

Issue #46

PBRN Week in Review | June 18, 2010

PBRN Grantees: Please circulate relevant information to your network members. To request additional information or make suggestions for future items, please contact the National Coordinating Center at publichealthpbrn@uams.edu or 501-551-0106. Newsletter archives are available [here](#).

Notable PBRN Activities

◆ **Welcome to Our Four New National Advisory Committee Members:** The Coordinating Center is pleased to announce that Judith Monroe, M.D., Ross C. Brownson, PhD, Donna J. Petersen, MHS, ScD and Paul K. Halverson, DrPH, MHSA, FACHE have agreed to join our Public Health PBRN National Advisory Committee.

◆ **Judith Monroe, M.D.**

Judith Monroe, MD, FAAFP, is the director of the Office for State, Tribal, Local, and Territorial Support. Most recently, Monroe served as the Indiana State Health Commissioner since 2005. She has held several national public health leadership positions and is immediate past president of the Association of State and Territorial Health Officials and serves as vice chair on the Board of Directors for the Public Health Accreditation Board. Monroe is also a member of the Indiana Health Information Exchange Board of Directors. Under Monroe's leadership as Indiana State Health Commissioner, Indiana improved its obesity ranking from most obese in 2003 to 28th in 2009 (obesity decreased by 14.7 percent in youth and 3 percent in adults); cigarette consumption decreased nearly 25 percent, smoking among high school students dropped 1 percent and among middle school students dropped 46 percent. In 2007, the Indiana General Assembly passed an increase in the cigarette tax and all revenue went to health-related programs. As a result, childhood immunizations improved and the percentage of uninsured residents declined. In addition, colon cancer screening increased 34.5 percent; cancer incidence, heart disease, and all causes of mortality decreased significantly. Monroe focused on preparedness, medical errors and quality improvement, in addition to health promotion and prevention, during her tenure as health commissioner. She partnered with Purdue University and led the design and implementation of the Indiana Public Health System Quality Improvement Project to strengthen local public health capacity, infrastructure, and public health system performance.

◆ **Ross C. Brownson, PhD**

Dr. Ross C. Brownson, PhD, is a Professor of Epidemiology at Washington University in St. Louis. He is a leading expert in chronic disease prevention; an expert in the area of applied epidemiology; and regarded as one of the great intellectual, educational, and practice leaders in the field of evidence-based public health. His research has focused on tobacco use prevention, promotion of physical activity, and the evaluation of community-level interventions. Dr. Brownson co-directs the Prevention Research Center,—a major, CDC funded center jointly led by Washington University and Saint Louis University – that

develops innovative approaches to chronic disease prevention. Dr. Brownson is a board member of the American College of Epidemiology. He is an associate editor of the Annual Review of Public Health, and on the editorial board of five other journals. He is the editor or author of the books: Chronic Disease Epidemiology and Control, Applied Epidemiology, Evidence-Based Public Health, and Community-Based Prevention.

◆ **Donna J. Petersen, MHS, ScD**

Dr. Peterson is Dean of the College of Public Health at the University of South Florida. She earned her doctoral and masters degrees from the Johns Hopkins School of Public Health. She has held positions with the federal government and the state of Maryland and has served on numerous community agency boards and gubernatorial commissions and task forces. Dr. Petersen is a frequent lecturer on topics related to maternal and child health, health care reform, and systems change and leadership, and has provided extensive technical assistance and training to state health departments in the areas of needs assessment, data system development, and public health roles within evolving health care systems. She has devoted particular attention to public health responsibilities in monitoring health status, access, utilization, and quality of health care and in the areas of systems level accountability and the development of population-based indicators. Dr. Petersen is the author of numerous publications, book chapters and a textbook on needs assessment in public health.

◆ **Paul K. Halverson, DrPH, MHSA, FACHE**

Dr. Halverson is the President of the Association of State and Territorial Health Officials (ASTHO). He also serves as Director of the Arkansas Department of Health and State Health Officer. Dr. Halverson received his doctorate in public health from the University of North Carolina at Chapel Hill and his master's in health services administration from Arizona State University. Prior to his appointment at the Arkansas Department of Health, he served for almost seven years as a member of the senior scientific staff at the Centers for Disease Control and Prevention. At the CDC, Dr. Halverson was appointed to the Silvio Conte Senior Biomedical Research Service and Director of the Division of Public Health Systems Development and Research. Dr. Halverson was appointed by the World Health Organization as the director of its Collaborating Center in Public Health Practice. Prior to the CDC, Dr. Halverson was a member of the faculty at the University of North Carolina School of Public Health.

