

Issue #104

Public Health PBRN Review | July-August 2012

PBRN Grantees: Please circulate relevant information to network members. To request additional information or make suggestions for future items, please contact the Public Health PBRN National Coordinating Center (NCC) at publichealthpbrn@uky.edu or (859) 218-2094. Past issues are available in the [newsletter](#) archive.

PBRN NEWS

Reforming Public Health: Colorado Monitors Effects of Statewide Initiative:

During the July Public Health PBRN Virtual Meeting, Colorado's Lisa VanRaemdonck described several research projects underway to evaluate the service delivery and system changes precipitated by the state's 2008 public health system reform legislation. The law's numerous provisions included the creation of a dedicated public health fund, the establishment of minimum qualifications for local public health directors and basic requirements for local boards of health, the development of core services and performance standards for local public health, and authorization of a new formula-based funding mechanism for distributing state general fund and tobacco settlement dollars to local public health agencies. Using such data sources as the NACCHO Profile, annual reports, interviews and surveys, a Colorado PBRN pilot study has tracked changes in local public health system structure before, during, and after implementation of the reform. Findings revealed that the reform has had some of its most immediate effects on governance, as local governments formalized the selection, composition, and decision-making processes of their local boards of health to comply with the law's requirements. These early structural and operational changes could have longer-run public health implications if they empower boards to make more informed and timely decisions. Relatively little change has been observed to date in local public health leadership characteristics despite the law's creation of minimum qualifications, likely reflecting the limited supply of master's-prepared public health professionals within the state, recession-driven fiscal constraints on local government recruiting and hiring practices, and provisions in the law that allow for grandfathering of incumbent leaders and substituting on-the-job experience for training. This component of the law may have larger

effects over time as the state's public health workforce and economy expand. Through a related study, the Regional Approaches to Local Public Health Delivery project, the PBRN is collecting primary interview, survey, and mapping data to examine the effects of the statewide reform on regional approaches to service delivery that are currently used within Colorado. The Colorado PBRN plans to continue and enhance these lines of investigation through its participation in the Multi-Network Practice and Outcome Variation Examination (IMPROVE) study, which is now underway. If you have questions about these or other research projects of the Colorado PBRN, please contact Lisa Van Raemdonck at lisa@calpho.org and visit the network's [website](#). A recording of the July edition of the PBRN Monthly Virtual Meeting will be available on the public health PBRN [website](#) shortly.

More “R”s that Matter: Regional Variation, Regionalization, Rankings, and Rapid-Cycle Improvement: Research from the Public Health PBRNs featured prominently at the 2012 *AcademyHealth Annual Research Meeting* in Orlando during the last week of June, examining four important “R”s in public health delivery. Nancy Winterbauer, a founding leader of the Florida PBRN and now a collaborator in the North Carolina PBRN, presented findings from a quick-strike study to examine local public health responses to county-level health **rankings** released through the County Health Rankings report across the state of Florida. Another session featured Justine Hyde (Massachusetts PBRN), Lisa VanRaemdonck (Colorado PBRN), Bill Livingood (Georgia and Florida PBRNs), and Glen Mays (Coordinating Center) presenting a cluster of related studies on **regionalized** public health delivery approaches during a session entitled, “Right-sizing Public Health Delivery: Regionalization and Multi-Jurisdictional Models.” As part of another session on quality improvement research, Bill Livingood presented the results of a health department **rapid-cycle** quality improvement intervention that succeeded in boosting immunization coverage rates in Duval County, Florida. Later at the Public Health Systems Research Interest Group Meeting, Betty Bekemeier (Washington PBRN), Michael Morris (Florida and Arkansas PBRNs), and Glen Mays presented research from the Public Health Activities and Services Tracking (PHAST) Study that examines **regional variation** in public health service delivery across states and communities. More than 20 other studies related to the theme of “Public Health, Prevention, and Population Health” were

presented during the meeting, including sessions devoted to the economics of prevention, economic modeling techniques used in the new Congressional Budget Office report on the budgetary and health effects of tobacco excise taxes, and the Institute of Medicine's new report on public health financing. The slides from these presentations are now available on the AcademyHealth Annual Research Meeting [website](#) and the Public Health Systems Research Interest Group [page](#), respectively, and video recordings of selected sessions are also available.

