PUBLIC HEALTH
Practice-Based Research Networks
National Coordinating Center

Public Health PBRN
Monthly Virtual Meeting
May 16, 2013

Research-in-Progress Presentation by
Connecticut PBRN

Characteristics of a Local Health Department Associated with the Use of the Health Equity Index.

Moira Lawson, PhD and Michael Knapp, PhD.

If you are dialed into the conference line on the telephone 877-394-0659 code 7754838037#, please turn off your computer speakers.
Please mute your telephone until the Q&A. If your telephone does not have a mute button, press *6 to mute and #6 to unmute

CHARACTERISTICS OF A LOCAL HEALTH DEPARTMENT ASSOCIATED WITH THE USE OF THE HEALTH EQUITY INDEX

Moira Lawson, PhD, MPH

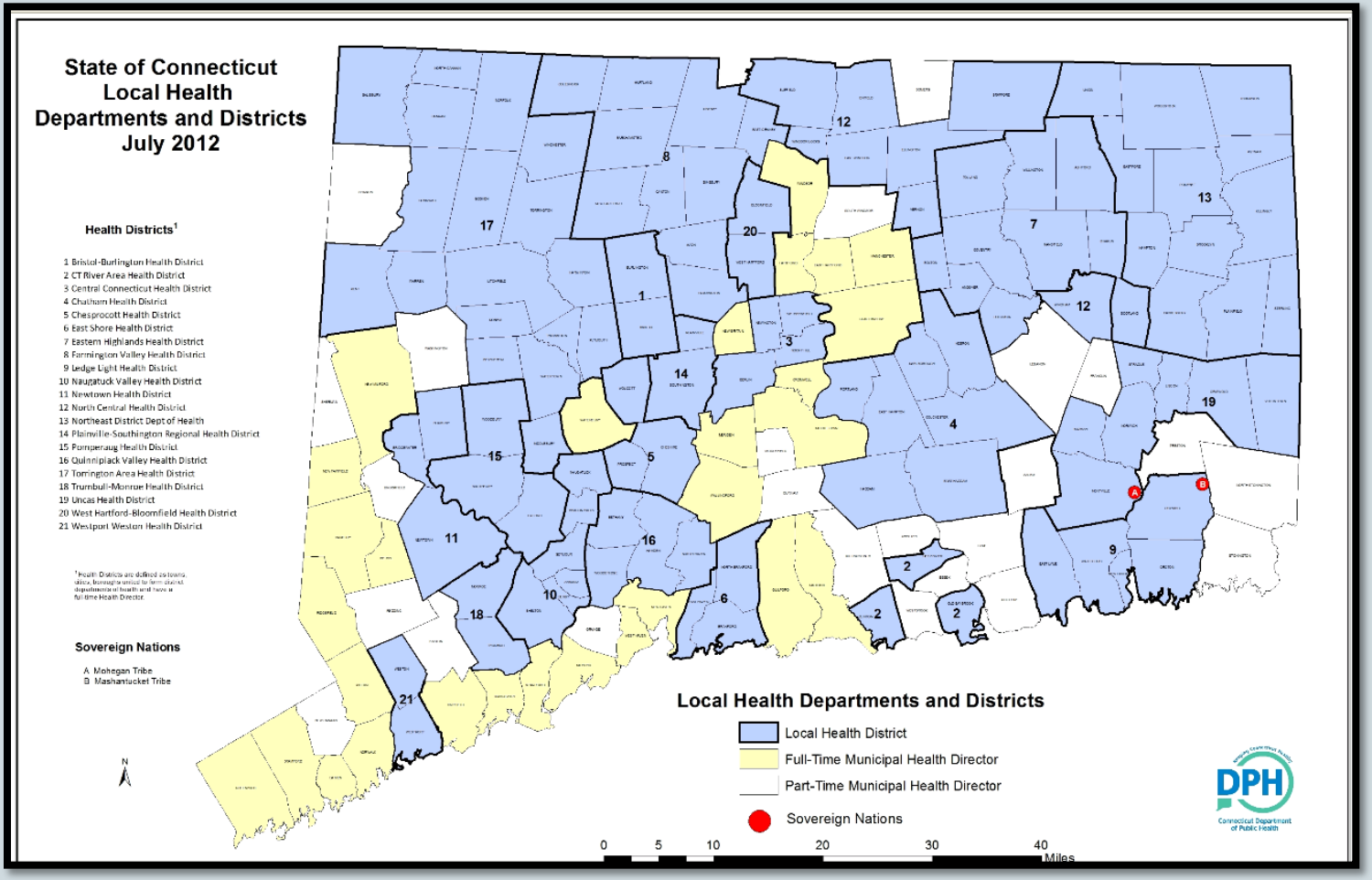
Connecticut Association of Directors of Health

Connecticut Public Health Practice-based Research Network

Michael Knapp, PhD

Green River

CONNECTICUT LOCAL PUBLIC HEALTH



Connecticut does not have a governmental county structure

BACKGROUND

2003 Survey of Local Health Directors

74% respondents:

- Believed that public health workforce resources should be devoted to health equity
- Felt they should collaborate with other sectors or disciplines

82% respondents:

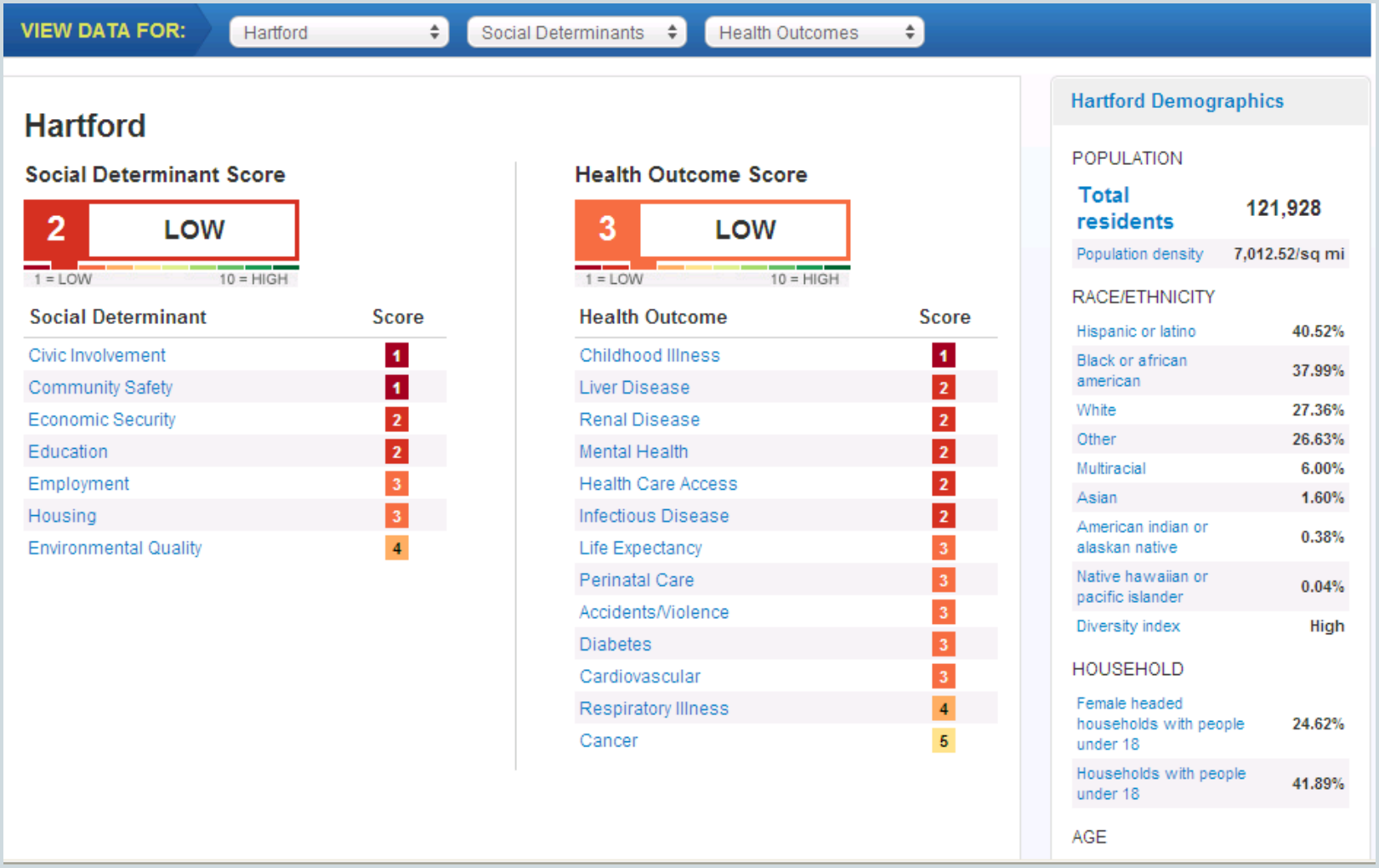
- Reported that education in principles, objectives and practice of health equity through social justice was important

The health departments cited a lack of credible local data as a major barrier to addressing health disparities.

WHAT IS THE HEALTH EQUITY INDEX?

- The Health Equity Index is a web-based, community-specific assessment tool used to examine social, economic, political, and environmental conditions strongly associated with health status indicators.
- Comprised of 3 datasets:
  - Social Determinants of Health
  - Health Outcomes
  - Demographics
- Uses a decile scale to compare data across all neighborhoods and towns in the state.