- ◆ **Introducing NING.** NING is a method for PBRNs to communicate with colleagues within your network as well as those in other networks. Join NING today to participate in weekly discussion forums and get announcements. Become a member of your network and the National Coordinating Center. [Click here to join](#). Kudos to Lisa VanRaemdonck (CO) for developing and managing NING.

Activities on the Horizon

- ◆ **Special Topic Network Calls (STiNCs).** The 1st Public Health PBRN Round I and Round II Grantees STiNC conference call is scheduled for Tuesday, July 13, 2010 from 9:30-10:30 a.m. PT. Betty Bekemeier (WA PBRN) will lead this initial discussion. STiNCs will enhance opportunities for network to network interaction by serving as a means of facilitating cross talk and collaboration across the networks for those who share a common interest or are pursuing common

strategy. Several of you have been interested in participating in a discussion related to jointly measuring LHD services and using the variation in local practices to determine related outcomes and the contribution of these services on the public's health. As we discussed in April 2010 at Keeneland, if we can find (and create) some common measures regarding LHD service delivery, types of practices, and amounts of service, we can start to look at how these practices vary among states and counties and how they change over time. This current budget crisis, in fact, gives us a particularly unfortunate, but unique opportunity to more clearly measure related health outcomes from variations in practice and services. Hopefully, together PBRNs can identify potential LHD service delivery measures by first starting to share instruments and/or current data collection procedures and practices in our states. Please email us at publichealthpbrn@uams.edu if you are interested in the upcoming STiNC conference calls. We look forward to your participation.

➤ **AcademyHealth Preconference Methods Seminars:** [Link to more information](#)

- ◆ Friday June 25, 1:00-7:30 p.m.
 - Qualitative Analysis

- ◆ Saturday, June 26, 10:00 a.m.-5:00 p.m.
 - Measurement Techniques and Perspectives on Quality Improvement
 - Pragmatic Trials in Comparative Effectiveness Research:
 - Propensity Score Analysis

➤ **AcademyHealth: Annual Research Meeting (ARM) June 27-29, 2010 Boston, MA.** We would like to encourage PBRN researchers and collaborators to attend the 2010 AcademyHealth Annual Research meeting and the related Interest Group Meeting on Public Health Systems Research. For 26 years, AcademyHealth's Annual Research Meeting (ARM) has been the premier forum for health services research. The ARM provides an opportunity for public health researchers and practitioners around the world to discuss health policy implications, sharpen research methods, and network with colleagues. The ARM is a great place for public health researchers and practitioners to 1) examine emerging research issues critical to the organization, financing, and management of health services; 2) get updates on the latest research studies and current health policy issues; 3) hear the research funding priorities of foundations and federal agencies; and 4) explore the impact of health services research on improving access and quality of care. Nearly 2000 people are members of the Public Health Systems Research Interest Group of AcademyHealth alone – imagine the networking and learning opportunities!



WOW!!!

This is a **MONUMENTAL** year in that during the 5 day event there will be greater than 20 PHSSR related sessions and presentations. For additional information about the PHSSR and PBRN related presentations refer to the PBRN “2010 AcademyHealth Special Announcement” document emailed from the Coordinating Center earlier this month. To register or for more information about AcademyHealth click [here](#).

➤ **Why go to AcademyHealth?** The AcademyHealth Annual Research Meeting (ARM) is the leading national Health Services Research meeting and highly relevant to the work of Public Health PBRNs. ARM is a terrific opportunity to become immersed in high quality research. Public Health PBRN members, particularly research partners, should consider attending the meeting and seeking out the presentations of PHSSR colleagues and other researchers whose study designs and methodologies are applicable to our work. Plus, the best destinations are those with familiar hosts,

and our Massachusetts PH PBRN colleagues are eager to welcome us! Registration is open until June 22. [Link to AcademyHealth website.](#)

