from 12-1 pm, EDT.

The Public Health PBRNs have a regularly scheduled webinar on the third Thursday of every month. A team of researchers and practitioners from the New York Public Health PBRN will be presenting on May 15, from 1-2:30 pm, EDT. More information on the [PBRN webinars](#) is available on the center website.

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### Impact of Health Reform in Massachusetts on the Reduction of Mortality

An interesting [new study](#) of the 2006 Massachusetts health reform law adds to a growing [body of evidence](#) demonstrating that coverage expansions and related reforms help to improve overall health status. Specifically, this is the first study of the Massachusetts reform to suggest that its health effects are sufficiently large so as to be detectable at the population level, as reflected in the overall mortality rates for counties. These very encouraging results beg the question of how the results were achieved — which components of comprehensive reform are responsible for the drop in mortality?

The estimated 2.9% reduction in all-cause mortality represents a large and significant drop in deaths at the population level, particularly given the relatively short 5-year study period following health reform implementation. Chronic diseases are the main drivers of morbidity and mortality in the U.S., and most of these diseases chip away at our health over long periods of time, eventually causing death. Interventions that can make a dent in overall death rates in the space of just a few years are few and far between, and certainly worthy of attention (as Dr. Mays noted in a [related commentary](#) on this study).

The study authors focus on the expansion of health insurance coverage as the active ingredient in the Massachusetts law that is likely responsible for the drop in deaths. The results imply that for every 830 adults who gained insurance coverage, 1 death was prevented.

Information shared above is an excerpt from Dr.

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#### RE-ACT Podcasts:

[Dr. Jacqueline MacDonald Gibson on Disparities in Access to Public Water and Sewer Service in North Carolina](#)

[Dr. Angela Dearing from the Kentucky Public Health PBRN on Quality Improvement](#)

[Dr. Justeen Hyde from the Massachusetts Public Health PBRN on Cross-Jurisdictional Sharing](#)

[Dr. Glen Mays from the National Coordinating Center on the Impact of Public Health PBRNs](#)



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#### Recent PubMed Results:

[Capacity Development in Health Systems and Policy Research: A Survey of the Canadian Context.](#)

[Quality Improvement Activities of Local Health Departments During the 2008-2010 Economic Recession.](#)

[Pro-social Preferences and Self-Selection into the](#)

[Public Health Sector: Evidence from an Economic Experiment.](#)

[Review of MPH Practicum Requirements in Accredited Schools of Public Health](#)

Mays' blog, [PublicHealthEconomics.org](http://PublicHealthEconomics.org). [Click here](#) to read the full post.

#### Cuts to Local Mother-Child Services Linked to Underweight Infants

A recently published, [two-state study](#) demonstrates relationship between program spending and health outcomes. Nutrition counseling for expectant and new

mothers and their children is one of many benefits affected by cuts to local health departments' programs. Reductions in local health departments' spending on maternal and child health programs are strongly related to increased rates of low-birth-weight babies, according to a University of Washington-led study.

"Low-birth-weight infants are extremely costly to our healthcare system and to families and, even more important, have negative long-term effects on these babies – even well into adulthood," said [Betty Bekemeier](#), the study's lead author and an associate professor in the UW School of Nursing. The study was published May 6 in the American Journal of Preventative Medicine. It is the first multi-state study to explore the impact of budget cuts to maternal child health services over time and to demonstrate a relationship between spending and health outcomes.

#### The HMO Research Network Virtual Data Warehouse: A Public Data Model to Support Collaboration

[New research](#) published in eGEMs provides a behind-the-scenes, in-depth look at the HMO Research Network (HMORN) Virtual Data Warehouse (VDW). The authors offer detailed insight on successful governance principles, data content, and quality insurance procedures to guide health care and health insurance systems interested in implementing a distributed data model.

A new open-access, peer-reviewed e-publication, [eGEMs](#) publishes innovative ideas and practices using electronic health data to advance research and quality improvement. eGEMs is a product of AcademyHealth's [EDM Forum](#).

#### Clear: Conversations: A Project to Help Patients Improve their Health Visits

The National Network of Libraries of Medicine, New England Region's (NN/LM NER) Health Literacy Community of Interest conducted Health Literacy

Missouri's *Clear: Conversation Project* from August 2012 – May 2013. The *Clear: Conversations* program brings together patients to learn important health literacy skills including how to: ask for simple language, slow down the provider, use teach-back, get need to know information, and bring medications/supplements for a brown bag review.

