

Issue #47

## **PBRN Week in Review | June 25, 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](mailto:publichealthpbrn@uams.edu) or 501-551-0106. Newsletter archives are available [here](#).

### **Notable PBRN Activities**

- ◆ **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
- ◆ **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 29<sup>th</sup>, 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](mailto:publichealthpbrn.@uams.edu) and be sure to tell us when you will be there and how we can contact you in Boston.
- ◆ **PBRN National Advisory Committee Member Presents.** Alice Ammerman, DrPH, PBRN NAC member, presented at the 2010 RWJF New Connections Symposium on June 18, 2010. Dr. Ammerman conducted an interactive session for Junior Faculty and Ph.D. students from all over the nation on Pathways to R01 Grants. Dr. Ammerman discussed resources to help identify funding opportunities, building grant-writing into your life, planning and writing successful proposals, rewriting to achieve success and the importance of networking.
- ◆ **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

NEW

- ◆ **New PBRN Research Opportunity for Network Analysis:** New York PBRN collaborator Jackie Merrill (Columbia University) is working with Glen Mays and the NCC to develop a research proposal to the NIH National Library of Medicine that will create a resource for PBRN participants to conduct comparative organizational network analyses and use the results to inform quality improvement, health disparities and evidence-based practice initiatives. The proposal is being developed in response to NLM's [Information Resource Grants to Reduce Health Disparities](#), and will involve development of a web-based tool for data collection and analysis to support organizational network analysis within local and state health departments (and their partners). PBRN participants will be able to use the tool to conduct analyses within their own practice settings and to conduct comparative analyses within and across PBRN networks, allowing networks to incorporate the data into ongoing research and practice activities. The project will work with NLM and participating health sciences libraries to assist PBRN participants access the scientific literature to identify evidence-based strategies for improving public health operations and practices in promising areas identified through network analysis. The project will be led by Jackie Merrill at Columbia—a leading scholar in the areas of organizational network analysis and informatics for public health practice—with the assistance and support of the NCC team and any and all interested PBRN participants. Contact the NCC for more information about how to get involved.

NEW

- ◆ **New PBRN Research Opportunity for Studying Environmental Health Service Delivery.** Glen Mays at the NCC is working with the CDC's National Center for Environmental Health on an opportunity to conduct a comparative analysis of environmental health service delivery issues in collaboration with interested PBRNs. A “small” amount of end-of-year CDC funding is available to support this activity via the CDC's [ORISE Faculty Fellowship program](#), which typically funds a portion of salary for faculty at accredited academic institutions. An initial allotment of funding is available to support a small-scale, pilot-type study between August and December 2010. This may enable the PBRN program to demonstrate “proof of concept” to NCEH – the types of practice-based studies that are possible through PBRNs. CDC is interested in a small-scale study that would examine variation and change in environmental health service delivery across communities and/or states, ultimately leading to larger projects that could examine impact, quality, and cost-effectiveness of services and service mix. Services regarding food, water, air, and land use quality are of particular interest. Glen Mays will be reaching out to PBRNs over the next week but please contact the NCC if interested. Likely the core research team for this initial effort will need to be a small group of investigators (3-4?) from multiple networks who have an interest in working together with CDC and NCC through the ORISE program for about 10% effort during August-December 2010.

- ◆ **Special Topic Network Calls (STiNCs).** The 1<sup>st</sup> 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](mailto:publichealthpbrn@uams.edu) if you are interested in the upcoming STiNC conference calls. We look forward to your participation.

- ◆ **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 click [here](#) to view the PBRN “2010 AcademyHealth Special Announcement”. 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. There are a number of good reasons to attend this meeting, including (a) the focus on public health systems/services research as one of the main conference theme areas for the meeting, and (b) the location of this year’s meeting in Boston where one of our Public Health PBRNs is also based. 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](#).
- ◆ **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

- ◆ **Health Reform 2.0 - Implementing the Affordable Care Act: Principles for Prevention {new}** Dialogue for Health Web Forum Co-sponsored by Public Health Institute, Prevention Institute, PolicyLink and Trust for America's Health Friday, June 25<sup>th</sup>, 10:00 – 11:00 a.m. PDT (1:00 -2:00 p.m. EDT). [Link to register](#)
- ◆ **Archived Webinar: The Status of Local Health Department Information Systems – Results from the 2010 NACCHO Informatics Needs Assessment.** If you were unable to view the May 26 webinar hosted by NACCHO, you can view the slides and hear the audio by clicking on this [link](#). Additionally, you may view the NACCHO Informatics Needs Assessment publications.
- ◆ **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](#).
- ◆ **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.](#)
- ◆ **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

- ◆ **The Health Reform Gateway Page** on the Kaiser Family Foundation's (KFF's) Web site is full of information on the final health reform legislation and what led up to it. For example, it has a column by Drew Altman, president and chief executive officer (CEO) of the KFF in which he discusses explaining the reform legislation to the American people and the challenges of implementing it in the states. In this accessibly written column, Altman says that one view of implementation is just moving from law to regulations to "operations in the field." He cautions, though, that another view sees implementation as "somewhat unpredictable," because it depends on many variables—such as the future political and economic climates and the reactions of various constituencies to health reform as time goes on. The gateway page's helpful resources include sections on "Health Reform and the States" and "Explaining the Basics of Health Reform," as well as links to Kaiser Health News original articles and summaries of policy news reported elsewhere. [Visit the Health Reform Gateway page.](#)
- ◆ **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 25<sup>th</sup> 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