- ◆ **PBRN get together at AcademyHealth:** Are you going to AcademyHealth? We would love to see you there. The Coordinating Center and the Massachusetts PBRN has organized a PBRN gathering for our AcademyHealth participants on June 29th, 7:30 p.m. at Bouchee, so please let us know of your plans to attend. We will meet in the Boston Sheraton lobby at 7:15 p.m. and walk to Bouchees for dinner. Are you attending the ARM? The PHSR interest group meeting? Send an email to publichealthpbrn@uams.edu and be sure to tell us when you will be there and how we can contact you in Boston.
- ◆
- ◆ **Public Health Systems Research Interest Group (PHSR IG)** meets June 29-30 following the ARM. The PHSR IG was formed in 2002 with 40 researchers and today boasts over 1,500 members, a marker of the overall growth and significance of the field. This meeting is an opportunity for researchers, students, public health practitioners, federal agency staff and policy makers to share their interest in exploring and enhancing the U.S. public health system by formulating, translating and applying the PHSSR evidence base. [Register and/or read more](#) about this RWJF-sponsored interest group meeting.
- ◆ **NACCHO Annual Meeting** in Memphis, Tennessee, July 14-16, 2010. For the first time ever, the NACCHO Annual Meeting will include a full track of sessions on Practice-Based Research in Public Health that runs throughout the meeting. **Lee Thielen (CO PBRN)** and Glen Mays (Coordinating Center) are part of an invited presentation on practice-based research. **Matt Stefanak (Ohio), Julie Myhre (Minnesota), and Jennifer Kertanis (Connecticut)** will present their competitively selected session on the opportunities and challenges associated with conducting research at a local health department. Many other insightful and revealing sessions on the research-practice interface are on the agenda. [Link to conference information.](#)

Related Research and Practice Activities

- ◆ **Using Science to Improve the Nation's Health System: *NIH's Commitment to Comparative Effectiveness Research.*** In the June 2010 issue of JAMA, Michael S. Lauer, MD and NIH Director Francis S. Collins, MD, PhD write about how the National Institutes of Health (NIH) commitment to be engaged in conversation with all sectors of society, emphasizing the power of biomedical research to show what health interventions yield the greatest benefits and how, about the best ways to stimulate the nation's economy and reform the US health care system. They discuss how comparative effectiveness research (CER) has long been recognized and valued by NIH for providing evidence-based, well-validated approaches to medical care. [Full Text of this Article](#)
- ◆ **Prevention defense: Service providers must pitch in to help cash-strapped local health departments.** Bobby Pestronk, executive director of the National Association of County and City Health Officials (and PBRN NAC member), writes on the effects of the economy on the delivery of public health services by local health departments. [Follow this link to read article.](#)

- ◆ **The Agency for Health Care Research and Quality (AHRQ).** AHRQ Effective Health Care Program announces the release of a new chapter for the *Methods Guide for Effectiveness and Comparative Effectiveness Reviews*. This new chapter, “Selecting Observational Studies for Comparing Medical Interventions” is now available on the EHC Program Web site at this [Link](#).
- ◆ **National Academy for State Health Policy (NASHP).** NASHP Executive Director, Alan Weil and National Governor’s Association Executive Director, **Raymond Scheppach**, are co-authors of the article "New Roles For States In Health Reform Implementation," published in the June issue of *Health Affairs*. State policies and implementation practices will largely determine whether the new federal health reform law translates into more affordable coverage and access to health care services. The article looks at how states will play particularly important roles with respect to Medicaid expansion, the creation of insurance exchanges, and the new market rules for insurance. The decision of whether or not to create an exchange looms as the most important and consequential one for states. To achieve effective implementation, each state will need a coherent vision to guide its work. States will need help from the federal government and stakeholders and must learn from each other during implementation. [Link to the Article](#)
- ◆ **NASHP BRIEFING: State Policymakers' Priorities for Successful Implementation of Health Reform** which identifies and describes ten aspects of federal health reform that states must get right if they are to be successful in implementation. States that pursue the ten critical elements identified in this brief will have the greatest chance of achieving the goals embodied in the federal health reform law. [Download this report.](#)
- ◆ **A Systems Approach to a Complex Problem.** A special issue of [American Journal of Public Health](#) focuses on systems modeling in tobacco control. This theme issue is one of the avenues employed to reach out to a larger community of public health scientists and practitioners to seek their support and collaboration.
- ◆ **System-Based Participatory Research in Health Care.** A recent article in the [Annual Family Medicine Journal](#) by Julie Schmittiel, Kevin Grumbach and Joe Selby suggest that applying the principles of community based participatory research in a way to considers delivery systems can enhance the ability of translational research to improve health care. The investigators emphasized that applying participatory research methods, such as engaging in collaborative partnerships, building on existing community strengths, investing in long term relationships, and engaging in research as a cyclical, iterative process, can be a successful approach to sustainable quality improvement.