Public Health Resilience to Recessionary Pressures: Two PBRN research presentations examined the effects of the economic recession on local health department activities at the ***NACCHO Annual Meeting*** held in Los Angeles earlier this month. The Connecticut PBRN studied changes in fee revenue and service provision among local health departments during 2001 to 2010, a period ending at the peak of the economic downturn in that state. Results showed that for many public health services, the volume of services delivered at the local agency level was remarkably resilient to recessionary pressures but highly correlated with structural and administrative characteristics of the local health department, including the population size served, the degree of urbanization, and regional district membership. In this same session, Betty Bekemeier (Washington PBRN) presented findings from a two-state study of 105 local health departments represented in the Washington and Florida PBRNs. This study examined local health department expenditures for maternal and child health services from 2005 to 2010, finding evidence that expenditures actually increased during the recessionary period in response to increases in local community need, countering the substantial recessionary constraints on public spending in these two states. Collectively these findings highlight important elements of resiliency in local public health delivery, but they also identify a need to better understand the sources, limits, and opportunity costs, of this resiliency.

ROI and the Economic Value of Public Health: Interest in methods to quantify the economic value of public health activities continues to grow, as evidenced by a session at the ***Association of State and Territorial Health Officials 19th Annual Senior Deputies Meeting*** held in Boston last week. The PBRN Coordinating Center's Glen Mays summarized the current approaches being used in the field, highlighting work underway by the PBRNs and the Coordinating Center. Mays'

own recent work has focused on estimating “medical cost offsets,” or reductions in medical care spending, that are attributable to public health activities implemented at the community level. The Robert Wood Johnson Foundation’s Michelle Larkin opened the session by stressing the importance of communicating both the human value – as well as the economic value – of public health and prevention strategies. Dr. Lisa Waddell of the South Carolina Department of Health and Environmental Control moderated the session and offered considerable insight into how this information is used in real-world public health decision-making. Slides from Mays’ presentation are available [here](#).

PBRN Quarterly Update Calls. During the next few weeks, personnel from the National Coordinating Center will be contacting each of the networks to ensure that our records and website have the most up-to-date information possible about each network’s progress. Networks will be asked to edit their online [overviews](#) to present the most recent information about their research projects, to provide updated partner and contact lists, and to talk with the Coordinating Center about research progress and challenges, along with the dissemination and translation of outcomes. This will be a terrific opportunity for grantees to raise any concerns or make suggestions about how the Coordinating Center can best support your efforts. We look forward to speaking with you soon.

Urban Institute External Evaluation of RWJF PHSSR Activities. The Public Health PBRNs also can expect to be contacted by Harry Hatry and Randy Bovbjerg, external evaluators for the Urban Institute, who are working closely with the Robert Wood Johnson Foundation and the Public Health PBRN National Coordinating Center to evaluate RWJF’s Public Health Services and Systems Research enterprise. This effort provides an excellent opportunity for all of us to learn what we are doing well, what we can do better, and how we can continue furthering the field. Member networks could be contacted to participate in interviews and/or a network-wide survey. If you have any questions, please contact [Anna Hoover](#), deputy director of the PBRN National Coordinating Center.

Public Health PBRNs Are Linked-In. During this year’s grantee meeting, several PBRNs indicated that they would like to have increased opportunities to engage in dialogue with each other outside the annual meeting and monthly calls. To this

end, we have established the [Public Health PBRN Linked-In Group](#) for discussion of ongoing research, possible collaborative activities, and related issues. Please come join the conversation.

Frontiers Debuts as a Recurring Department of AJPM: The current (August) [issue](#) of the *American Journal of Preventive Medicine* launches a new recurring department, “Frontiers in Public Health Services and Systems Research,” that highlights findings from recently completed studies profiled in our open-access journal of the same name, [Frontiers in PHSSR](#). Findings from the first issue of *Frontiers* are highlighted in the July 2012 issue of AJPM, including a study by Betty Bekemeier and colleagues from the Washington PBRN on the Public Health Activities and Services Tracking Study (PHAST). Why is this new AJPM department important? This new feature helps us expand the reach of practice-based research by bridging the worlds of open-access publishing and traditional scientific journals. As one of the most widely read scientific journals in the field of public health and prevention, AJPM boosts our efforts to get the word out about the findings and implications of PBRN research and other studies conducted in the growing field of PHSSR. In this way, the Frontiers-AJPM collaboration functions similarly to the long-standing publishing relationship that exists between *JAMA* and the CDC’s surveillance periodical *Morbidity and Mortality Weekly Report*. Now, the many thousands of AJPM readers can learn about new Frontiers articles each month by reading highlights in the Frontiers Department of the print and online editions of AJPM, and then link to the original Frontiers manuscripts for the full details.