[SCHOOLS OF PUBLIC HEALTH](#)

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[Promoting Practice in Public Health Academia: Assessing Impact on Student Education.](#)

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[RISE: Promoting Diversity Among Public Health Professionals.](#)

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[Salaries and Compensation Practices in Public Health, Environmental, and Agricultural Laboratories: Findings from a 2010 National Survey.](#)

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[Implications of Preparedness and Response Core Competencies for Public Health.](#)

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[The Relationship Between Local Public Health Agency Administrative Variables and County Health Status Rankings in Kentucky.](#)

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[Multisector Coalitions Build Healthier Communities through ACHIEVE Initiative.](#)

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[Billing Practices of Local Health Departments Providing 2009 Pandemic Influenza A \(H1N1\) Vaccine.](#)

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[The Courts and Public Health: Caught in a Pincer Movement.](#)

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[Assessing the Impact of Federal and State Preemption in Public Health: A Framework for Decision Makers.](#)

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[It's Time to Integrate Public Health into Medical Education and Clinical Care.](#)

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[Can Voter-approved Tax Levies Provide Fiscal](#)

The highlight of the program is role playing of a health care visit. Participants observe the role play and share their thoughts on how to improve the experience. Results of the NN/LM NER's project showed that the workshops improved participants comfort level to ask questions, to slow down their provider, and to ask their doctor to use words they could understand. [Click here](#) to read the full project report.

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## News

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### **Ibrahim Receives Great Teacher Award from Temple University**

Recently, PHSSR grantee and mentor, Dr. [Jennifer Ibrahim](#) was among ten exemplary faculty members celebrated for their achievements in teaching, research and creativity at Temple University's Faculty Awards Luncheon.

Dr. Ibrahim was chosen by an awards committee, which reviews nomination letters from faculty members, alumni and students. Student course evaluations and seminar presentations also are contributing factors in the selection process.

She was given the [Great Teacher Award](#) for her innovative research in the areas of tobacco control and public-health law while teaching undergraduate and graduate courses. Ibrahim will receive a stipend and a commemorative sculpture. All recipients of the Great Teacher Award also have their names engraved on the wall in Founder's Garden at the university.

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### **Thielen Named a Public Health Hero**

The Larimer County Board of Health is pleased to announce that [Lee Thielen](#) has been chosen to receive the 2014 [Joseph Jabaily Public Health Hero Award](#). The award is given yearly in honor and remembrance of the many contributions to improving health and commitment to public service of Dr. Joseph Jabaily, a Loveland neurologist who died tragically in a charity bicycle race in the summer of 2004.

Thielen's career in public health has had a wide reach and has included positions addressing local, state and national public health efforts. She served for 16 years as Associate Director, Colorado Department of Public Health and Environment and was the founder and Executive Director, of the Colorado Association of Local Public Health Officials (CALPHO) and the Public Health Alliance of Colorado. She has served on the boards of the Health District of Northern Larimer County, the Poudre Valley Hospital Board, the MCR Foundation Board, and the Larimer County

Advantages and Stability for Local Public Health Agencies?

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Environmental Factors and Quality Improvement in County and Local Health Departments.

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Current and Planned Shared Service Arrangements in Wisconsin Local and Tribal Health Departments.

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A Systematic Approach to Evaluating Public Health Training: The Obesity

Prevention in Public Health Course.

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A Community-Academic Partnership to Address Racial/Ethnic Health Disparities Through Grant-Making.

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Addressing the Social Determinants of Health Through the Alameda County, California, Place Matters Policy Initiative.

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Describing the Continuum of Collaboration Among Local Health Departments With Hospitals Around the Community Health Assessments.



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## WEBINARS

### NACCHO

Model Practice Lunch and Learn Webinars  
Twice a month, on Wednesdays, selected model

Board of Health. Thielen is currently a member of the advisory committee to the Center for Public Health Practice at the Colorado School of Public Health and a member of the Health Committee of the League of Women Voters. Thielen will be recognized with a presentation of the Jabaily Award at a reception in her honor in July.

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## National Network of Public Health Institutes Supports Rapid Improvement Using Kaizen Technique at Ten Health Departments

The National Network of Public Health Institutes (NNPHI), in partnership with Continual Impact, has selected ten health departments to receive training, coaching, and materials to co-lead a [quality improvement \(QI\) project using the Kaizen event technique](#). Kaizen - Japanese for "change for the better" - uses the principles of QI in a rapid, focused setting that leads to impactful improvements in public health systems and processes.

"Identifying and eliminating waste in a work process, increasing the value of the outputs of the process, active engagement of staff at multiple levels of the organization, and speedy and sustainable results are the hallmarks of 'Kaizen.' This method has proven effective in a number of health departments across the country, and we look forward to seeing results of Kaizen process improvements achieved by the grantees," said Pamela Russo, Senior Program Officer, Robert Wood Johnson Foundation.

QI leaders from each local health department came together and received 48+ hours of Kaizen training. "The skills and concepts I learned for the Kaizen can be applied to all QI methods. I realized why some QI projects that I have facilitated were not as successful as they could have been," stated one QI leader.