DATA AT THE TOWN LEVEL



DATA AT THE LOCAL LEVEL

Census Block Group: 090035047001

Census Block Group: 090035047001 Demographics

POPULATION

Total residents	**1,557**
Population density	6,857.86/sq mi

RACE/ETHNICITY

Hispanic or latino	58.73%
Black or african american	31.20%
White	29.86%
Other	29.08%
Multiracial	7.54%
Asian	2.32%
American indian or alaskan native	0.00%
Native hawaiian or pacific islander	0.00%
Diversity index	High

HOUSEHOLD

Female headed households with people under 18	33.92%
Households with people under 18	59.42%

AGE

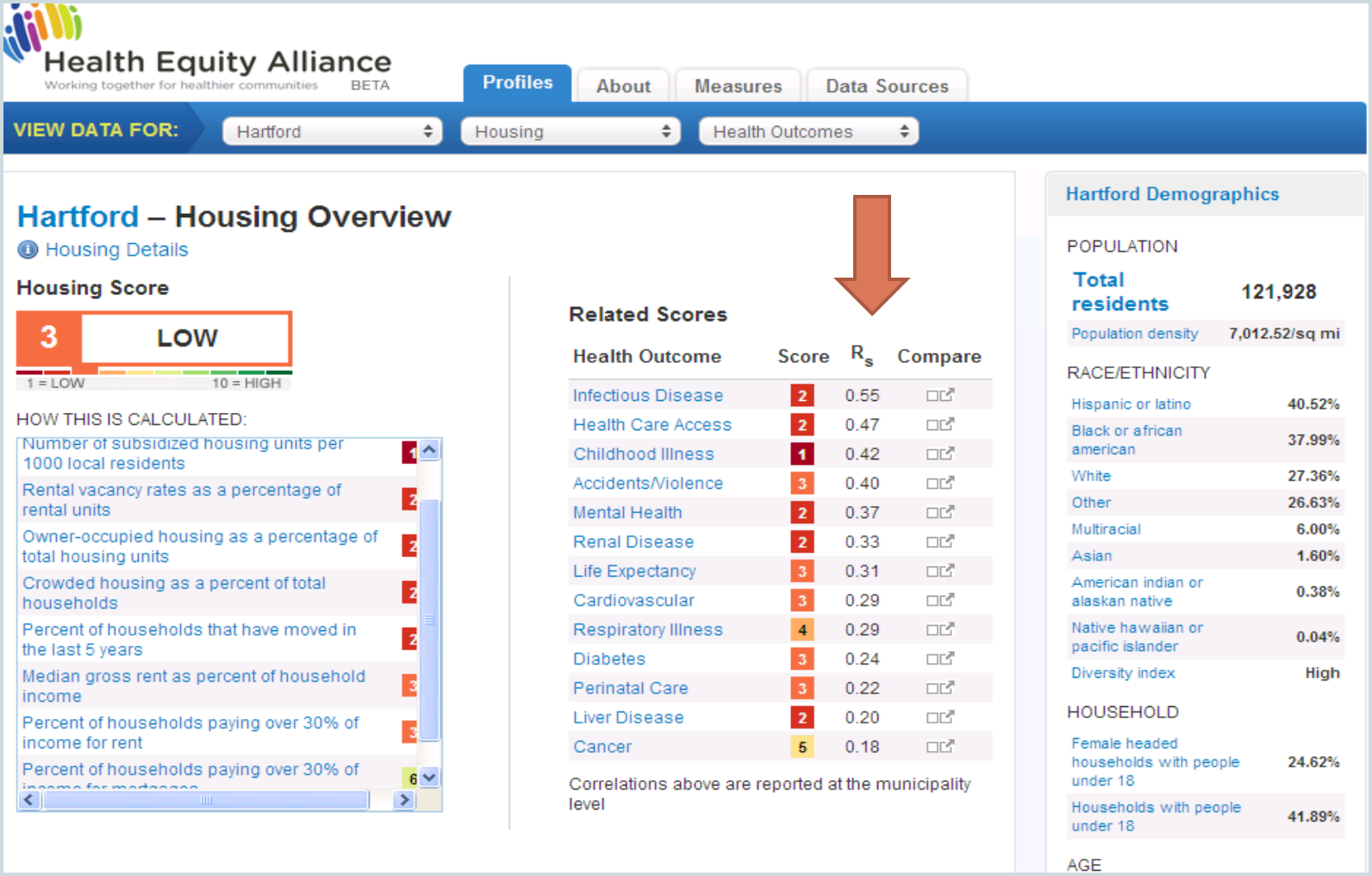
Average age	27.6
Age 8 and under	14.94%
Age 18 and under	35.75%
Age 65 and over	6.74%

Scores

Social Determinant	Score
Civic Involvement	1
Community Safety	1
Education	2
Economic Security	2
Housing	2
Environmental Quality	2
Employment	3

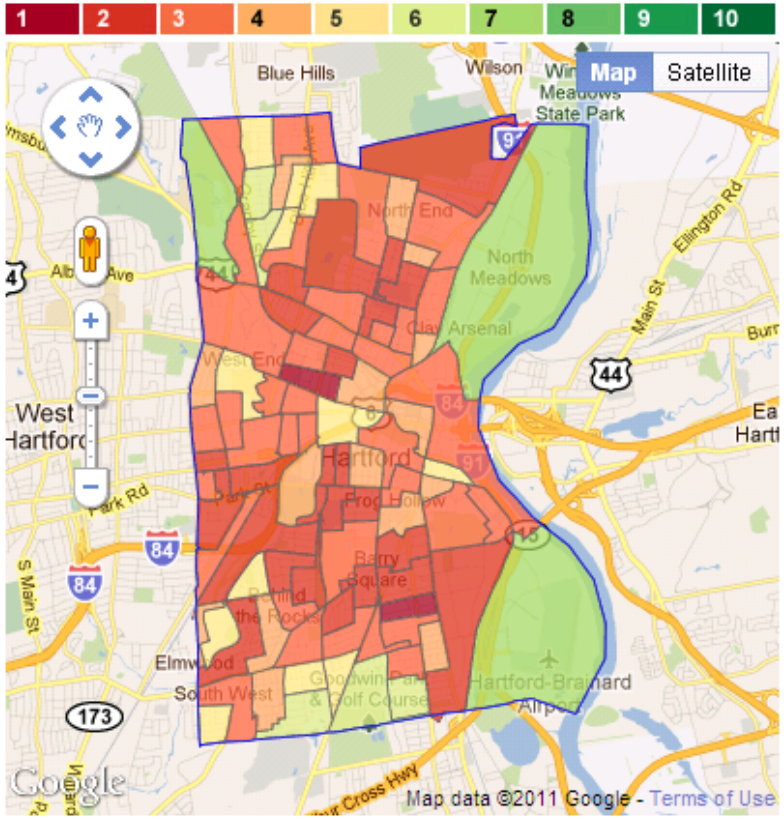
Health Outcome	Score
Infectious Disease	1
Childhood Illness	1
Accidents/Violence	2
Health Care Access	2
Mental Health	3
Perinatal Care	3
Life Expectancy	3
Cardiovascular	5
Cancer	6
Renal Disease	7
Liver Disease	7
Diabetes	8
Respiratory Illness	8

CORRELATIONS



GIS MAPPING

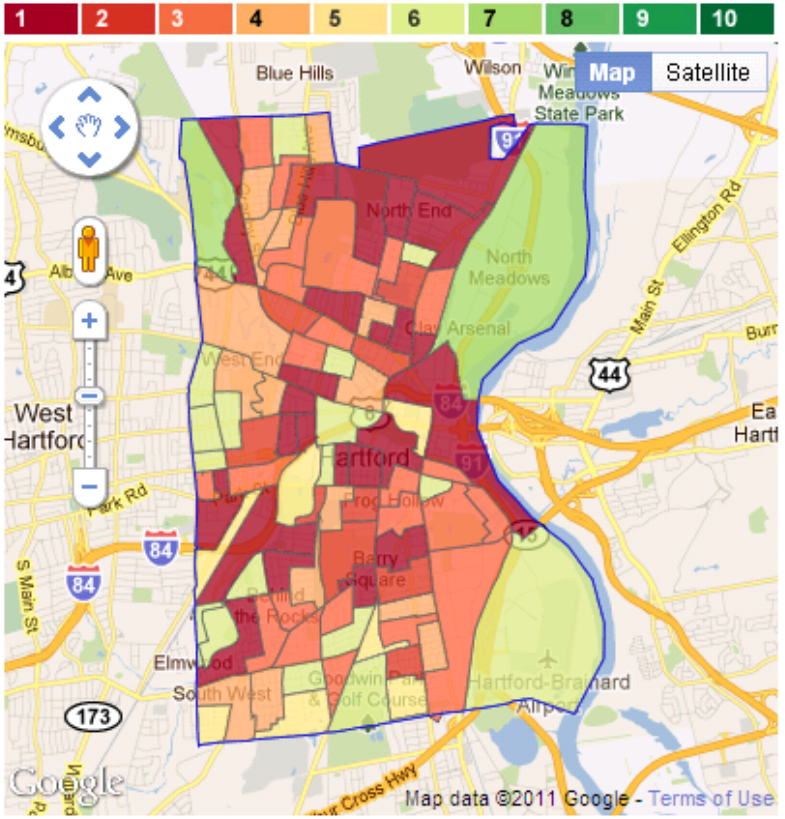
Hartford: Housing



Census Block Group Score

Open in New Window | Download Map (KML)

Hartford: Infectious Disease



Census Block Group Score

Open in New Window | Download Map (KML)

PILOTING THE INDEX

After pilot testing the Index with 10 LHDs, we found that some LHDs were more successful in integrating use of the Index into their plans, programs and operations.