RELATED NEWS

New Study Links Health Department Services with Declines in Obesity: A new study published online early in the journal [Health Services Research](#) shows that local health department delivery of obesity prevention programs in 2005 was associated with significant declines in the risk of obesity among the population served during the subsequent year. For this study, CDC researcher Adam Chen and colleagues linked data from the 2005 NACCHO Profile Survey with individual-level data from two waves of the CDC’s Behavioral Risk Factor Surveillance System (BRFSS). The researchers limited their study’s vulnerability to selection bias and confounding by using advanced econometric modeling and a series of

thoughtfully-designed falsification tests. The study offers very important, if still preliminary, evidence regarding the near-term health impact of public health strategies. The study also highlights the need for longitudinal data in PHSSR, as researchers were only able to measure health department delivery of obesity prevention services during a single year (2005) due to changes in the NACCHO Profile Survey questionnaire in subsequent years.

Cost-Effectiveness of Disease Prevention: The ongoing empirical debate about the economic value of prevention is informed by a new meta-analysis published in this week's [New England Journal of Medicine](#) by Harvard's Dr. Dave Chokshi and New York City Health Commissioner Dr. Thomas Farley. The analysis, based on a review of studies included in Tuft University's registry of published health economic evaluations, shows that "environmental" interventions for disease prevention (i.e. those aimed at changing physical, social, economic or organizational conditions) are more likely to be cost-saving than clinical preventive services delivered to individual patients and other "person-directed" interventions delivered outside clinical settings. The authors acknowledge that many uncertainties surrounding their estimates remain, due in part to the limited number of existing studies that address this topic. The authors conclude with an urgent call for more and better studies that examine the cost and health effects of public health and prevention strategies.

Randomized Trials and Public Health PBRNs: Last month an influential [report](#) was released by the United Kingdom's cabinet office on strategies for embedding practical research studies within routine public policy and public program decisions in order to reduce uncertainty about what works and to accelerate "learning by doing" in the public sector. The report, entitled "Test, Learn, Adapt: Developing Public Policy with Randomized Controlled Trials," makes a compelling case that "pragmatic" RCTs are extremely valuable for policy decision-making and can be implemented in affordable and timely ways in public sector settings, contrary to the widely held assumptions by many stakeholders in government and scientific circles. Several instructive examples of public-sector RCTs are described in the report, including testing alternatives for communicating information to the public, paying for public services, and staffing public programs. Public Health PBRNs use a wide array of research designs in their work, but as these networks

mature they should carefully and creatively consider the opportunities at hand for implementing pragmatic RCTs. When implemented well, these designs offer the highest levels of internal validity for establishing evidence about the efficacy of public health programming and policy, while also offering the external validity that comes from designing and implementing studies in real-world practice settings. In this spirit, the Kentucky network is currently working to implement the first RCT by a Public Health PBRN using its Research Acceleration and Capacity Enhancement (RACE) award received in late 2011. The Kentucky study is evaluating the effectiveness of a cultural competency training program that has been adapted for local public health professionals.

HHS Releases National Prevention Action Plan: Late last month, U.S. Surgeon General Regina Benjamin, chair of the [National Prevention Council](#), commemorated the one-year anniversary of the release of the [National Prevention Strategy](#) with the release of the [National Prevention Council Action Plan](#). The Action Plan showcases more than 200 specific prevention and wellness actions being currently undertaken by federal departments and agencies aimed at increasing quality of life, eliminating health disparities, promoting healthy behaviors, and creating healthy social and physical environments. PBRNs have important roles to play in continuing to grow the evidence base regarding the implementation and impact of these actions within public health delivery systems.

PCORI Releases Standards for Patient-Centered Outcomes Research: On July 23, 2012, the Methodology Committee of the Patient-Centered Outcomes Research Institute (PCORI) released for public comment the draft of its first [report](#) recommending standards for the conduct of research leading to evidence-based, patient-centered health interventions. Created by the Affordable Care Act, PCORI is scheduled to become an increasingly important funding source for comparative effectiveness research and outcomes research across the US. PCORI's research portfolio is highly relevant for Public Health PBRNs because it focuses prevention interventions as well as therapeutics, and because it focuses on delivery system strategies as well as direct services.

ON THE HORIZON

August Edition of PBRN virtual meeting: Thursday, August 16, 1:00-2:30pm, ET. The August 2012 edition of the Public Health PBRN Virtual Meeting will feature a presentation by the Wisconsin Public Health PBRN highlighting their results from a Quick Strike Research Fund Project funded through the Public Health PBRN National Coordinating Center, titled "Forecasting the Impact of the Economic Recession on the Financing of Local Public Health Departments in Wisconsin."

Research and Training Go Hand-in-Hand: On August 29-30, the nation's collection of Public Health Training Centers (PHTCs) funded by the U.S. Health Resources and Services Administration will convene in the nation's capitol for their annual meeting. Many Public Health PBRNs are actively involved in the work of PHTCs, recognizing the strong connections between producing new knowledge through research and disseminating and implementing this knowledge through workforce training. These connections have only grown stronger under the federal Affordable Care Act, which has funded the expansion of the PHTC program over the past two years and strengthened the demand for practice-based evidence that can be incorporated into training programs to drive improvements in practice. The Coordinating Center's Glen Mays will lead a session on opportunities for collaborative research involving PHTCs, PBRNs, and other stakeholders in the PHSSR field.