Armed with the training, preparation, and an on-site QI Coach, the ten health departments are conducting a Kaizen event over a five-day period. Teams of staff at each health department will use their new skills to tackle issues such as increasing efficiency in purchasing processes, increasing completed child developmental screenings, and improving shared drive usage. The lessons learned from these leaders will inform future directions of QI in public health. Learn more about the efforts at the next [Open Forum for Quality Improvement in Public Health](#), June 12-13, 2014 in Kansas City, MO.

The Kaizen Event Program is part of the Community of Practice for Public Health Improvement (COPPHI), managed by NNPHI, implemented in partnership with Continual Impact, and funded by the Robert Wood Johnson Foundation. For more information, contact Lil Johnson, NNPHI Program Manager, at [ljohnson@nnphi.org](mailto:ljohnson@nnphi.org).

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## Kaiser Permanente and UCSF Add Substantial Genetic, Health Information to NIH Online Database

wednesdays, selected model practice winners will provide a 20-minute presentation followed by Q&A and discussion.

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**National Coordinating Center for PHSSR & Public Health PBRNs**  
[Research-in-Progress Series Local Health Department–Hospital Collaborations in New York State: A Natural Experiment](#)  
**May 14, 2014**  
**12-1 pm, EDT**

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**AcademyHealth**  
[Fireside Chat 3: The Budget Process: The Role of the White House](#)  
**May 14, 2014**  
**3:30-4 pm, EDT**

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**AcademyHealth**  
[Integrating Primary Care and Public Health: Implications for Health Workforce](#)  
**May 15, 2014**  
**1-2:30 pm, EDT**

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**National Coordinating Center for PHSSR & Public Health PBRNs**  
[Monthly Public Health PBRN Webinar](#)  
**May 15, 2014**  
**1-2:30 pm, EDT**

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## MEETINGS

[National Network of Public Health Institutes \(NNPHI\) Annual Meeting](#)  
**May 19-21, 2014**  
**New Orleans, LA**

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[2014 National Leadership Training Academy](#)  
**May 19-21, 2014**  
**Denver, CO**

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[AcademyHealth Annual Research Meeting](#)  
**June 8-10, 2014**  
**San Diego, CA**

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[AcademyHealth PHSR](#)

## Database

Researchers worldwide will now have access to

[genetic data](#) linked to medical information on a diverse group of more than 78,000 people, enabling investigations into many diseases and conditions. The data have just been made available to qualified researchers through the database of Genotypes and Phenotypes (dbGaP), the online database of the National Institutes of Health (NIH). The announcement was made today at the National Advisory Council on Aging by Richard Hodes, director of the National Institute on Aging (NIA).

The data come from one of the nation's largest and most diverse genomics projects—the Genetic Epidemiology Research on Adult Health and Aging (GERA) cohort—which was developed collaboratively by the Kaiser Permanente Research Program on Genes, Environment and Health (RPGEH) and the University of California, San Francisco (UCSF). The addition of the data to dbGaP was made possible with \$24.9 million in support from the NIA and the National Institute of Mental Health at NIH, as well as from the Office of the NIH Director.

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## Dissemination

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**Supplemental Issue on PHSSR of the American Journal of Public Health**  
Call for Submissions  
**Deadline: May 15, 2014**

The American Journal of Public Health (AJPH), in collaboration with the Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention (CDC), intends to publish a supplement issue on the topic of Advancing in Public Health Services and Systems Research (PHSSR). Original papers from empirical research studies are invited that offer new knowledge about ways of improving the organization, financing, and delivery of public health strategies within the United States—a field of inquiry known as PHSSR.

Studies about the health and economic consequences of organizational strategies, funding mechanisms, workforce models, policy/legal approaches, and health IT applications are encouraged. Papers that apply innovative methodologies for measuring public health strategies and estimating impact are also desired. Papers should have a strong theoretical underpinning and a primary focus on population-level strategies, avoiding a narrow focus on medical care delivery and financing issues.

Potential authors should click the link above for instructions on how to submit. Research papers and Briefs are encouraged. All manuscripts will undergo standard peer review by the AJPH editors and peer

Interest Group Meeting  
**June 10-11, 2014**  
San Diego, CA

NACCHO Annual  
**July 8-10, 2014**  
Atlanta, GA



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[Public Health Services & Systems Research Inventory](#)

[The Public Health PBRN Program: A Summative Report](#)

[The Practical Playbook: Stages of Integration](#)

[Population Health Implications of the Affordable Care Act: Workshop Summary \(2013\)](#)

[Preparedness, Response and Recovery Considerations for Children and Families](#)

[Sustainable Diets: Food for Healthy People and a Healthy Planet: Workshop Summary](#)

[New Public Health Accreditation Board Research Agenda & Logic Model](#)

[Navigating the Translation and Dissemination of Public Health Services and Systems Research Findings](#)

referees as defined by the AJPB policy. Note in your letter of submission that you want the paper considered for the "*PHSSR Supplement Issue*".