- A number of sites used the Index regularly for more than a year for workforce development, grant writing and work in the community.
- A number of sites used the index for a short specific project.
- Others did not use the Index during the pilot study.

THE PROJECT AIMS

- The CT PBRN proposed a study to identify the characteristics most significantly associated with a local health department's use of the Index.
- We postulated that differences in demographics of a population served by a LHD would lead to differences in the way they view or deal with health disparities.
- We postulated that leadership by a health director was essential for successful Index use.

SECONDARY DATA COLLECTION

Annual report to CT DPH

- Full-time/Part-time
- Department/District
- Rural/Urban/Suburban
- Board of directors
- Funding sources

2010 Census/Index data

- Population size/density
- Geography
- Racial/Ethnic diversity
- Poverty
- Education

PRIMARY DATA COLLECTION

- A survey was developed after discussions with the Minnesota PBRN and California colleagues.
- An email was sent to LHD directors with an explanation of the project, stressing that access to the Index would be available to all participants.
- Periodic email reminders were sent out to LHD directors for the first three months of the project.
- Directors were also reminded to complete the survey in their quarterly membership newsletter.

SURVEY COMPLETION WAS REQUIRED FOR INDEX ACCESS

PRIMARY DATA COLLECTION

Pre- access Survey

- Years of service of health director
- Background and education of health director
- Communication style and frequency
- Belief in health equity and social justice as a role of a LHD
- Staff size, breadth, diversity, education
- Activities in the community
- Accreditation

PRIMARY DATA COLLECTION CONT.

- Each LHD was given a unique access key to be used to register
- Every user in a LHD was asked to register using the LHD key to set up their own account
- Each LHD was offered an on-site training session with CADH staff
- Google analytics used to track usage
  - # of logins
  - # of page views
  - # of users in a LHD
- Usage was tracked over a 7 month period

PRIMARY DATA COLLECTION CONT.

Post-access Survey

- How was the Index used?

  Grant writing, Strategic planning, Community needs assessment, Workforce training, Personal interest, or Did not use

- Who in LHD used the Index?

  Health Director, Epidemiologist, Health Educator, Nurse, Administrator, Consultant, Student, other

ANALYSIS

Wilcoxon-Whitney test was conducted to test the hypothesis of no difference between departments that did and did not complete the initial survey.

Proportional logistic regression modeling was used to determine which LHD characteristics could best predict the level of Index usage.

RESULTS

Characteristics of LHD and their correlation with participation in the study. (Mann-Whitney test)			
LHD Characteristic	Participant	Non-Participant	Significance Level
Full Time/Part Time	37 FT / 3 PT	13 FT / 21 PT	.001**
Department/District	22 dept. 18 district	31 dept. 3 district	.003**
Board of Directors	28 with / 12 w/o	7 with / 27 w/o	.000**
Urban/Rural	36 Urban 4 Rural	25 Urban 9 Rural	0.350
Geographic Size	41 mi^2	28 mi^2	.027*
Population Density	1185/mi^2	575/mi^2	.010**
% Population Non-Caucasian	7.8%	5.8%	.001**
% Population Hispanic	3.2%	2.1%	.006**
% Families Living in Poverty	5.2%	3.0%	.001**
Education Level of Population (Overall HEI Score)	5	7	.002**

*p < 0.05, **p < 0.01

RESULTS

- Only 40/74 (54%) of health directors completed the survey
- From usage data, LHDs were divided into 4 categories:
  - Non-users – those who had registered but never logged in to the Index.
  - Light users – LHDs in which one or more users had logged in for the first week after receiving access but had not done so again.
  - Moderate users – LHDs in which one or more users had logged in the to the Index periodically throughout the project.
  - Heavy users - LHDs in which one or more users logged into the Index consistently throughout the project, looking at numerous page views when logged in.

RESULTS

- Models were fit using proportional logistic regression.
- Best fitting model contained ‘Years DOH’ (p=0.02) and ‘MPH staff’ (p=.04) variables.
- No other variables contributed to the model predicting index use.

Confidence intervals			
	OR	2.5 %	97.5 %
Years DOH	1.962764	1.110664	3.660730
MPH staff	2.068840	1.037687	4.382605

POST USAGE SURVEY

Heavy Index users

- Most often used the index for community needs assessments, strategic planning and grant writing
- Most often had multiple staff members using the Index

Moderate Index users

- Were more likely to have used the index solely for conversations with municipal leaders

Light Index users

- Were most likely to have used the index for personal interest
- Most often only the health director had used the Index

IMPLICATIONS 1

- Full-time health directors were likely to offer more than environmental health services to their communities and were therefore more likely to be interested in using a health equity tool.
- Health departments in economically challenged and racially or ethnically diverse areas were likely to have programs dealing with health disparities and were therefore more likely to use the Index.
- The presence of a board of directors may bring a broader vision to the role of local public health, and thus lead to higher participation rates in a variety of public health related projects.

IMPLICATIONS 2

- Health directors who have been in their position for a longer time may have a broader view of their responsibilities as local health leaders.
- The presence of more MPH on staff may lead to a greater capacity for understanding community data.

LIMITATIONS

- The sample size was small and participation rate low, with a total of only 74 health directors in the state, 40 of whom took the survey.
- Directors of health were the sole contact for the survey, but in some LHDs, other staff may be more instrumental in program participation and index usage.
- Utilization of the Index may be influenced by factors which we were not able to examine in this study.

INDEX IMPROVEMENTS UNDER THE PBRN PROJECT

- Redesigned based on 2 rounds of formal usability reviews with LHD staff
- Stratified by race & ethnicity
- Temporal stratification
- Municipal reference group modeling

DATA AT THE TOWN & NEIGHBORHOOD LEVELS

View Data | Town | Indicator | Stratification | State | Similar Towns | Jump to City or Zip Code

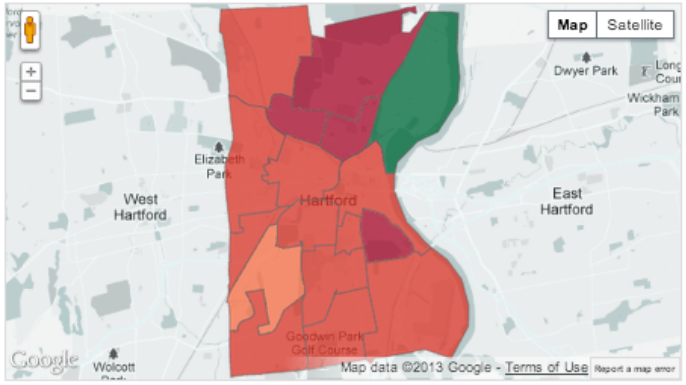
Hartford

Births Not Receiving Prental Care in the First Trimester: **20.44%**

2008-2010

2 Low score

1 = LOW 46.15% | 10 = HIGH 0.00%



Births Not Receiving Prental Care in the First Trimester for neighborhoods in Hartford (2008-2010)

KML

Neighborhood Scores | About Indicator | About Town

Neighborhood scores in Hartford

Births Not Receiving Prental Care in the First Trimester (access08)

Neighborhoods	access08	Population
Asylum Hill	2	11,095
Barry Square	2	16,292
Behind-the-Rocks	3	8,408
Blue Hills	2	9,893
Clay Arsenal	1	6,429
Downtown	2	949
Frog Hollow	2	9,091
North Meadows	10	923
Northeast	1	10,156

Correlations | Time-series | Race/Ethnicity | Other Towns

Correlations within Connecticut

Births Not Receiving Prental Care in the First Trimester

Correlated Measure	Correlation
Racial and Ethnic Diversity Index	High
Race: White	High
Percentage of Births to Mothers Under 20	High
Household Income	High
Owner Occupied Housing as a Percentage of Total Housing Units	High
Percentage of Populaton Living in Poverty	High
Race: Black or African American	High
Population Density	High
Percent of Adults With at Least a Bachelor's Degree	High
Percentage of Households With Income Below the Poverty Line	High
Ethnicity: Hispanic or Latino	High
Race: Other	High
Percentage of Children Age 18 and Under Living in Poverty	High
Owner Occupied Property Value	Medium
Percent of Adults With Less Than a 9th Grade Education	Medium

Show More...