WEBINARS

PBRN Quarterly Skill-Building Webinar Developing Community-Based Grant Proposals: A Reviewer's Perspective. Monday, July 30, 2012 from 1-2:30pm ET. This webinar will focus on the potential for leveraging community-based participatory research funding to support Public Health PBRN research. After providing an overview of common proposal review processes used by many research funding entities, National Coordinating Center Deputy Director Anna Goodman Hoover will describe the guiding principles of Community-Based Participatory Research (CBPR), identify potential funders of participatory research, and discuss unique challenges for crafting community-based grant proposals. The webinar will include an overview of key participatory research literature, a discussion of two common types of participatory proposal errors, and a discussion of possible red flags for reviewers, all with an eye toward helping PBRNs develop strong, connected, highly-fundable participatory research projects.

Transforming Public Health: Making Decisions in a Changing World

August 10, 2:30-4:00pm ET. This is an unprecedented period of change and opportunity for governmental public health.

- The health system is going through major transformations, not just due to the passage and implementation of the Affordable Care Act (ACA), but also driven by the need to create more integrated approaches to prevention, primary care, and overall health to be more efficient and effective.
- The health challenges facing Americans in the 21st century are increasingly chronic, rather than infectious, diseases.
- There is growing recognition that where people live, learn, work, and play can be as important to health outcomes as medical intervention.
- Technology, particularly health information technology, provides new opportunities for understanding and improving the public's health.

Amid these new opportunities also come challenges for public health departments. The worst global recession since the Great Depression has cut investments in public health and other services across all levels of government, threatening governmental public health departments' capacity including in new areas of emphasis.

Join the Robert Wood Johnson Foundation, RESOLVE and public health leaders from around the country on Friday, August 10 at 2:30pm ET for a conversation about how public health officials are responding to these opportunities and challenges and helping define a 21st Century public health system.

[Register for the August 10 webinar, Transforming Public Health: Making Decisions in a Changing World](#)

Webinar speakers

- Abbey Cofsky, Robert Wood Johnson Foundation
- Abby Dilly, RESOLVE
- David Fleming, Director and Health Officer for Public Health, Seattle & King County
- Terry Cline, Commissioner, Oklahoma State Department of Health
- Paul Kuehnert, Robert Wood Johnson Foundation

Read the final [report](#), *Transforming Public Health: Emerging Concepts for Decision-Making in a Changing Public Health World*.

Read an [interview](#) with Bobby Pestronk of NACCHO and Paul Jarris of ASTHO about *Transforming Public Health: Emerging Concepts for Decision-Making in a Changing Public Health World*.

The Foundation will archive the webinar, and webinar slides, on their website shortly after August 10th.

For additional information about the report or webinar, please contact Chrissie Juliano (cjuliano@resolv.org) at RESOLVE.

DISSEMINATION

Public Health PBRNs at APHA. With APHA around the corner, we would like to keep everyone abreast of when and where the Public Health PBRNs will be presenting. If you will be presenting PBRN-related research, please let us know by emailing the session title, date, and time to NCC deputy director [Anna Hoover](#) no later than September 30th.

Publish Rapidly and Publish Often at the Frontiers. Take advantage of the open-access, peer-reviewed journal [Frontiers in Public Health Services and Systems Research](#) to publish early research findings and to highlight the practice and policy implications of your work. When you submit your brief manuscript to *Frontiers*, you will benefit from a three-stage approach to rapid and widespread dissemination. Stage One: your manuscript will be processed through a rapid, 10-week cycle time between submission, peer review, and publication of accepted manuscripts. Stage Two: After manuscripts appear in *Frontiers*, they are highlighted in a special department of the American Journal of Preventive Medicine (print and electronic versions), allowing you to reach an even larger audience and helping to drive that audience to your original *Frontiers* article. Stage Three: if you develop a full scientific manuscript after publishing the initial findings in *Frontiers*, your full scientific article is eligible to receive expedited review at the American Journal of Preventive Medicine. No other journal offers this level of intensity in dissemination.

Please make sure that you and your PBRN colleagues: (1) sign up to receive article alerts from *Frontiers*; (2) submit your early findings to *Frontiers* as soon as you have them in hand, because data are perishable; and (3) agree to serve as a peer reviewer for *Frontiers* submissions, and occasionally agree to write a commentary for *Frontiers* on articles that fall within your areas of expertise. *Frontiers* is your

dissemination vehicle – your part of the “open science” movement – so please use it and share it with your colleagues and collaborators.