### **National Association of Schools of Public Affairs and Administration**

Call for Nominations

**Deadline:** June 30, 2014

NASPAA values the hard work that public service education faculty, administrators, and students put into teaching, researching, and practicing public service. Annually, NASPAA recognizes outstanding achievement in these fields through awards presented at the NASPAA Annual Conference. Awards are given out in the following categories:

- \* Social Equity, Diversity and Social Justice
- \* Doctoral Candidates
- \* Faculty/Researcher Awards
- \* Awards for Papers
- \* Pi Alpha Alpha Awards

All nominations must be submitted to [awards@naspaa.org](mailto:awards@naspaa.org) by June 30. Most award nominations consist of a short statement promoting the individual or program's selection, and up to two supporting letters. See the Awards [webpage](#) for more details.

### **Frontiers in PHSSR - Open Access Journal**

Call for Papers

**Deadline:** None

Frontiers in Public Health Services and Systems Research features peer-reviewed articles that offer brief descriptions of preliminary findings from an ongoing or recently completed empirical study or quality improvement project that answers a question of importance regarding the organization, financing, and delivery of public health services; the structure, operation, and management of public health delivery systems; the application of quality improvement methods in public health settings; and/or the impact of these endeavors on population health.

Findings must have the potential to guide future public health practice, health policy, and research. Frontiers is intended to provide quick access to actionable public health infrastructure research to improve public health practice at the state and local level. It is of use to practitioners, policy makers and researchers.

## **Funding**

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### **New Listings**

**National Institutes of Health / Food and Drug Administration**

**Tobacco Control Regulatory Research**



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**Wyoming Department of Health**  
**Director's Unit for Policy,**

**Research and Evaluation**  
*Senior Administrator*  
**Deadline: Position Open Until Filled**

The Wyoming Department of Health (WDH) seeks a Senior Administrator for the Director's Unit for Policy, Research and Evaluation (DUPRE). As the Senior Administrator you will have a significant impact on Wyoming citizens' health by leading your team to identify and support rapidly changing policies, rules, and laws; and find system approaches that will promote, protect, and enhance the health of all Wyoming citizens. The listed functions are illustrative only and are not intended to describe every function which may be performed in the job level.

- Provide leadership in development, management, and evaluation of Wyoming health policy activities, and initiatives.
- Works in conjunction with the Director, Deputy Director, Senior Administrators, legislators, and other stakeholders in the development of programs.
- Identify current best practices, strategies for supporting health care initiatives and policy work, maintain a working knowledge of significant developments and

**Tobacco Control Regulatory Research**

(R01): <http://grants1.nih.gov/grants/guide/rfa-files/RFA-OD-13-011.html>

(R03): <http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-13-012.html>

(R21): <http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-13-010.html>

**Letter of Intent Due: May 17, 2014**  
**Proposal Due: June 17, 2014**

The purpose of this Funding Opportunity Announcement (FOA) is to encourage biomedical, behavioral, and social science research that will inform the development and evaluation of regulations on tobacco product manufacturing, distribution, and marketing. Research projects must address the research priorities related to the regulatory authority of the Food and Drug Administration (FDA) Center for Tobacco Products (CTP) as mandated by the Family Smoking Prevention and Tobacco Control Act (FSPTCA), Public Law 111-31. The awards under this FOA will be administered by NIH using designated funds from the FDA CTP for tobacco regulatory science. Research results from this FOA are expected to generate findings and data that are directly relevant to inform the FDA's regulation of the manufacture, distribution, and marketing of tobacco products to protect public health.

**National Institutes of Health**

**Development of Software and Analysis Methods for Biomedical Big Data in Targeted Areas of High Need (U01)**

**Letter of Intent Due: May 19, 2014**  
**Proposal Due: June 19, 2014**

In response to the spectacular opportunities and immense challenges presented by the dawning era of "Big Data" in biomedical research, the NIH has developed the Big Data to Knowledge (BD2K) initiative. The mission of BD2K is to enable the biomedical research community to use the various types of Big Data for research. Biomedical research is rapidly becoming data-intensive as investigators are generating and using increasingly large, complex, multidimensional, and diverse datasets. However, the ability to release data, to locate, integrate, and analyze data generated by others, and to utilize the data is often limited by the lack of tools, accessibility, and training. The purpose of this BD2K U01 Funding Opportunity Announcement (FOA) is to solicit development of software tools and analysis methods in the four topic areas of data compression/reduction, data visualization, data provenance, and data wrangling as part of the overall BD2K initiative. While this FOA is intended to foster new development, submissions consisting of significant adaptations of existing methods & software are also invited.