STRATIFICATION BY MUNICIPAL REFERENCE GROUPS

View Data | Town | Indicator | Stratification | State | Similar Towns | Jump to City or Zip Code

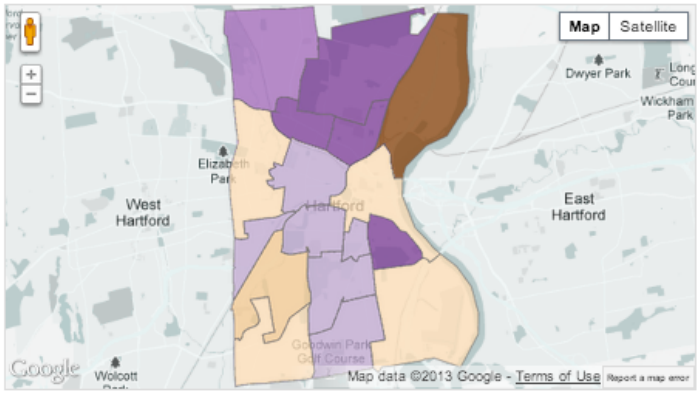
Hartford

Births Not Receiving Prental Care in the First Trimester: **20.44%**

2008-2010

4 Avg. score

1 = LOW 46.15% | 10 = HIGH 5.71%



Births Not Receiving Prental Care in the First Trimester for neighborhoods in Hartford (2008-2010)

KML

Neighborhood Scores | About Indicator | About Town

Neighborhood scores in Hartford

Births Not Receiving Prental Care in the First Trimester (access08)

Neighborhoods	access08	Population
Asylum Hill	4	11,095
Barry Square	4	16,292
Behind-the-Rocks	6	8,408
Blue Hills	3	9,893
Clay Arsenal	2	6,429
Downtown	5	949
Frog Hollow	4	9,091
North Meadows	10	923
Northeast	2	10,156

Correlations | Time-series | Race/Ethnicity | Other Towns

Towns with similar demographics to Hartford

Births Not Receiving Prental Care in the First Trimester (access08)

Town	access08	Population
Bridgeport	6	138,668
New Britain	3	71,203
New Haven	4	125,318
New London	8	25,782
Waterbury	8	107,847
Windham	7	23,920

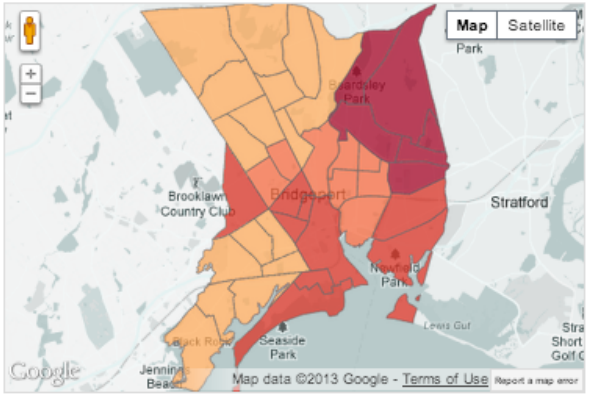
HEALTH OUTCOMES CORRELATED WITH SOCIAL INDICATORS

Bridgeport Ambulatory Care Sensitive Hospitalizations compared to Federal Toxic Release Inventory (Tri): Number of Facilities Reporting

Ambulatory Care Sensitive Hospitalizations: **17,087 per 100,000**
2005-2010

3 Low score

1 = LOW	10 = HIGH
21,507/100K	11,589/100K

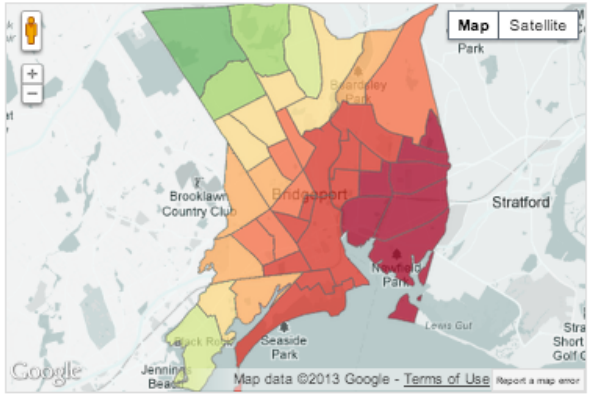


Ambulatory Care Sensitive Hospitalizations for census tracts in Bridgeport (2005-2010) KML

Federal Toxic Release Inventory (Tri): Number of Facilities Reporting:
3.92184
2008

3 Low score

1 = LOW	10 = HIGH
13.3205	0.0530062



Federal Toxic Release Inventory (Tri): Number of Facilities Reporting for census tracts in Bridgeport (2008) KML

Correlation & Scores | Time | Race/Ethnicity | About Ambulatory C... | About Federal Toxi... | About Bridgeport

High Positive Correlation

Spearman's rank correlation coefficient (R_s) of **0.56**

The correlation implies that higher values of **Ambulatory Care Sensitive Hospitalizations** are strongly correlated to higher values of **Federal Toxic Release Inventory (Tri): Number of Facilities Reporting**

How is this calculated?
This correlation is performed at the zip code level, which is the highest common resolution between the data sets of these two measures.

Census tract scores in Bridgeport

Ambulatory Care Sensitive Hospitalizations (access05) *and*
Federal Toxic Release Inventory (Tri): Number of Facilities Reporting (evq04)

Census Tracts	access05 scores	evq04 scores	Population
072900	4	5	4,583
072700	4	7	3,798
072100	2	4	5,989
071100	4	3	4,971
070600	2	2	2,188
072000	3	4	3,350
071700	3	2	840
070400	2	2	1,423
071200	4	3	5,020
071400	2	3	3,956

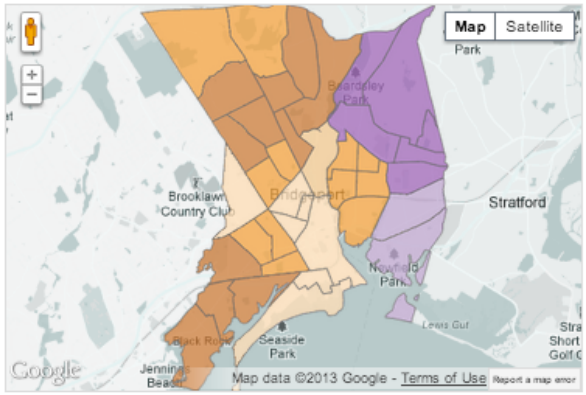
SCORES AND CORRELATIONS RE-RUN USING THE MRG MODEL

Bridgeport Ambulatory Care Sensitive Hospitalizations compared to Federal Toxic Release Inventory (Tri): Number of Facilities Reporting

Ambulatory Care Sensitive Hospitalizations: **17,087 per 100,000**
2005-2010

6 Avg. score

1 = LOW 21,507/100K | 10 = HIGH 15,058/100K

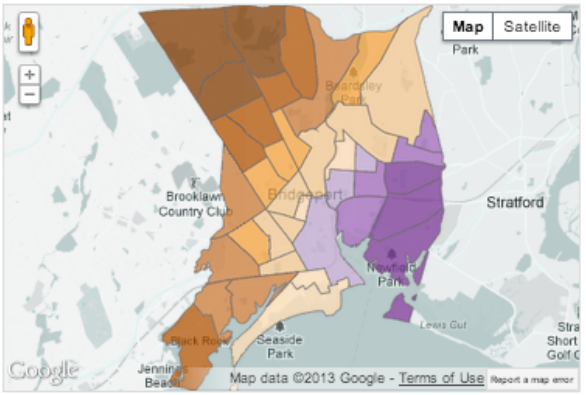


Ambulatory Care Sensitive Hospitalizations for census tracts in Bridgeport (2005-2010) KML

Federal Toxic Release Inventory (Tri): Number of Facilities Reporting:
3.92184
2008

6 Avg. score

1 = LOW 13.3205 | 10 = HIGH 1.35532



Federal Toxic Release Inventory (Tri): Number of Facilities Reporting for census tracts in Bridgeport (2008) KML

Correlation & Scores | Time | Race/Ethnicity | About Ambulatory C... | About Federal Toxi... | About Bridgeport

No Significant Correlation

Spearman's rank correlation coefficient (R_s) of **0.00**

How is this calculated?
This correlation is performed at the zip code level, which is the highest common resolution between the data sets of these two measures.

Census tract scores in Bridgeport

Ambulatory Care Sensitive Hospitalizations (access05) *and*
Federal Toxic Release Inventory (Tri): Number of Facilities Reporting (evq04)

Census Tracts	access05 scores	evq04 scores	Population
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070600	5	4	2,188
072000	7	7	3,350
071700	6	6	840
070400	5	5	1,423
071200	7	6	5,020
071400	5	6	3,956

TEMPORTAL STRATIFICATION

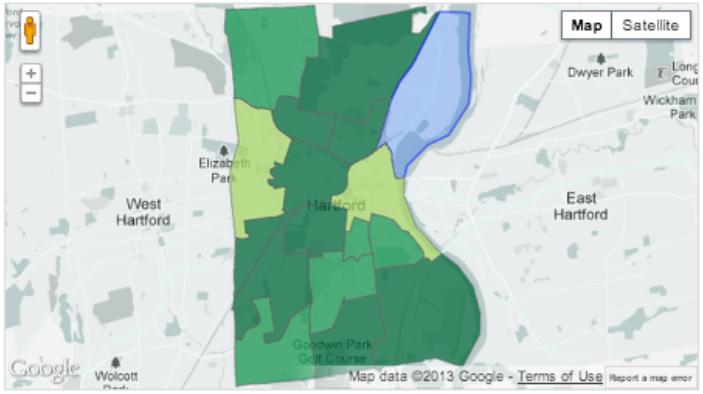
Hartford

Skin Cancer Incidence Rate: **9 per 100,000**

2006-2010

9 **High score**

1 = LOW 270/100K | 10 = HIGH 8/100K



Skin Cancer Incidence Rate for neighborhoods in Hartford (2006-2010) KML

Neighborhood Scores | About Indicator | About Town

Neighborhood scores in Hartford

Skin Cancer Incidence Rate (diseas18)

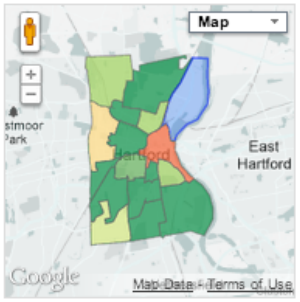
Neighborhoods	diseas18	Population
Asylum Hill	10	11,095
Barry Square	9	16,292
Behind-the-Rocks	10	8,408
Blue Hills	9	9,893
Clay Arsenal	10	6,429
Downtown	7	949
Frog Hollow	10	9,091
North Meadows	N/A	923
Northeast	10	10,156
Parkville	10	5,237