Research and Practice New Resources

- ◆ **CDC Community Health Resources Portal.** A searchable database of community health programs that allows one to browse through CDC's resources to help with planning, implementing and evaluating community health interventions and programs to address chronic disease and health disparities issues. You'll find links to hundreds of useful planning guides, evaluation frameworks, communication materials, behavioral and risk factor data, fact sheets, scientific articles, key reports and state and local program contacts. [Link to the CDC Community Health Resources Portal.](#)
- ◆ **CDC Community Health Data Initiative Interim Work Page (CHDI-Interim Work Page).** While the HHS Health Indicators Warehouse that will serve as the data hub for the Community

Health Data Initiative is under development, the CDC are making several resources available via the CHDI-Interim Work Page. This site contains links to a variety of community indicators that can be used for research such as links to downloadable data sets which form the basis for the content anticipated to be available through the Indicator Warehouse and which will further the success of the Community Health Data Initiative. [Link to CDC Community Health Data Initiative site](#)

- ◆ **New BRFSS Data.** CDC has released its 2009 Behavioral Risk Factor Surveillance System (BRFSS) [data, documentation](#) and [Prevalence and Trends](#) tables. With over 400,000 interviews conducted in 2009 in the largest telephone-based surveillance system in the world, the BRFSS collects information on health risk behaviors, clinical preventive health practices, and health care access in all 50 states. Now in its 25th year of producing data, the BRFSS was proposed by and developed through the leadership of Dr. Jim Marks during his tenure at CDC. Dr. Marks is RWJF senior vice president and director of the health group of which the *Public Health Practice-Based Research Networks Program* is a part.

Recent Literature and Exemplary Studies of Interest

- ◆ **Measuring Community Health.** The July 2010 edition of *Preventing Chronic Disease* features a set of essays and commentaries on selecting the best tools, or metrics, for measuring and monitoring the health of communities. The essays and commentaries were commissioned by the University of Wisconsin Population Health Institute and the Robert Wood Johnson Foundation as part of their Mobilizing Action Toward Community Health (MATCH) initiative. A key component of MATCH is the *County Health Rankings*, the first set of reports to rank the overall health of nearly every county in all 50 states. Authored by experts from all corners of population health research and practice, the essays describe the characteristics of ideal metrics and explore their use in measuring various indicators of a community's health. [To read the essays click here.](#)
- ◆ **The Challenges of Quantitative Public Health Law Research.** In the July 2010 issue of the *American Journal of Preventive Medicine*, Scott Burris, professor of law at Temple University and director of the Robert Wood Johnson Public Health Law Research Center, and Evan Anderson, senior legal fellow at PHLR, explore the unique challenges of the new field of public health law research in an editorial in the latest *American Journal of Preventive Medicine*. In this article, Burris and Anderson respond to a study in that journal on the public health effects of community use of schools, "a quantitative study mapping the prevalence, distribution, and characteristics of a type of law across multiple jurisdictions. This is a form of legal research, but one that in its methods, purposes, and utility is quite different from interpretive legal research as traditionally practiced, as a form of craft, by lawyers." [Link to Journal](#)
- ◆ **A Framework for Public Health Law Research.** In a paper published in this month's *Milbank Quarterly*, Scott Burris and colleagues lay out a research framework for studying the many relationships between law and public health. The paper, "A Framework for Public Health Law Research," defines this emerging scientific discipline and examines both opportunities and difficulties in estimating the public health impact of law.
- ◆ **Seasonal Influenza Vaccination Coverage Among Local Health Department Personnel in North Carolina, 2007–2008.** Authors: Jessica N. Kent, C. Suzanne Lea, Xiangming Fang, Lloyd F. Novick, and Jo Morgan. This Brief Report in the July 2010 issue of the *American Journal of*

Preventive Medicine, presents a study that investigated the percentage of employees receiving seasonal influenza vaccination, including perceptions and attitudes of employees of 17 health agencies in a 25-county region in eastern, rural North Carolina. The study concluded that the percentage of county public health workers obtaining seasonal influenza vaccination is almost twice that of healthcare workers in other settings. This study provides evidence that efforts may be successful in increasing influenza vaccination coverage of healthcare workers. [Link to Journal](#)