Calls for Papers and Products

PCD Seeking Papers from Health Departments

Preventing Chronic Disease Journal (*PCD*) is seeking article submissions from state, tribal, local and territorial health department practitioners who are on the front lines working to improve the health of the public. *PCD* is committed to providing a forum for the open exchange of information and knowledge among researchers, practitioners, policy makers, and others who strive to improve the health of the public through chronic disease prevention. Publishing the work done by state, tribal, local and territorial health departments is central to the journal’s mission and vision ([about the journal](#)). Submissions should showcase practice-based evidence from the field of public health and can include original research, community case studies, systematic reviews, special topics, or briefs. Articles should present research results to a broad audience of public health professionals and others who are dedicated to helping practitioners and policy makers inform research and researchers help practitioners and policy makers more effectively improve the health of the population.

Submissions are due by September 25, 2012. Publication of the series will start in April 2013 to coincide with National Public Health Week and continue throughout the summer. For complete submission requirements, visit www.cdc.gov/pcd/for_authors.

Maximizing Community Contributions, Benefits & Outcomes in Clinical & Translational Research

Deadline: August 6, 2012

Progress in Community Health Partnerships (PCHP), CES4Health.info (CES4H), and the Albert Einstein College of Medicine of Yeshiva University have collaborated to release a Call for Papers and Products on the theme of “Maximizing Community Contributions, Benefits, and Outcomes in Clinical and Translational Research”. PCHP is a peer-reviewed print and online journal that publishes articles on community-partnered research, education, and programs that improve the public’s health. CES4H is an online mechanism for peer-reviewed publication and

dissemination of diverse products of community-engaged research, education, and programs that are in forms *other than* journal articles (e.g., training videos, curricula, policy reports, assessment tools, online toolkits). The goal in releasing this themed call is to highlight the perspectives and voices of community partners of Clinical and Translational Science Awardees (CTSAs) and other research institutions in the full spectrum of clinical and translational research conducted with the intention of improving the health of communities. More details are available [here](#).

Health Services Research Special Issue on Mixed Methods in Healthcare Delivery Systems Research Deadline: October 15, 2012

Health Services Research and the Agency for Healthcare Research and Quality (AHRQ) are publishing a Special Issue on Mixed Methods in Healthcare Delivery Systems Research. For more information about this call for papers, please see the announcement at the [HSR website](#), or consult the "[Instructions for Authors](#)" prior to [submission](#). For questions, please email HSR Managing Editor, [Meighan Schreiber](#).

Journal of Public Health Management and Practice Special Issue on Academic Health Departments

Deadline: September 30, 2012

The Journal of Public Health Management and Practice (JPHMP), in collaboration with the [Academic Health Department Learning Community of the Council on Linkages Between Academia and Public Health Practice \(COL\)](#), the [National Association of County and City Health Officials \(NACCHO\)](#) and the [Association of State and Territorial Health Officials \(ASTHO\)](#) invites practitioners and researchers to submit abstracts for articles to appear in the November-December 2013 issue of the JPHMP; co-edited by Paul Campbell Erwin, MD, DrPH, Professor and Department Head, Department of Public Health, University of Tennessee and C. William Keck, MD, MPH, Professor Emeritus, Department of Family and Community Medicine, Northeast Ohio Medical University; under the theme of Academic Health Departments. Abstracts providing case examples of relationships between public health academic and practice organizations are solicited. Submission of abstracts (approximately 500 words) is invited for consideration for the development of an article (12 double-spaced pages) to be published in the

November-December, 2013 edition of the JPHMP. Selection and Notification: Abstract authors selected to submit a full article will be notified by October 30, 2012. Full manuscripts (2000-3000 words) will be due by February 1, 2013. Abstracts should be submitted to Lloyd F. Novick, MD, MPH, Editor, Journal of Public Health Management and Practice at novickl@ecu.edu

RESOURCES

New: SelectedWorks in PHSSR: The PBRN Coordinating Center's Glen Mays has begun to use Berkeley Electronic Press's [SelectedWorks](#) online repository for posting new papers, presentations, and works in progress related to PBRN and PHSSR research. Glen says "In the spirit of open and rapid dissemination, I am now posting all of my talks, lectures, working papers, and research protocols relevant to PBRN and PHSSR scholarship on this site" subject to any copyright restrictions. As time allows, Glen is also retrospectively archiving relevant research products from prior years. Berkeley Electronic Press is one of the nation's leading platforms for open-access scholarly publishing and dissemination, and the University of Kentucky is one of many leading academic institutions around the U.S. and abroad to use this platform. Access Glen's SelectedWorks repository freely at http://works.bepress.com/glen_mays/