Correlations | Time-series | Race/Ethnicity | Other Towns

Time-series

There are 5 time-series for Skin Cancer Incidence Rate: 2006-2007, 2007-2008, 2008-2009, 2009-2010, and 2010-2011

2006-2007 8 10 per 100,000



Skin Cancer Incidence Rate for neighborhoods in Hartford KML

Scores over time in Hartford

Skin Cancer Incidence Rate (diseas18)

Neighborhood	2006-2007	2007-2008	2008-2009	2009-2010	2010-2011	Pop 2007
Asylum Hill	9	9	9	8	8	11,095
Barry Square	9	5	9	9	8	16,292
Behind-the-Rocks	9	8	9	8	8	8,408
Blue Hills	7	8	7	8	8	9,893
Clay Arsenal	7	9	9	9	9	6,429
Downtown	3	9	9	9	3	949
Frog Hollow	8	9	9	9	9	9,091
North Meadows	N/A	N/A	N/A	N/A	N/A	923
Northeast	9	9	9	9	9	10,156
Parkville	9	9	6	9	9	5,237
Sheldon-						3,192

RACIAL STRATIFICATION

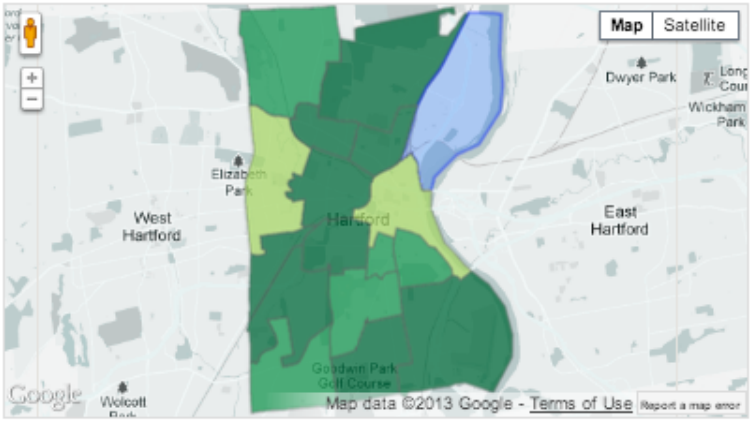
Hartford

Skin Cancer Incidence Rate: **9 per 100,000**

2006-2010

9 High score

1 = LOW 270/100K — 10 = HIGH 8/100K



Skin Cancer Incidence Rate for neighborhoods in Hartford (2006-2010) KML

Neighborhood Scores | About Indicator | About Town

Neighborhood scores in Hartford

Skin Cancer Incidence Rate (diseas18)

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Blue Hills	9	9,893
Clay Arsenal	10	6,429
Downtown	7	949

Correlations | Time-series | **Race/Ethnicity** | Other Towns

Scores by racial/ethnic group in Hartford

for Skin Cancer Incidence Rate

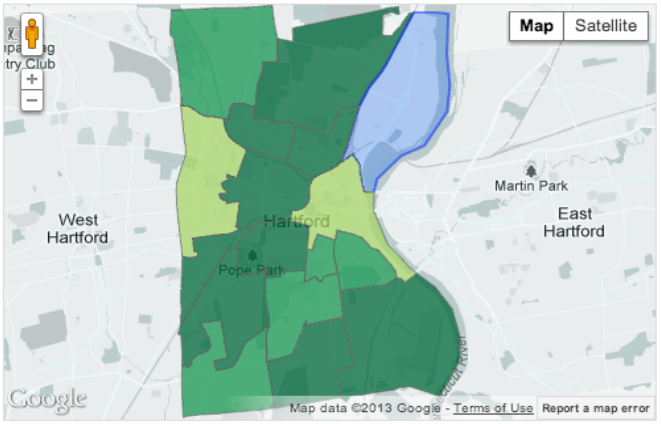
Neighborhood	Black or African American	Hispanic or Latino	White
Asylum Hill	6	6	10
Barry Square	6	2	9
Behind-the-Rocks	6	2	9
Blue Hills	2	6	10
Clay Arsenal	6	2	9
Downtown	N/A	N/A	9
Frog Hollow	6	2	10
North Meadows	N/A	N/A	N/A
Northeast	6	6	10
Parkville	6	6	9
Sheldon-Charter Oak	6	6	5
South End	2	6	9
South Green	6	6	7
South Meadows	N/A	6	10
Southwest	6	6	8
Upper Albany	6	6	10
West End	6	2	4
Hartford total	2	2	9

Hartford Skin Cancer Incidence Rate compared to Household Income

Skin Cancer Incidence Rate: **9 per 100,000**
2006-2010

9 High score

1 = LOW 270/100K | 10 = HIGH 8/100K

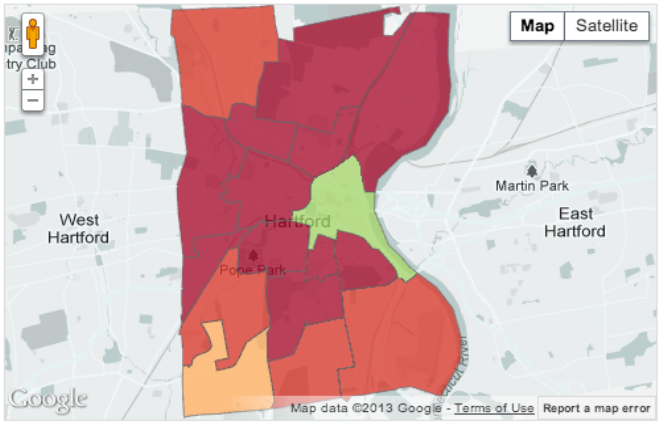


Skin Cancer Incidence Rate for neighborhoods in Hartford (2006-2010) KML

Household Income: **$30,730**
2006-2010

1 Low score

1 = LOW $0 | 10 = HIGH $120,179



Household Income for neighborhoods in Hartford (2006-2010) KML

Correlation & Scores | Time | **Race/Ethnicity** | About Skin Cancer ... | About Household In... | About Hartford

Correlations by Race/Ethnicity

between **Skin Cancer Incidence Rate** *and* **Household Income**

State-wide correlation by race/ethnicity

Race/ethnicity	Correlation	R_s
Black or African American	None	-0.02
Hispanic or Latino	Low	0.15
White	High	0.54

Interpreting the correlation

Where sufficient population numbers permit, and if determinants contain racial and ethnic information, neighborhood scoring and correlations are stratified by race and ethnicity.

If one observes scores and correlations hold constant across race/ethnicity groupings, this suggests race and ethnicity is not a confounder or effect modifier.

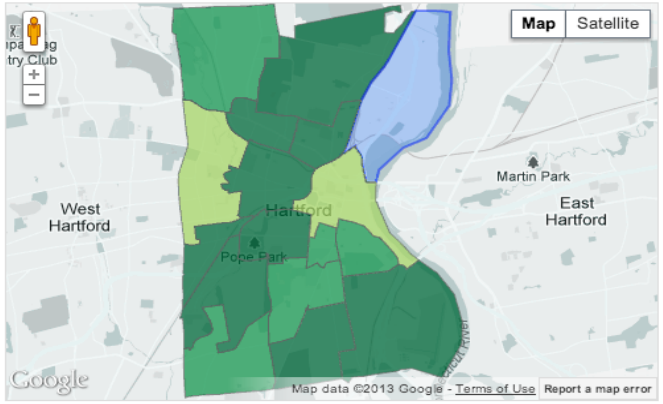
Inconsistent correlations or scores may indicate that race/ethnicity is important in interpreting the observed patterns.

⚠ Only **Skin Cancer Incidence Rate (diseas18)** is stratified over Race/Ethnicity.

Hartford Skin Cancer Incidence Rate compared to Household Income

Skin Cancer Incidence Rate: **9 per 100,000**
2006-2010

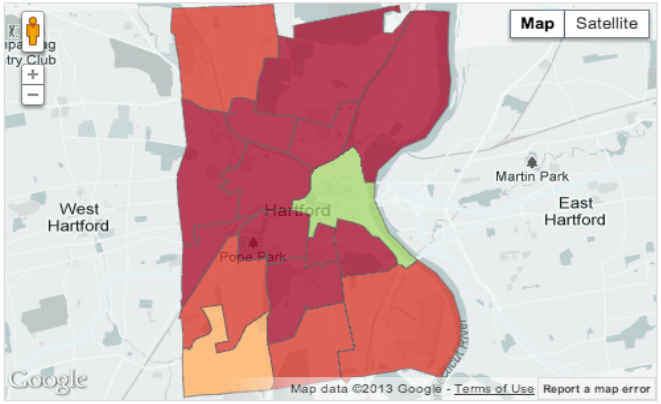
9 High score
1 = LOW 270/100K | 10 = HIGH 8/100K



Skin Cancer Incidence Rate for neighborhoods in Hartford (2006-2010) KML

Household Income: **$30,730**
2006-2010

1 Low score
1 = LOW $0 | 10 = HIGH $120,179



Household Income for neighborhoods in Hartford (2006-2010) KML

Correlation & Scores | **Time** | Race/Ethnicity | About Skin Cancer ... | About Household In... | About Hartford

Correlations over time

between **Skin Cancer Incidence Rate** *and* **Household Income**

State-wide correlation by time

Time	Correlation	R_s
2010-2011	High	0.57
2009-2010	High	0.53
2008-2009	High	0.54
2007-2008	Medium	0.49
2006-2007	Medium	0.47

Interpreting the correlation

While not a significance test per se, if you observe that correlations stay constant over time, this offers more confidence that the finding are not an anomaly that existed at only one period in time. A consistent increase or decrease over time in the magnitude of the correlations also provides some measure of certainty in the observations. These are findings worth investigating further.