**Public Health Services & Systems Research**

**Predoctoral and Postdoctoral Scholars in Public Health Delivery**

**Call for Letters of Intent**

**Deadline: May 28, 2014**



- trends in the field
- Meet all reporting requirements and program deliverables in a timely manner.
- Responsible for development and management of projects, delegation of work and significant research, writing, editing, meeting facilitation, and decision making.
- Maintains a full staff; hires, evaluates, and provides performance management of the team; ensures completion of projects/goals and appropriate training, and ensures growth and job satisfaction on personnel issues.

[Click here](#) for more information on how to apply.

**Health Research, Inc.**  
*Research Scientist II*  
**Deadline to Apply: May 22, 2014**

The Research Scientist II, under the supervision of the Program Director, will be the lead coordinator on several research projects in the Emerging Infections Program (EIP). Duties will include, but not be limited to; active surveillance for legionella, enhanced surveillance for pertussis, conducting a case-control study to evaluate the effectiveness of Tdap vaccination strategies at preventing infant pertussis, and a case-control study of risk factors for non-O157 E. coli. Additional tasks will include; conducting medical chart reviews; maintaining data surveillance systems; generating multiple data checks using multiple programs including SAS, Access, and Excel, to ensure complete and accurate data; coordinating data transmissions to Centers for Disease Control (CDC) and representing the

The National Coordinating Center for Public Health Services and Systems Research (PHSSR) will provide four new \$25,000 awards to support Predoctoral and Postdoctoral Scholars in Public Health Delivery (PPS-PHD), with funding from the Robert Wood Johnson Foundation (RWJF). These 12-month research awards will support rigorous studies on the organization, financing, and delivery of public health services.

Potential mentors and their recommended scholars should submit a letter of interest to [PHSSRCenter@uky.edu](mailto:PHSSRCenter@uky.edu) by May 28, 2014. A [fact sheet](#) on this funding opportunity describes eligibility for the awards; the letter of intent, proposal, and review process including timeline; and research focus areas. By June 4, the Coordinating Center will review letters of interest and invite selected applicants to submit full proposals. Full proposals will be submitted electronically to the center by July 15, 2014 and the start date for the 12-month awards is anticipated by mid-September.

**National Science Foundation / National Institutes of Health**  
**Smart and Connected Health (SCH)**  
**Proposal Due: May 28, 2014** (Depends upon the program.)

The goal of the Smart and Connected Health (SCH) Program is to accelerate the development and use of innovative approaches that would support the much needed transformation of healthcare from reactive and hospital-centered to preventive, proactive, evidence-based, person-centered and focused on well-being rather than disease. Approaches that partner technology-based solutions with biobehavioral health research are supported by multiple agencies of the federal government including the National Science Foundation (NSF) and the National Institutes of Health (NIH). The purpose of this program is to

develop next generation health care solutions and encourage existing and new research communities to focus on breakthrough ideas in a variety of areas of value to health, such as sensor technology, networking, information and machine learning technology, decision support systems, modeling of behavioral and cognitive processes, as well as system and process modeling. Effective solutions must satisfy a multitude of constraints arising from clinical/medical needs, social interactions, cognitive limitations, barriers to behavioral change, heterogeneity of data, semantic mismatch and limitations of current cyberphysical systems. Such solutions demand multidisciplinary teams ready to address technical, behavioral and clinical issues ranging from fundamental science to clinical practice. Due in large part to advances in high throughput and connective computing, medicine is at the cusp of a sector-wide transformation that - if nurtured through rigorous scientific innovation - promises to accelerate discovery, improve patient outcomes, decrease costs, and address the complexity of such challenging health problems as cancer, heart disease, diabetes

(CDC), and representing the NYSEIP in all related CDC conference calls; analyzing data and preparing presentations and materials for national/regional conferences, annual NYSEIP meetings, and for dissemination to local health departments; and developing and submitting study protocols to the IRB for approval. The Research Scientist II will work closely with the Bureau of Immunization, Wadsworth Center laboratory staff, local health departments, CDC, and other partner EIP sites, and perform other related duties as assigned. [Click here](#) to for more information.

**Metro Public Health  
Department of Nashville**

**(Davidson County)**  
*Bureau Director*  
**Deadline to Apply: May 23,  
2014**

The Bureau Director provides direction and management for the Bureau of Population Health. Supports, develops, and facilitates improvements in family and community health through evidence-based, data-driven policy, systems, neighborhood, and home-based interventions. Leads and manages organizational unit that includes the following program areas: Epidemiology; Behavioral Health; Health Care Access; Family, Youth and Infant Health; and Prevention and Wellness. Ensures strategies, goals and objectives are congruent with the Department's Strategic Plan, based on evidence and data. Manages Bureau activities to meet goals, key results, and project timelines. Develops partnerships and collaborations that align community resources and systems in support of public health goals. Supports community health planning and improvement activities of the Healthy Nashville Leadership Council. Builds

health problems as cancer, heart disease, diabetes and neurological degeneration. These transformative changes are possible in areas ranging from the basic science of molecular genomics and proteomics to decision support for physicians, patients and caregivers through data mining to support behavior change through technology-enabled social and motivational support. In addition to these scientific discoveries, innovative approaches are required to address delivery of high quality, economically-efficient healthcare that is rapidly becoming one of the key economic, societal and scientific challenges in the United States.