- ◆ **A Comparative Study of 11 Local Health Department Organizational Networks.** This paper authored by Jacqueline Merrill, reports on a network analysis of 11 Local Health Departments (LHDs). The study explored sources of commonality and variability in a range of LHDs by comparing intraorganizational networks. Researchers used organizational network analysis to document relationships between employees, tasks, knowledge, and resources within LHDs, which may exist regardless of formal administrative structure. The study concluded that shared network patterns across LHDs suggest where common organizational management strategies are feasible. This evidence supports national efforts to promote uniform standards for service delivery to diverse populations. [Click here to read the paper.](#)
- ◆ **The Health Services Workforce.** A recent paper in [HSR](#) by Sandra McGinnis and Jean Moore examines the size and characteristics of the health services research workforce. To estimate the size of the HSR workforce, data on investigator conducting HSR in selected venues were collected and compared in order to identify the percentage of HSR workforce represented in the core versus the related disciplines and to investigate the extent to which the core researchers publish, present or participate in disciplinary venues. Data for the core were drawn from the following sources: AcademyHealth active and lapsed members since 2000, Annual Research meeting presenters and interest Group participants, principle investigators of research projects listed in the HSRProj database and authors of articles published in two health services research journal. Other researchers were identified from a variety of sources attendees of American Society of Health Economists; paper and posters presented at the 2007 American Public Health Association of Health Economist; health related session presenters from the 2007 American Sociological Association meeting and the first three authors of HSR articles in 11 selected peer-reviewed journals. This study found that overall health services researchers reported high levels of satisfaction with their profession and current employer, as well as little desire to change jobs and little concern about job satisfaction.
- ◆ **Recent Advances in Public Health Systems Research.** A recent article in the [Annual Review of Public Health](#) by Timothy Van Wave, Douglas Scutchfield and Peggy Honore examine advances in public health systems research since 1988 and discuss relevance of health services research to public health practice. The investigators assess the current infrastructure for conducting public health systems research; suggest how the research infrastructure can be improved, and a discussion of how health reform will require research focused on adaptive complexity inherent in public health and health systems and strengthening the systems research infrastructure examines how changes in law shape the public health system. This study concluded that many of the same basic challenges for measuring systems performance persist over more than 90 years. The investigators emphasized that new and re-emphasized priorities in public health practice, such as voluntary agency accreditation, workforce credentialing, quality improvement, and service value measurement will increase expectations for PHSR science and integrate and understand effect of these efforts at multiple levels.

Funding Opportunities and Announcements

- ◆ We have put together a compiled list of funding opportunities for PBRNs and PBRNs grant awards. Please email us when you receive funding from foundations, corporations or government bodies so that we may keep a current list of PBRNs grant awards. We will track and update networks on grant opportunities that cycle back around annually or quarterly.
- ◆ **New funding provided by the Affordable Care Act.** Earlier this week the Administration announced “the availability of \$250 million in new funding provided by the *Affordable Care Act* (as the two parts of the Act are now being referred to by the Administration) to expand the health and public health workforce. “The new funding – part of the Prevention and Public Health Fund – will help prepare the health system to meet the demand for health care workers with a new initiative that will train and support thousands of new doctors, nurses, nurse practitioners, physician’s assistants, and public health workers.” For more information, click on this [Link](#). This is the “initial” allocation of the Fund.
- ◆ **BREAKING NEWS:** Today (Friday), the Administration announced the availability of the remaining \$250M in funding from the Prevention and Public Health Fund for FY2010. The \$250 million investment in prevention and public health includes (a) \$126 million to support federal, state and community prevention initiatives; the integration of primary care services into publicly funded community-based behavioral health settings; obesity prevention and fitness; and tobacco cessation; (b) \$70 million to support state, local, and tribal public health infrastructure and accreditation, and build state and local capacity to prevent, detect, and respond to infectious disease outbreaks; (c) \$31 million for public health systems and services research, data collection and analysis, and to strengthen the work of the U.S. Task Force on Community Preventive Services and the U.S. Clinical Preventive Services Task Force; and (d) \$23 million to expand CDC’s public health workforce programs and public health training centers.
- ◆ On June 10, HHS released the Initial Funding Announcement of \$90 million in **Affordable Care Act Funding for Maternal, Infant and Childhood Home Visiting Program Grants**. More information is available [here](#)
- ◆ **Active Living Research Rapid-Response Call for Proposals Released.** [Active Living Research: Building Evidence to Prevent Childhood Obesity](#)
 - ◆ **Deadline:** Letters of intent may be submitted until July 1, 2011.
 - ◆ **Active Living Research** is a national program of the Robert Wood Johnson Foundation (RWJF) that supports research to inform policy and environmental strategies for increasing physical activity among children and adolescents, decreasing their sedentary behaviors and preventing obesity. The program places special emphasis on reaching children and youths ages 3 to 18 who are at highest risk for obesity: Black, Latino, American Indian and Asian/Pacific Islander children, as well as children who live in under-resourced and lower-income communities.
- ◆ **Social Network Analysis and Health (R01).** Social network analysis allows researchers to describe, integrate, and analyze spatial, mathematical, and substantive dimensions of the social structures formed as a result of ties formed between persons, organizations, or other types of