On the other hand, inconsistent correlations over time suggest the findings could be due to random variation in small samples. This diminishes the certainty of the measured correlation at any particular moment in time.

⚠ Only **Skin Cancer Incidence Rate (diseas18)** is stratified over Time.

UPCOMING PLANS

We will present this work to CT local health directors at a membership meeting in June.

At that time we will discuss the results with members to gain more insight into the implications of the findings.

Epidemiologists from around the state are currently evaluating the new Index interface containing the new stratifications.

We are planning a full roll-out of the new Index interface in the near future.

THANKS TO:

CADH

- Sharon Mierzwa, MPH
- Charles Brown, MPH

Farmington Valley Health District

- Jennifer Kertanis, MPH

And to the Robert Wood Johnson Foundation and the National PBRN Coordinating Center for their funding and assistance.

PUBLIC HEALTH Practice-Based Research Networks
National Coordinating Center

The Public Health Quality Improvement Exchange (PHQIX)

Jamie Pina, PhD, MSPH
Research Scientist, Center for Advancement of Health IT
RTI International

Public Health Quality Improvement Exchange

Welcome to www.phqix.org

Jamie Pina, PhD, MSPH

PBRN Webinar

Thursday, May 16, 2013

RTI International is a trade name of Research Triangle Institute.

Public Health – Quality Improvement

"Quality Improvement in Public Health is a continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes and other indicators of quality of services or processes that achieve equity and improve the health of the community." –Riley, 2010

- Executed by PH professionals
- No clear way to share what is learned across agencies
- Various funding sources

Documenting QI in Public Health

- Narratives
- "Storyboards"
- Reports
- Stand-alone documents
- Posted on the web, at sites sponsored by funding agency

Multi-State Learning Collaborative:
Lead States in Public Health Quality Improvement

The **Multi-State Learning Collaborative: Lead States in Public Health Quality Improvement (MLC)** brought state and local health departments together with other stakeholders—including public health institutes, health care providers, and universities—to improve public health services by implementing quality improvement (QI) practices. The MLC was managed by NNPHI and supported by the Robert Wood Johnson Foundation (RWJF). During the MLC's six years, QI teams in each of the 16 participant states prepared for public health accreditation and applied QI practices to achieve specific and measurable goals, such as increasing immunization rates or increasing the number of adults exercising in a community.

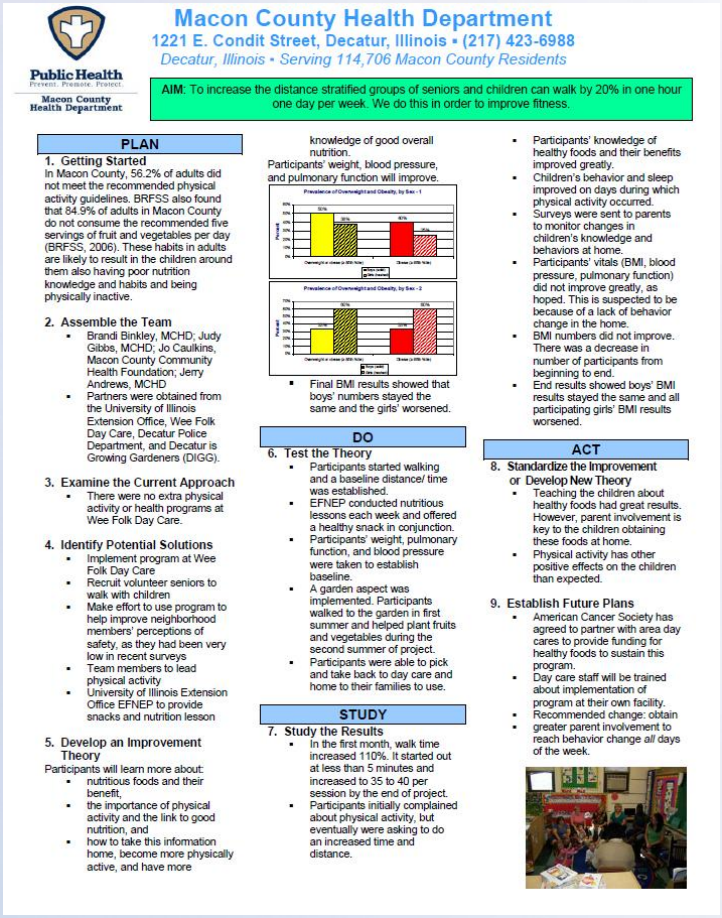
The MLC helped foster learning, comradeship, and momentum for accreditation; promote a new focus on infrastructure in public health departments; and grow the movement toward a culture of QI. When the MLC came to a close in April 2011, there were countless legacies, including the galvanization and preparation of health departments across the country for national accreditation.

NNPHI, the MLC participants, and the field of public health practitioners will continue to build upon the improved knowledge, practice, partnerships, and policy that resulted from the MLC.

Documenting QI in Public Health - Example

- Typical Storyboard for QI
- Useful if you read the entire entry
- Reports findings

- HOWEVER: Alone, this reporting strategy is not providing optimal value to the PH community



Public Health
Prevent. Promote. Protect.
Macon County Health Department

Macon County Health Department

1221 E. Condit Street, Decatur, Illinois • (217) 423-6988

Decatur, Illinois • Serving 114,706 Macon County Residents

AIM: To increase the distance stratified groups of seniors and children can walk by 20% in one hour one day per week. We do this in order to improve fitness.

PLAN

1. Getting Started

In Macon County, 56.2% of adults did not meet the recommended physical activity guidelines. BRFSS also found that 84.9% of adults in Macon County do not consume the recommended five servings of fruit and vegetables per day (BRFSS, 2006). These habits in adults are likely to result in the children around them also having poor nutrition knowledge and habits and being physically inactive.

2. Assemble the Team

- Brandi Binkley, MCHD; Judy Gibbs, MCHD; Jo Caulkins, Macon County Community Health Foundation; Jerry Andrews, MCHD
- Partners were obtained from the University of Illinois Extension Office, Wee Folk Day Care, Decatur Police Department, and Decatur is Growing Gardeners (DIGG).

3. Examine the Current Approach

- There were no extra physical activity or health programs at Wee Folk Day Care.

4. Identify Potential Solutions

- Implement program at Wee Folk Day Care
- Recruit volunteer seniors to walk with children
- Make effort to use program to help improve neighborhood members' perceptions of safety, as they had been very low in recent surveys
- Team members to lead physical activity
- University of Illinois Extension Office EFNEP to provide snacks and nutrition lesson

5. Develop an Improvement Theory

Participants will learn more about:

- nutritious foods and their benefit,
- the importance of physical activity and the link to good nutrition, and
- how to take this information home, become more physically active, and have more knowledge of good overall nutrition.

Participants' weight, blood pressure, and pulmonary function will improve.

- Final BMI results showed that boys' numbers stayed the same and the girls' worsened.

DO

6. Test the Theory

- Participants started walking and a baseline distance/ time was established.
- EFNEP conducted nutritious lessons each week and offered a healthy snack in conjunction.
- Participants' weight, pulmonary function, and blood pressure were taken to establish baseline.
- A garden aspect was implemented. Participants walked to the garden in first summer and helped plant fruits and vegetables during the second summer of project.
- Participants were able to pick and take back to day care and home to their families to use.

STUDY

7. Study the Results

- In the first month, walk time increased 110%. It started out at less than 5 minutes and increased to 35 to 40 per session by the end of project.
- Participants initially complained about physical activity, but eventually were asking to do an increased time and distance.
- Participants' knowledge of healthy foods and their benefits improved greatly.
- Children's behavior and sleep improved on days during which physical activity occurred.
- Surveys were sent to parents to monitor changes in children's knowledge and behaviors at home.
- Participants' vitals (BMI, blood pressure, pulmonary function) did not improve greatly, as hoped. This is suspected to be because of a lack of behavior change in the home.
- BMI numbers did not improve. There was a decrease in number of participants from beginning to end.
- End results showed boys' BMI results stayed the same and all participating girls' BMI results worsened.

ACT

8. Standardize the Improvement or Develop New Theory

- Teaching the children about healthy foods had great results. However, parent involvement is key to the children obtaining these foods at home.
- Physical activity has other positive effects on the children than expected.

9. Establish Future Plans

- American Cancer Society has agreed to partner with area day cares to provide funding for healthy foods to sustain this program.
- Day care staff will be trained about implementation of program at their own facility.
- Recommended change: obtain
- greater parent involvement to reach behavior change *all* days of the week.