**Agency for Healthcare Research and Quality  
AHRQ Health Services Research Projects (R01)  
Proposal Due: June 5, October 5, February 5**

The Research Project Grant (R01) is an award made by AHRQ to an institution/organization to support a discrete, specified health services research project. The project will be performed by the named investigator and study team. The R01 research plan proposed by the applicant institution/organization

must be related to the mission and portfolio priority research interests of AHRQ.

**Agency for Healthcare Research and Quality  
Exploratory and Developmental Grant to Improve  
Health Care Quality through Health Information  
Technology (IT) (R21)  
Proposal Due: June 16, October 16, February 16**

The purpose of this Funding Opportunity Announcement (FOA) is to fund exploratory and developmental research grants that will contribute to the evidence base of how health IT improves health care quality. This FOA supports the use of a wide variety of research designs in order to generate information regarding the design and development, implementation, use, or impact of health IT on quality. Depending on the research design and intent of the project, applicants may receive support for: (1) pilot and feasibility or self-contained health IT research projects; (2) secondary data analysis of health IT research; or (3) economic (prospective or retrospective) analyses of a health IT project. Each grant application must clearly state which type of the three types of studies is being proposed. This FOA is focused on five research areas of interest that are needed to support health care quality and are considered part of a continuous quality improvement process. The five research areas of interest for this FOA are: 1. Design; 2. Implementation; 3. Use; 4. Impact on outcomes; 5. Measurement. Each application must clearly state at least one primary research area to be addressed.

**National Library of Medicine  
NLM Information Resource Grants to Reduce Health  
Disparities (G08)  
Letter of Intent Due: June 29, 2014  
Proposal Due: July 29, 2014**

and supports capacity department-wide to improve health outcomes. Develops grants and new sources of revenue. Communicates regularly and effectively with

internal and external stakeholders and supports MPHD's communications plan. Fosters innovation, growth and integrated approaches that span programs and bureaus. Demonstrates core values of Professionalism, Respect, Integrity, Dedication, and Equality; supports and participates in departmental responses to disasters and emergency events; actively and collaboratively participates in Departmental leadership teams and working groups; attends Board of Health meetings and represents MPHD at other internal and external meetings. [Click here](#) for more information.

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**Arizona Department of Health Services**  
*Epidemiologist/Informatician*  
**Deadline to Apply: May 31, 2014**

The Epidemiologist/Informatician will improve the state's ability to detect, report, and investigate infectious disease concerns and address public health Meaningful Use requirements. Towards these objectives, this position will assist clinical laboratories to electronically report results to the Arizona Department of Health Services and assist emergency departments to

electronically report standard messages of admissions and discharges BioSense 2.0. This position will assist in stakeholder meetings, validate messages, map codes to standard vocabularies, develop and provide trainings to BioSense users, learn HL7, analyze reported data using code-driven

This Funding Opportunity Announcement (FOA) solicits resource grant applications for projects that will bring useful, usable health information to health disparity populations and their health care providers. Access to useful, usable, understandable health

information is an important factor during health decisions. Proposed projects should exploit the capabilities of computer and information technology and health sciences libraries to bring health-related information to consumers and their health care providers.

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**Public Health Services and Systems Research 2013/2014 Annual Solicitation**  
**Call for Proposals**  
**Deadline: July 23, 2014**

This solicitation aims to expand the evidence for administrative and policy mechanisms that improve quality, efficiency and value in public health delivery. Up to nine studies may be selected to receive funding of up to \$350,000 to support projects of up to 24 months in duration.

Studies funded through this solicitation will focus on multidisciplinary research that examines the organization, financing, delivery and quality of public health services and the subsequent impact on population health outcomes. Projects may seek to: 1) elucidate the health and economic value of public health activities; 2) understand how elements of the public health system influence the effective implementation of evidence-based public health strategies and/or strategies for collaboration between the public health and clinical health care delivery systems; and/or 3) test the impact of alternative strategies for delivering evidence-based public health services and/or collaborative approaches aimed at community health improvement between the public health and clinical health care delivery systems. Public health strategies include programs, policies, laws, services and administrative practices that are implemented by a variety of contributors within public health delivery systems for the primary purpose of promoting health and/or preventing disease and injury on a population-wide basis.