- ◆ **New issue of Medical Care devoted to Comparative Effectiveness Research Methodology.** In June 2009 AHRQ sponsored a symposium on research methods for comparative effectiveness studies and this supplement to [Medical Care](#) represents the proceedings of the symposium as revised by the authors and independently reviewed by peers and the journal. The 2 main emphases of the symposium: (a) examination of ways to enhance the inclusion of clinically heterogeneous populations in comparative and clinical effectiveness studies and (b) ways to implement longitudinal investigations that capture longer term health outcomes, including patient-reported outcomes. Cutting across these themes were 4 major content areas for which abstracts were solicited from scientists across the United States: (1) study design, (2) data collection, (3) statistics and analytic methods, and (4) policy issues and applications.
- ◆ **The Association of Changes in Local Health Department Resources With Changes in State-Level Health Outcomes.** In the June 2010 issue of AJP, Paul Erwin (Tennessee PBRN affiliate and long-time public health leader and scholar) along with Glen Mays and Mary Davis (collaborator in the North Carolina PBRN) authored a study that explores the association between local health department (LHD) resources and state-level health outcomes via a retrospective cohort study. Researchers measured changes in expenditures and staffing reported by LHDs on the 1997 and 2005 National Association of County and City Health Officials surveys and assessed changes in state level health outcomes with the America's Health Rankings reports for those years. The study concluded increases in LHD expenditures were significantly associated with decreases in infectious disease morbidity at the state level, and increases in staffing were significantly associated with decreases in cardiovascular disease mortality, controlling for other factors. [Link to Article](#)
- ◆ **Obesity Prevention and Diabetes Screening at Local Health Departments.** Authors: Xinzhi Zhang, Huabin Luo, Edward W. Gregg , Qaiser Mukhtar, Mark Rivera, Lawrence Barker, Ann Albright. A recent paper in the [American Journal of Public Health](#) presents a study in which the 2005 National Profile of Local Health Departments was used to conduct a cross-sectional analysis of 2300 LHDs nationwide. Researchers assessed whether local health departments (LHDs) were conducting obesity prevention programs and diabetes screening programs, and examined associations between LHD characteristics and whether they conducted these programs. The study concluded the presence of obesity prevention and diabetes screening programs was significantly associated with LHD structural capacity and general performance. However, the effectiveness and cost-effectiveness of both types of programs remain unknown.

- ◆ **LHD Strategies to Address Disparities and Diversity.** A recent HCFO [brief](#) by Jennifer Lucado and Claudia Schur examines the approaches LHDs have used to meet the needs of their changing populations. The investigators conducted in-depth telephone interviews with 13 representatives of LHDs whom had developed an innovative program to reach members of a socioculturally or demographically diverse population in their community. This study found that LHDs in both urban and rural areas across the United States are taking steps to better serve their increasing diverse populations. Some of the common approaches taken to better serve increasing diverse populations were partnering with community organizations, performing outreach and understanding the cultural norms of clients
- ◆ **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.](#)
- ◆ **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.
- ◆ **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. To access this list click [here](#). 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.

- ◆ **Racial and Ethnic Approaches to Community Health for Communities.** The purpose of the program is to support local communities to strategically organize to implement and evaluate evidence-based policy, system, and environmental change interventions that eliminate racial and ethnic health disparities in chronic diseases. This program will support the transition of communities from the analysis of intervention results to the use of these results in facilitating health equity and policy change. This funding opportunity is unique in that it (1) allows a phased project period with key outcomes for each phase, (2) engages populations typically left out of the policy, systems, and environmental processes, thereby not realizing the full benefit of such public health actions, and (3) will close the gap in the impact of policy, systems, and environmental change interventions in communities of color. The REACH CORE program will run concurrently with the continuation of the REACH U.S. program in 2012 - 2017. The evidence-based policy, systems, and environmental change strategies that emerge from the REACH CORE program provide the needed complement to the evidence-based behavioral change and community interventions from REACH U.S. to most effectively eliminate racial and ethnic health disparities at the population level. For more information visit this [Link](#).
- ◆ **Occupational Safety and Health Education (T42).** The National Institute for Occupational Safety and Health (NIOSH)/ Centers for Disease Control and Prevention (CDC) invites grant applications for Education and Research Centers (ERC) that are focused on occupational safety and health training and research training. NIOSH is mandated to provide an adequate supply of qualified personnel to carry out the purposes of the Occupational Safety and Health Act, and the ERCs are one of the principal means for meeting this mandate. ERCs are academic institutions that provide interdisciplinary graduate training and continuing education in the core occupational safety and health areas of industrial hygiene (IH), occupational health nursing (OHN), occupational medicine residency (OMR), occupational safety (OS), as well as other closely related occupational safety and health (OSH) fields. Research and research training are integral components of ERCs, thus ERC scientists conduct peer reviewed, investigator initiated research on issues related to the National Occupational Research Agenda (NORA). For more information visit this [Link](#).
- ◆ **New funding provided by the Affordable Care Act.** Earlier this month 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:** The Administration has recently 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](#)
- ◆ **Affordable Care Act: State Health Care Workforce Planning Grants**. The State Health Care Workforce Development Grant program authorizes the Secretary of Health and Human Services (HHS), acting through the Administrator of the Health Resources and Service Administration (HRSA), to administer planning and implementation grants for the purposes of enabling State partnerships (1) to complete comprehensive health care workforce development planning and (2) to implement those plans or carry out activities as defined by the State application in order to address current and projected workforce demands within the State. [Link to Full Announcement](#).
- ◆ **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- **CANCELLED**

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

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- 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 July 9, 2010

**Enjoy a safe 4<sup>th</sup> of July!**