nodes. Researchers can represent networks graphically, locate them spatially, and describe and analyze their properties mathematically. These spatial and mathematical relations (i.e., “networks”) can then be related to the content and quality of interpersonal ties, individual or group phenotypes and behaviors, and the well-being and dynamics of groups and communities. SNA can be used to yield more meaningful measures of social integration in studies focusing on individual outcomes and to investigate the social dynamics underlying community function and population health. SNA can be used to study the transmission of viral infections, behaviors, attitudes, information, or the diffusion of medical practices. For more information visit this [Link](#).

- ◆ **Community Participation in Research (R01).** Community-partnered approaches to research promise to deepen our scientific base of knowledge in the areas of health promotion, disease prevention, and health disparities. Community-partnered research processes offer the potential to generate better-informed hypotheses, develop more effective interventions, and enhance the translation of the research results into practice. Given this FOAs emphasis, all applications that respond to this announcement must demonstrate clear community partnerships with substantive involvement in their proposed research projects. For more information visit this [Link](#).
- ◆ **Dissemination and Implementation Research in Health (R01).** Dissemination and implementation research intends to bridge the gap between public health, clinical research, and everyday practice by building a knowledge base about how health information, interventions, and new clinical practices are transmitted and translated for public health and health care service use in specific settings. Unfortunately, there continues to be great variation in how these terms are used. Dissemination and implementation have both been used to represent the complete process of bringing “evidence” into practice, originally defined as “diffusion.” While using the terms dissemination and implementation to cover such a wide area can be very helpful in facilitating discussion, it does not allow for the division of this very complex diffusion process into smaller, more easily addressed research questions that can develop a robust knowledge base. This funding opportunity is inviting applications that will continue to break down the complexity of bridging research and practice. For more information visit this [Link](#)
- ◆ **Behavioral and Social Science Research on Understanding and Reducing Health Disparities (R01).** Advancing knowledge about the potential for reducing health disparities through policy mechanisms requires a broad set of research studies, including both basic and intervention research. Further, interdisciplinary efforts are needed to bridge the many different kinds of economic, social, behavioral, and biological processes involved in translating public policy into public health. Examples include research on:
 - ◆ The interacting and cumulative effects on health disparities of policies formulated at a variety of levels – national, state, local, and nongovernmental.
 - ◆ Innovative policy approaches to addressing pathways linking social and behavioral factors to health disparities, e.g., policies with the potential to build social capital in communities, alleviate stressors associated with disadvantage, or address targeted advertising of alcohol and tobacco in disadvantaged populations.
 - ◆ The behavioral and social mechanisms and processes linking policy to health disparities, including the role of social, cultural, and economic factors in mediating impacts and producing variations in policy implementation that affect outcomes.

- ◆ Knowledge transfer in the context of policy formation and implementation. Incorporating scientific knowledge with other kinds of information in the community, economic, bureaucratic, and legal processes that leads to the development of policies to affect health disparities?
- ◆ Cost-effectiveness of different policy strategies for addressing health disparities.
- ◆ Development of research designs and methodologies for studying policy effects on health disparities, including experimental, comparative, and other observational methods.

For the application, information and guidelines visit [Here](#):

Upcoming Key Dates

- June 26-30:** AcademyHealth Annual Research Meeting and Public Health Systems Research Interest Group Meeting, Boston, MA.
- July 13-16:** NACCHO Annual Meeting, Memphis, TN.
- July 13:** Round I PBRN Monthly Conference Call | 11:30-12:30 ET
- July 13:** Round I and Round II PBRN STiNC Conference Call | 9:30-10:30 PT
- July 15:** Round II PBRN Monthly Conference Call | 1:00-2:30 ET

Note: The July conference calls overlap with the NACCHO meeting schedule.

- Aug 10:** Round I PBRN Monthly Conference Call | 11:30-12:30 ET
- Aug 18:** Public Health PBRN Quarterly Webinar | 2:00-3:30 ET
(Regularly scheduled date and time remain flexible to accommodate speaker(s)).
- Aug 19:** Round II PBRN Monthly Conference Call | 1:00-2:30 ET

Next Issue: Week of June 25, 2010