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**National Institutes of Health**  
**School Nutrition and Physical Activity Policies, Obesogenic Behaviors and Weight Outcomes**

(R01): <http://grants1.nih.gov/grants/guide/pa-files/PA-13-100.html>

(R03): <http://grants.nih.gov/grants/guide/pa-files/PA-13-099.html>

(R21): <http://grants.nih.gov/grants/guide/pa-files/PA-13-098.html>

**Deadline: Standard 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

data using code-driven statistical analysis programs; and serve as a liaison between users and ELR/BioSense Program, assist Information Technology programmers in system development and requirements gathering, test system fixes and functions, and assist with message development for reporting to the National Notifiable Disease Surveillance System. This position requires the ability to coordinate conference calls and meetings with stakeholders and is responsible for developing outreach and education for public health providers as well as the general public. This position will be responsible for assisting in public health emergencies and will consistently exercise sound judgment to analyze and interpret data for public health decision making. While this is a contracted position, it is considered a long term position and work is expected to be ongoing for several years. Email a

resume or curriculum vitae to [sara.imholte@azdhs.gov](mailto:sara.imholte@azdhs.gov).

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**National Association of County and City Health Officials (NACCHO)**  
*Senior Program Analyst*  
**Deadline to Apply: June 29, 2014**

A Senior Program Analyst is responsible for applying knowledge of the US Public Health System and all-hazards preparedness issues at the local level to carryout day to day responsibilities and duties. Responsibility at this level requires subject matter expertise with both the conceptual understanding and sufficient professional experience to work on complex assignments with minimal supervision. This responsibility may include developing and disseminating

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 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 polices on the home and community environment and body weight.

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**National Institute of Nursing Research  
Innovative Measurement Tools for Community Engaged Research Efforts**

(R01): <http://grants.nih.gov/grants/guide/pa-files/PA-13-209.html>

(R21): <http://grants.nih.gov/grants/guide/pa-files/PA-13-212.html>

**Deadline: Standard deadlines**

This Funding Opportunity Announcement seeks to develop innovative measurement for community engaged research efforts. The use of community engaged research (CEnR) methodologies, such as community-based participatory, community-based, and practice-based research are regarded as valid approaches to prevent disease and promote health. A

collaborative effort between community partners and researchers to engage in research that benefits community is a central tenet to CEnR. Even though the use of these methodologies are commonly used, gaps remain in how these processes work or how the success of these programs can be measured, such as public trust, collaboration, capacity and empowerment. The knowledge gained by measuring trust, collaboration, and empowerment will inform future efforts when working within a community. A challenge to understanding the impact of engagement efforts and participation in health research, whether it is health promotion, intervention research, comparative effectiveness or, a clinical trial, is the paucity of measurement tools that are tested and validated. There is a need to develop valid and reliable tools that measure effective engagement when working with communities.

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**Previous Listings**

**National Institutes of Health  
Modeling Social Behavior (R01)**  
**Deadline: Standard deadlines**

This Funding Opportunity Announcement (FOA) encourages applications for developing and testing innovative theories and computational, mathematical, or engineering approaches to deepen our

preparedness-related written reports, issue briefs, and research papers for internal publication and submission to peer-reviewed journals; providing oral presentations at national conferences and meetings; representing NACCHO and local public health on external advisory groups; and providing subject matter expert-level input and feedback to the Centers for Disease Control and Prevention (CDC), Office of the Assistant

Secretary for Preparedness and Response (ASPR), Department of Homeland Security (DHS) and other federal partners on national preparedness policy and guidelines. A Senior Program Analyst may also serve as lead staff for specific federally funded projects, which may include tracking and forecasting expenses, monitoring project deliverables, overseeing contractors and consultants, and supervising other NACCHO staff. It may also be the responsibility of the Senior Analyst to oversee and manage the day-to-day activities for federally funded projects. [Click here](#) for more information.

**The University of North Carolina at Chapel Hill**  
*Assistant/Associate Professor in Public Health Informatics*  
**Proposed Start Date: July 1, 2014**

The Departments of Epidemiology and Health Policy and Management, University of North Carolina Gillings School of Global Public Health is seeking outstanding applicants for a tenured/tenure-track Assistant/Associate Professor position in the field of public health informatics. This position may involve a joint faculty

appointment in both

understanding of complex social behavior. This research will examine phenomena at multiple scales to address the emergence of collective behaviors that arise from individual elements or parts of a system working together. Emergence can also describe the functioning of a system within the context of its environment. Often properties we associate with a system itself are in actuality properties of the relationships and interactions between a system and its environment. This FOA will support research that explores the often complex and dynamic relationships among the parts of a system and between the system and its environment in order to understand the system as a whole. To accomplish the goals of this initiative, we encourage applications that build transdisciplinary teams of scientists spanning a broad range of expertise. Minimally this team should include

investigators with expertise in the behavioral or social sciences as well as in computational and systems modeling (computer science, mathematics, engineering, or other systems sciences). Applications should demonstrate bridge-building between disciplines, scales and levels.