Public Health Information Access Project

The [National Library of Medicine](#) (NLM), [National Institutes of Health](#) (NIH), and the [U.S. Department of Health and Human Services](#) (HHS), [Office of Disease Prevention and Health Promotion](#), have worked together to develop pre-formulated search strategies (structured evidence queries) that search high-quality, peer-reviewed scientific literature to identify research evidence for selected [Healthy People 2020](#) objectives. These one-click strategies search [PubMed](#), an NLM database that provides access to millions of citations from MEDLINE, life science and public health journals, and online books. This Partners in Information Access for the Public Health Workforce is a collaboration of U.S. government agencies, public health organizations, and health sciences libraries. The purpose of PHPartners is to help the public health workforce find and use information effectively to improve and protect the public's health. Details can be found [here](#).

A New Taxonomy for Stakeholder Engagement in Patient-Centered Outcomes Research (PCOR)—A new article in the Journal of General Internal Medicine addresses three key questions: (1) who are the stakeholders in PCOR; (2) what roles and responsibilities can stakeholders have in PCOR; and (3) how can researchers start engaging stakeholders? The full article is available online [here](#).

FUNDING

New Listings

HRSA Maternal and Child Health Research Program. HRSA has announced the FY2013 iteration of its “R40” MCH research program that “supports applied research relating to maternal and child health services including services for children with special health care needs, which show promise of substantial contribution to advancement of the current knowledge pool, and when used in States and communities should result in health and health services improvements. Findings from the research supported by the MCH Research Program are expected to have potential for application in health care delivery programs for mothers and children. Research proposals should address critical MCH questions such as ***public health systems and infrastructure (italics added by PBRN Coordinating Center)***, health disparities, quality of care, and promoting the health of MCH populations, which also support the goals of the Health Resources and Services Administration.” Proposals, which are limited to secondary data analysis projects, are due September 12, 2012.

AcademyHealth Launches New Delivery System Science Fellowship

In partnership with Geisinger Health System, Intermountain Healthcare, and the Palo Alto Medical Foundation Research Institute (PAMFRI), and with support from the AcademyHealth President’s Fund, AcademyHealth is pleased to announce a new fellowship for students and researchers interested in delivery system science. The Delivery System Science Fellowship provides a paid post-doctoral learning experience to help researchers gain experience conducting research in delivery system settings. Information on the fellowship is currently provided on [AcademyHealth’s website](#). **A brief statement of intent to apply for the Fellowship must be submitted by August 6.** Completed applications will be accepted through

August 23, 2012, with anticipated start dates between November and December 2012. For more information, please contact dssf@academyhealth.org.

National Institute on Minority Health and Health Disparities

NIMHD Transdisciplinary Collaborative Centers for Health Disparities Research (U54) <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-12-007.html>

Letter of Intent Due: August 4, 2012

Proposal Due: September 4, 2012

The National Institute on Minority Health and Health Disparities (NIMHD) seeks to establish specialized Transdisciplinary Collaborative Centers for Health Disparities Research (TCC) that support trans-disciplinary coalitions of academic institutions, community organizations, service providers and systems, government agencies and other stakeholders focused on priority areas in minority health and health disparities. This initiative will support transdisciplinary targeted research, implementation and dissemination activities that transcend customary approaches and “silo” organizational structures to address critical questions at multiple levels in innovative ways. The purpose of this funding opportunity is to support the development of TCCs focused on health policy research and social determinants of health research.

Centers for Disease Control and Prevention

Economic Evaluation of HIV Care and Prevention Strategies

https://www.fbo.gov/index?s=opportunity&mode=form&id=9f32ff60571ed2257bf936de0704a466&tab=core&_cview=0

Proposal Due: August 7, 2012

This is a Request for Proposals (RFP) issued by The Centers for Disease Control and Prevention Procurements and Grants Office in Atlanta, Georgia to provide support to the National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of HIV/AIDS Prevention to provide economic evaluation support service related to high impact public health activities in priority areas related to cost-effectiveness to help guide the most efficient use of HIV prevention funds.

Robert Wood Johnson Foundation

Health Impact Project: Advancing Smarter Policies for Healthier Communities

http://www.rwjf.org/applications/solicited/cfp.jsp?ID=21404&cid=XEM_A6187

Program Grants Brief Proposal Deadline: September 14, 2012

Demonstration Project Grants Proposal Deadline: September 28, 2012

Health Impact Project: Advancing Smarter Policies for Healthier Communities, a collaboration of the Robert Wood Johnson Foundation and The Pew Charitable Trusts, encourages the use of health impact assessments (HIA) to help decision-makers identify the potential health effects of proposed policies, projects, and programs, and make recommendations that enhance their health benefits and minimize their adverse effects and any associated costs. This call for proposals supports two types of initiatives: 1) HIA demonstration projects that inform a specific decision and help to build the case for the value of HIA; and 2) HIA program grants to enable organizations with previous HIA experience to conduct HIAs and develop sustainable, self-supporting HIA programs at the local, state, or tribal level.