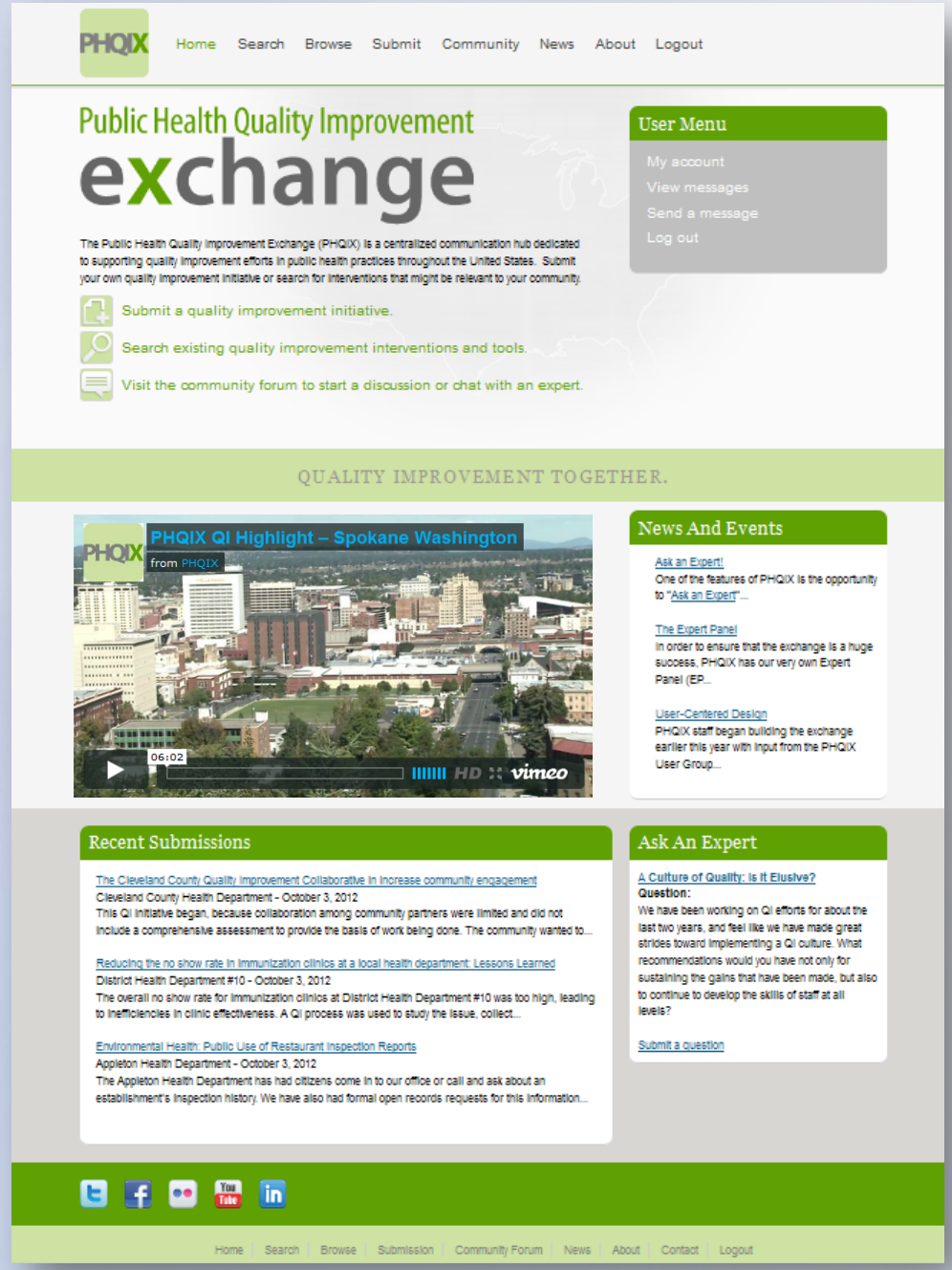
RTI INTERNATIONAL

RWJF and PH Quality Improvement

- RWJF supports QI efforts in PH
- Identified the problem of information “slippage”
- Developed a prototype information exchange

Project Vision

- Share QI knowledge
- Provide Access to QI experts
- Create an online community dedicated to QI
- Guidance in developing QI strategy
- Support for accreditation


PHQIX
Home Search Browse Submit Community News About Logout
Public Health Quality Improvement
exchange
The Public Health Quality Improvement Exchange (PHQIX) is a centralized communication hub dedicated to supporting quality improvement efforts in public health practices throughout the United States. Submit your own quality improvement initiative or search for interventions that might be relevant to your community.
Submit a quality improvement initiative.
Search existing quality improvement interventions and tools.
Visit the community forum to start a discussion or chat with an expert.
User Menu
My account
View messages
Send a message
Log out
QUALITY IMPROVEMENT TOGETHER.
PHQIX QI Highlight – Spokane Washington
from PHQIX
06:02
HD vimeo
News And Events
Ask an Expert!
One of the features of PHQIX is the opportunity to "Ask an Expert"...
The Expert Panel
In order to ensure that the exchange is a huge success, PHQIX has our very own Expert Panel (EP...
User-Centered Design
PHQIX staff began building the exchange earlier this year with input from the PHQIX User Group...
Recent Submissions
The Cleveland County Quality Improvement Collaborative in increase community engagement
Cleveland County Health Department - October 3, 2012
This QI initiative began, because collaboration among community partners were limited and did not include a comprehensive assessment to provide the basis of work being done. The community wanted to...
Reducing the no show rate in immunization clinics at a local health department: Lessons Learned
District Health Department #10 - October 3, 2012
The overall no show rate for immunization clinics at District Health Department #10 was too high, leading to inefficiencies in clinic effectiveness. A QI process was used to study the issue, collect...
Environmental Health: Public Use of Restaurant Inspection Reports
Appleton Health Department - October 3, 2012
The Appleton Health Department has had citizens come in to our office or call and ask about an establishment's inspection history. We have also had formal open records requests for this information...
Ask An Expert
A Culture of Quality: Is it Elusive?
Question:
We have been working on QI efforts for about the last two years, and feel like we have made great strides toward implementing a QI culture. What recommendations would you have not only for sustaining the gains that have been made, but also to continue to develop the skills of staff at all levels?
Submit a question
Home | Search | Browse | Submission | Community Forum | News | About | Contact | Logout

Site Statistics – Since December

8,750 *visits*

4,825 *unique visitors*

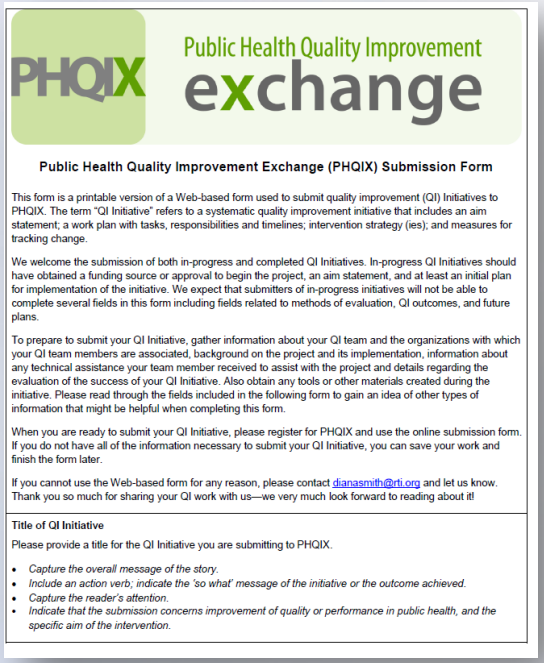
6.5 *minutes average time on site*

49,500 *pageviews*

740 *registered users*

57 *published QI initiatives*

22 *ready to be published*



PHQIX Public Health Quality Improvement exchange

Public Health Quality Improvement Exchange (PHQIX) Submission Form

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To prepare to submit your QI Initiative, gather information about your QI team and the organizations with which your QI team members are associated, background on the project and its implementation, information about any technical assistance your team member received to assist with the project and details regarding the evaluation of the success of your QI Initiative. Also obtain any tools or other materials created during the initiative. Please read through the fields included in the following form to gain an idea of other types of information that might be helpful when completing this form.