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## Administration

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### Guidelines for Reporting Personnel Changes

Please notify the Coordinating Center immediately if there are any changes in the following personnel on your grants:

- Principal Investigator/Project Director
- Co-Principal Investigator
- Financial Officer

Please note that some changes may require approval from the Coordinating Center or the Foundation.

#### **For PHSSR Grants, contact:**

[PHSSR212@uky.edu](mailto:PHSSR212@uky.edu) and 859-218-2317

#### **For Public Health PBRN Grants, contact:**

[PublicHealthPBRN@uky.edu](mailto:PublicHealthPBRN@uky.edu) and 859-218-2089

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**Remember to Route All Questions on Grant Budgeting, Reporting, and Administration to the National Coordinating Center:** The Center is your one-stop source for information and assistance on the administrative aspects of your grants, including budgeting, expenditures, subcontracts, and reporting. Please make sure that you send your network's questions to the center to ensure the fastest response. All requests for no-cost extensions, budget modifications, and other changes regarding your network's Robert Wood Johnson Foundation grants must be submitted to and reviewed by the center staff before they can be considered by the Foundation.

#### **Contact Information for PHSSR Grants:**

[PHSSR212@uky.edu](mailto:PHSSR212@uky.edu) and 859-218-2317

#### **Contact Information for Public Health PBRN Grants:**

[PublicHealthPBRN@uky.edu](mailto:PublicHealthPBRN@uky.edu) and 859-218-2089

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departments. The individual will be expected to engage in research that spans both departments and may include but not be limited to health services research, outcomes research, comparative effectiveness research, epidemiology, and pharmacoepidemiology. Additional areas of research may include activities of Office of the National Coordinator (ONC) (e.g. EHR adoption, Meaningful Use, Health Information Exchange, and Integrated/Electronic Surveillance) or equivalent areas. Other areas that improve public health systems performance and population health are appropriate. She/he will contribute to the Carolina Health Informatics Program (CHIP), a cross-campus health informatics research and education initiative. [Click here](#) for more information.

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**The Henry J. Kaiser Family Foundation**  
*Policy Analyst, Health Insurance Coverage and Access*  
**Deadline: August 7, 2014**

The Policy Analyst will help develop and carry out research projects and policy analysis related to coverage for the low-income population, the uninsured

population, and changes in coverage under the Affordable Care Act. The Policy Analyst will play a leading role in conducting qualitative analysis of policy issues and quantitative analysis using national and state data sets on insurance coverage, health care access and utilization. The Policy Analyst will write fact sheets, policy briefs, and other background documents on key issues. The Policy Analyst also will contribute to the development of the Foundation's central

**Remember to Route all Grant Reports and Products to Both the Coordinating Center and the Foundation:** Your grant narrative and financial reports should be submitted electronically to the National Coordinating Center a minimum of **three days** prior to the RWJF due date. After program staff have had an opportunity to identify and help grantees resolve any potential reporting issues, the final reports should be submitted to both the Robert Wood Johnson Foundation and the center, following the Foundation's reporting guidelines. All products from your network should be submitted electronically as well, as soon as they are completed. Remember to follow these reporting guidelines:

RWJF guidelines for annual and final narrative reports & bibliography:  
[http://www.rwjf.org/files/publications/RWJF\\_GranteeReportingInstructions.pdf](http://www.rwjf.org/files/publications/RWJF_GranteeReportingInstructions.pdf)

RWJF guidelines for financial reports:  
[http://www.rwjf.org/files/publications/RWJF\\_FinancialGuidelinesReporting.pdf](http://www.rwjf.org/files/publications/RWJF_FinancialGuidelinesReporting.pdf)

RWJF guidelines for electronic submission of grant products and reports  
[www.rwjf.org/files/publications/RWJF\\_ElectronicSubmissions.pdf](http://www.rwjf.org/files/publications/RWJF_ElectronicSubmissions.pdf)

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### Grant Reporting Schedule

To better serve both grantees and the **Robert Wood Johnson Foundation**, the **Coordinating Center** now requests that all budgetary and narrative reports, along with related products, be submitted a minimum of three days before they are due to RWJF. This new advance screening process will provide an opportunity for program staff to work with grantees to resolve any potential issues before the reports are submitted to RWJF, thereby reducing the need to submit multiple reports to the Foundation.

Please contact us via email or phone with any questions or concerns about this new reporting step.

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## Submit Your Story

*Let us know if there are specific topics you would like us to address by writing to*  
[news@publichealthsystems.org](mailto:news@publichealthsystems.org).

documents on the uninsured; provide critical analysis of data sets to support the work of the Foundation; and help manage ongoing projects related to insurance coverage for the low-income population. The Policy Analyst also will keep abreast of new policy developments affecting the uninsured population and coverage for the low-income population, present to outside groups, and help with media inquiries about research findings. [Click here](#) for more information.