Agency for Healthcare Research and Quality

National Research Service Awards (NRSA) Institutional Research Training Grants (T32)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-12-008.html>

Letter of Intent Due: August 17, 2012

Proposal Due: September 12, 2012

The Agency for Healthcare Research and Quality (AHRQ) will award National Research Service Award (NRSA) Institutional Research Training Grants (T32) to help ensure that a diverse pool of highly trained behavioral, social, and organizational sciences, engineering, biostatistics, clinical sciences, and health services researchers are available in adequate numbers and in appropriate research areas to advance the scientific disciplines and to address the mission of AHRQ. The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Purpose: The primary objective of these five-year grants is to provide institutional support for the training of qualified pre-doctoral and post-doctoral trainees for careers in behavioral, social, and organizational sciences, economics, engineering, mathematics/statistics, clinical sciences, and health services research. The purpose of this program is to foster the development of researchers committed to the generation, translation, and dissemination of new scientific evidence and analytical tools that will be used to improve health care delivery in the United States.

Agency for Health Care Research and Quality

Individual Awards for Postdoctoral Fellows (F32) Ruth L. Kirschstein National Research Service Awards (NRSA)

<http://www07.grants.gov/search/search.do?&mode=VIEW&flag2006=false&opId=48295>

Proposal Due: August 8, 2012

The purpose of this individual postdoctoral research training fellowship is to provide support to promising Fellowship Applicants with the potential to become productive, independent investigators in health services research in research areas and priorities relevant to the mission of AHRQ. Mechanism of Support: This funding opportunity announcement (FOA) uses the Ruth L. Kirschstein Individual Postdoctoral National Research Service Award (NRSA) mechanism (F32). Funds Available and Anticipated Number of Awards: The total amount to be awarded and the number of F32 fellowships awarded will depend on the quality and scientific merit of the applications received, their relevance to the program priorities of AHRQ and the availability of funds.

National Network of Public Health Institutes' Quality Improvement Award Program, Cycle Two

<http://www.nnphi.org/news-events/events/2012/08/01/informational-webinar-quality-improvement-award-program-cycle-two>

August 1, 2012 (2:00 PM ET): Optional informational web conference call.

August 20, 2012 (3:00 PM ET): Intent to Apply Deadline. September 10, 2012 (3:00 PM ET): Award Proposal Deadline.

NNPHI will provide health departments with \$5,000 awards, coupled with 15 hours of individualized quality improvement (QI) assistance from an experienced QI Coach, to conduct a QI project that results in measureable change. The QI Award Program is being implemented as part of the [Strengthening the Community of Practice for Public Health Improvement](#) (COPPHI) program, an initiative funded by the Robert Wood Johnson Foundation and managed by NNPHI that seeks to facilitate the exchange of best practices and build capacity among the nation's public health departments to conduct QI and to become accredited. The purpose of this *QI Award Program* is to support health departments to become more proficient in the adoption and application of QI and to meet the accreditation standards and measures set by the Public Health Accreditation Board (PHAB).

Selected health departments will also be provided with additional opportunities, such as educational webinars with QI experts and sponsored attendance at a national accreditation and QI-focused meeting (the "Open Forum" meeting). Sites will be notified of selection in late October 2012. View the full [Call for Proposals](#) and [FAQs](#). Please direct additional inquiries to QIAward@nnphi.org.

Other Listings

Mentored Science Awards in PHSSR: A new round of funding opportunities from the National Coordinating Center for PHSSR and the Robert Wood Johnson Foundation (RWJF) seek to develop the next generation of researchers who will examine how the organization, financing, and delivery of public health services affect population health. As many as eight Mentored Research Scientist Development Awards of up to \$100,000 each for two years will support early-career investigators and enable them to establish independent research careers in PHSSR. The awards are designed to enhance the researchers' career development experiences, help them attain advanced research skills in PHSSR and position them for other funding opportunities. Visit www.rwjf.org/cfs/phssrmrs and use the *Apply Online* link. You may be required to register at <http://my.rwjf.org> before you begin the application process.

NIH Research to Action Grant Opportunity

Standard Deadlines Apply

Expiration Date: September 8, 2015

Submissions are now open for NIEHS R01 grants for "Research to Action: Assessing and Addressing Community Exposure to Environmental Contaminants." Applicants will use community-engaged research to investigate potential health risks of environmental exposures and to implement an action plan based on research findings.

NIH: Rapid Assessment Post-Impact of Disaster (R21)  *Expiration Date: October 4, 2015*

PBRN Quick Strike Research Projects

The National Coordinating Center is accepting Quick Strike Research proposals through August 15, 2012, after which the final competitive review of the budget

year will take place. All funded investigators will be notified by August 31, 2012. Proposed projects must address time-sensitive research questions based on emerging information needs in public health practice and policy; must have a high probability of leading to subsequent, larger-scale studies; and must be feasible for completion with a limited budget of up to \$25,000 in total costs and within 3-6 months. These projects will be funded through a subcontract to each awardee to expedite initiation of the research. Grantees will be expected to disseminate practice-relevant findings rapidly through the new rapid-release publication *Frontiers in Public Health Services and Systems Research* and other vehicles, and will be expected translate findings into practice improvements through the development of webinars, training sessions, and decision tools for use by practitioners and policy analysts.

PBRN networks should submit a brief proposal of no more than four single-paged pages (one-inch margins, 11 point Arial font) by emailing their proposal as an attachment in PDF format to publichealthPBRN@uky.edu with "QSRF Proposal" indicated in the subject line. The proposal must include: (A) a description of the rationale and specific aims for the proposed project; (B) a summary of the research design, data and analytic methods to be used; (C) a description of the practice settings involved in the research and how they will be engaged in the design, implementation, and translation of the research; and (D) a brief summary of the roles and qualifications of key personnel. Proposals will be reviewed by Coordinating Center staff and members of the Public Health PBRN National Advisory Committee (NAC) using the following selection criteria: (1) the importance of the topic in terms of its ability to inform public health practice and/or policy; (2) time-sensitivity of the research opportunity; (3) feasibility of the project given budget and time constraints and expertise of network; (4) strength of mechanisms for engaging practice settings in the study and its translation; and (5) potential for the study to lead to subsequent, larger-scale funded research. Additionally, for PBRN networks that have received prior QSRF awards, reviewers will consider the past performance of the network in publishing and disseminating results from prior QSRF projects and in pursuing subsequent larger-scale studies. Based on the proposal reviews, successful applicants will be asked to submit a project budget and additional materials required for award processing.

Healthy Eating Research: Building Evidence to Prevent Childhood Obesity is a

national program of the Robert Wood Johnson Foundation (RWJF). The program supports research on environmental and policy strategies with strong potential to promote healthy eating among children to prevent childhood obesity, especially among lower-income and racial and ethnic populations at highest risk for obesity. Findings are expected to advance RWJF's efforts to reverse the childhood obesity epidemic by 2015. More information is available [here](#).

ADMINISTRATION

Remember to Route All Questions on Grant Budgeting, Reporting, and Administration to the Public Health PBRN Coordinating Center: The PH PBRN National Coordinating Center is your one-stop source for information and assistance on the administrative aspects of your Public Health PBRN grants, including budgeting, expenditures, subcontracts, and reporting. Please make sure that you send your network's questions to the Coordinating Center (email publichealthPBRN@uky.edu or telephone **859-218-2094** to ensure the fastest response. All requests for no-cost extensions, budget modifications, and other changes regarding your network's Robert Wood Johnson Foundation Public Health PBRN grants must be submitted to and reviewed by the PH PBRN National Coordinating Center before they can be considered by the Foundation.

Remember to Route all PBRN Grant Reports and Products to the Coordinating Center and the Foundation: Your network's narrative and financial reports should be submitted electronically to the Public Health PBRN National Coordinating Center and to the Robert Wood Johnson Foundation 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

RWJF guidelines for financial reports:

http://www.rwjf.org/files/publications/RWJF_FinancialGuidelinesReporting.pdf

RWJF guidelines for electronic submission of grant products and reports

CALENDAR

APHA Annual Meeting. San Francisco, October 27-31. [More](#) information.

Public Health Law Conference. Atlanta, GA, October 10-12. [More](#) information.

September PBRN Monthly Virtual Meeting. New York Public Health PBRN, Thursday, September 21, 1:00-2:30pm, ET

October PBRN Monthly Virtual Meeting. Ohio Public Health PBRN, Thursday, October 18, 1:00-2:30pm. ET

November PBRN Monthly Virtual Meeting. Minnesota Public Health PBRN, Thursday, November 15, 1:00-2:30pm, ET

December PBRN Monthly Virtual Meeting. Massachusetts Public Health PBRN, Thursday, December 20, 1:00-2:30pm, ET

MPROVE Monthly Meetings. Thursdays, 2:00-3:00pm, ET. August 9, September 13, November 8, and December 13.