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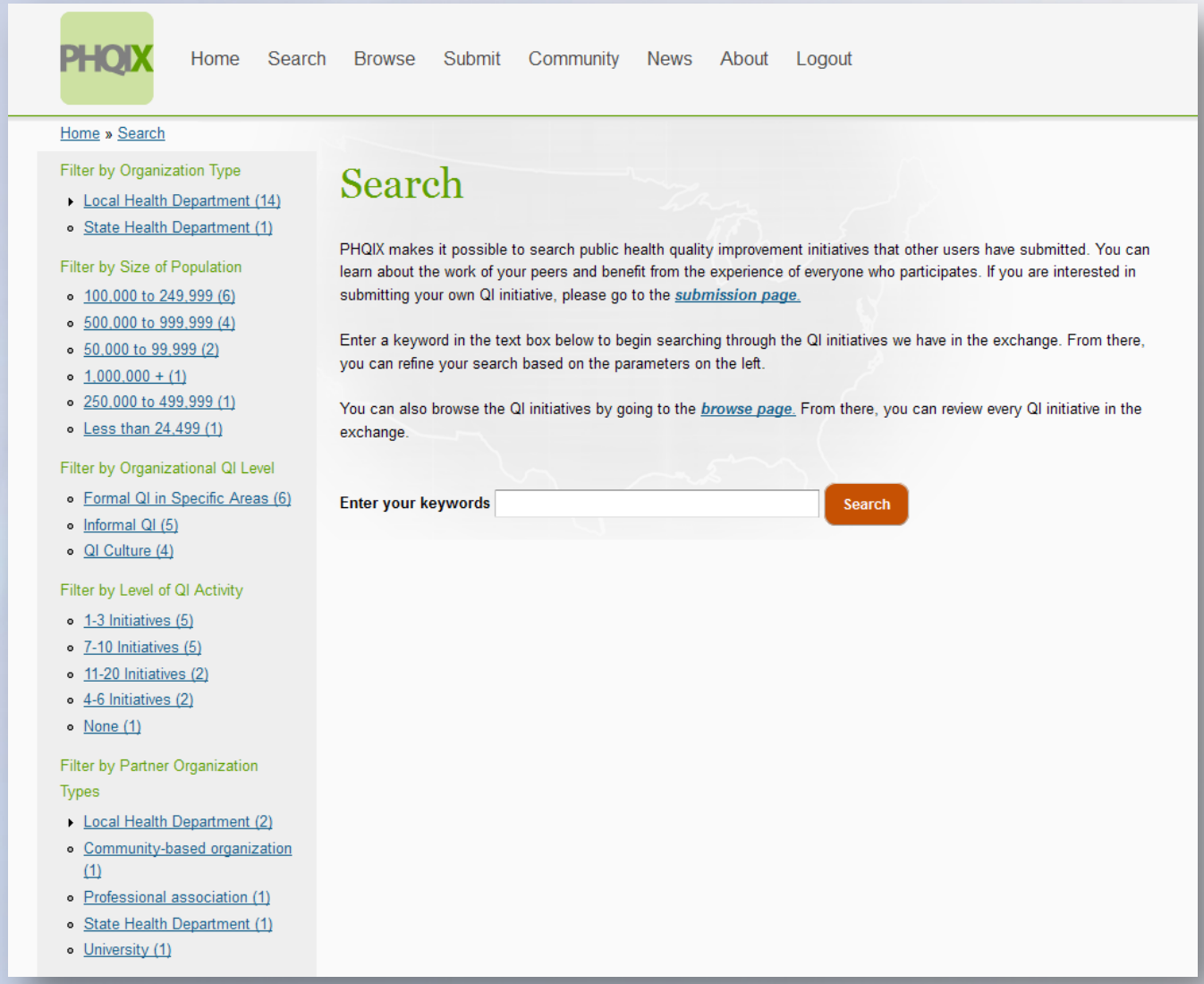
If you cannot use the Web-based form for any reason, please contact dianasmith@rti.org and let us know. Thank you so much for sharing your QI work with us—we very much look forward to reading about it!

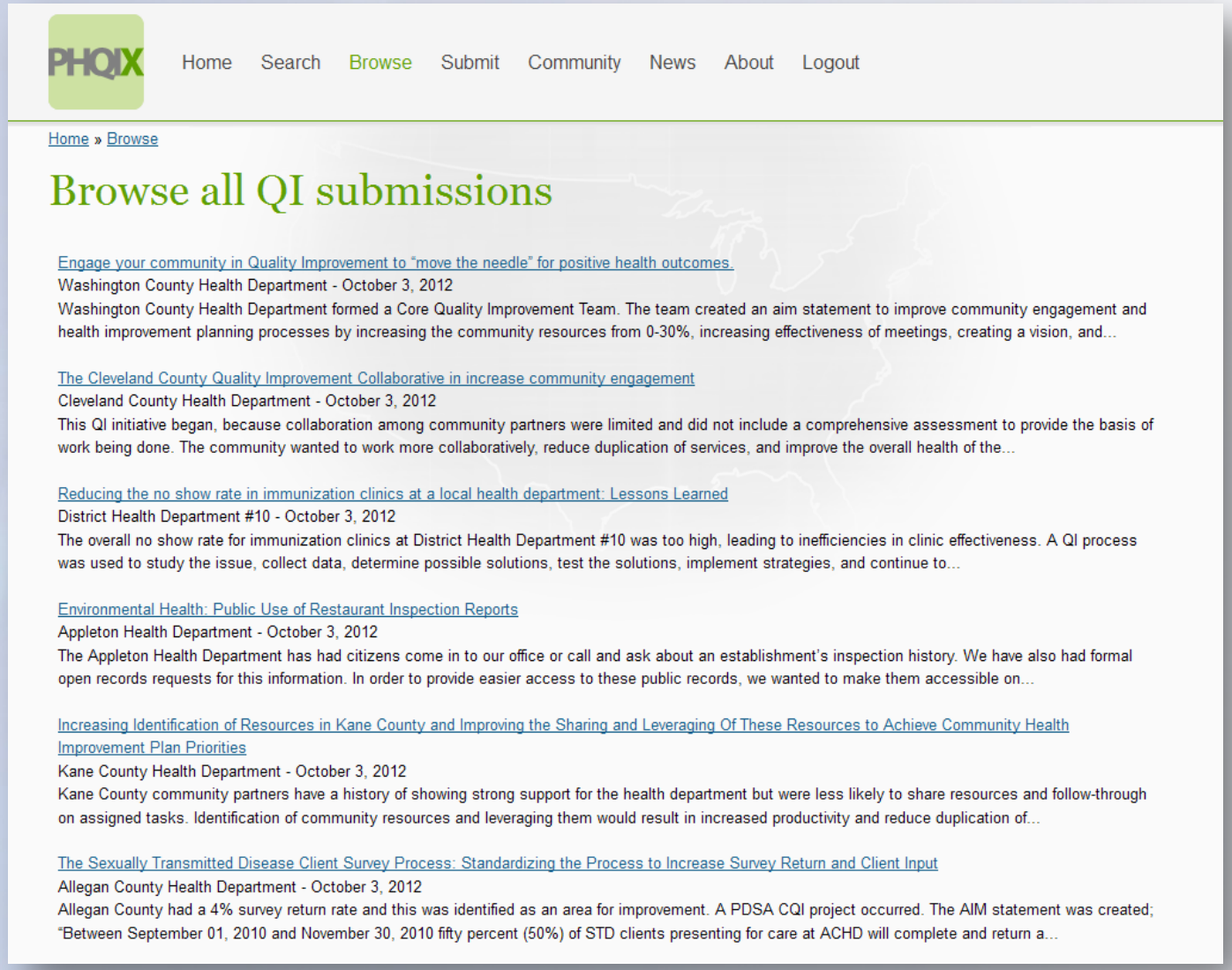
Title of QI Initiative

Please provide a title for the QI Initiative you are submitting to PHQIX.

- *Capture the overall message of the story.*
- *Include an action verb; indicate the 'so what' message of the initiative or the outcome achieved.*
- *Capture the reader's attention.*
- *Indicate that the submission concerns improvement of quality or performance in public health, and the specific aim of the intervention.*

RTI INTERNATIONAL


PHQIX
Home
Search
Browse
Submit
Community
News
About
Logout
Home » Search
Filter by Organization Type
Local Health Department (14)
State Health Department (1)
Filter by Size of Population
100,000 to 249,999 (6)
500,000 to 999,999 (4)
50,000 to 99,999 (2)
1,000,000 + (1)
250,000 to 499,999 (1)
Less than 24,499 (1)
Filter by Organizational QI Level
Formal QI in Specific Areas (6)
Informal QI (5)
QI Culture (4)
Filter by Level of QI Activity
1-3 Initiatives (5)
7-10 Initiatives (5)
11-20 Initiatives (2)
4-6 Initiatives (2)
None (1)
Filter by Partner Organization Types
Local Health Department (2)
Community-based organization (1)
Professional association (1)
State Health Department (1)
University (1)
Search
PHQIX makes it possible to search public health quality improvement initiatives that other users have submitted. You can learn about the work of your peers and benefit from the experience of everyone who participates. If you are interested in submitting your own QI initiative, please go to the submission page.
Enter a keyword in the text box below to begin searching through the QI initiatives we have in the exchange. From there, you can refine your search based on the parameters on the left.
You can also browse the QI initiatives by going to the browse page. From there, you can review every QI initiative in the exchange.
Enter your keywords
Search


PHQIX
Home
Search
Browse
Submit
Community
News
About
Logout
Home » Browse
Browse all QI submissions
Engage your community in Quality Improvement to "move the needle" for positive health outcomes.
Washington County Health Department - October 3, 2012
Washington County Health Department formed a Core Quality Improvement Team. The team created an aim statement to improve community engagement and health improvement planning processes by increasing the community resources from 0-30%, increasing effectiveness of meetings, creating a vision, and...
The Cleveland County Quality Improvement Collaborative in increase community engagement
Cleveland County Health Department - October 3, 2012
This QI initiative began, because collaboration among community partners were limited and did not include a comprehensive assessment to provide the basis of work being done. The community wanted to work more collaboratively, reduce duplication of services, and improve the overall health of the...
Reducing the no show rate in immunization clinics at a local health department: Lessons Learned
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The Appleton Health Department has had citizens come in to our office or call and ask about an establishment's inspection history. We have also had formal open records requests for this information. In order to provide easier access to these public records, we wanted to make them accessible on...
Increasing Identification of Resources in Kane County and Improving the Sharing and Leveraging Of These Resources to Achieve Community Health Improvement Plan Priorities
Kane County Health Department - October 3, 2012
Kane County community partners have a history of showing strong support for the health department but were less likely to share resources and follow-through on assigned tasks. Identification of community resources and leveraging them would result in increased productivity and reduce duplication of...
The Sexually Transmitted Disease Client Survey Process: Standardizing the Process to Increase Survey Return and Client Input
Allegan County Health Department - October 3, 2012
Allegan County had a 4% survey return rate and this was identified as an area for improvement. A PDSA CQI project occurred. The AIM statement was created; "Between September 01, 2010 and November 30, 2010 fifty percent (50%) of STD clients presenting for care at ACHD will complete and return a...

Site Statistics – Search Terms

Top search terms:

immunizations

lean

department of health

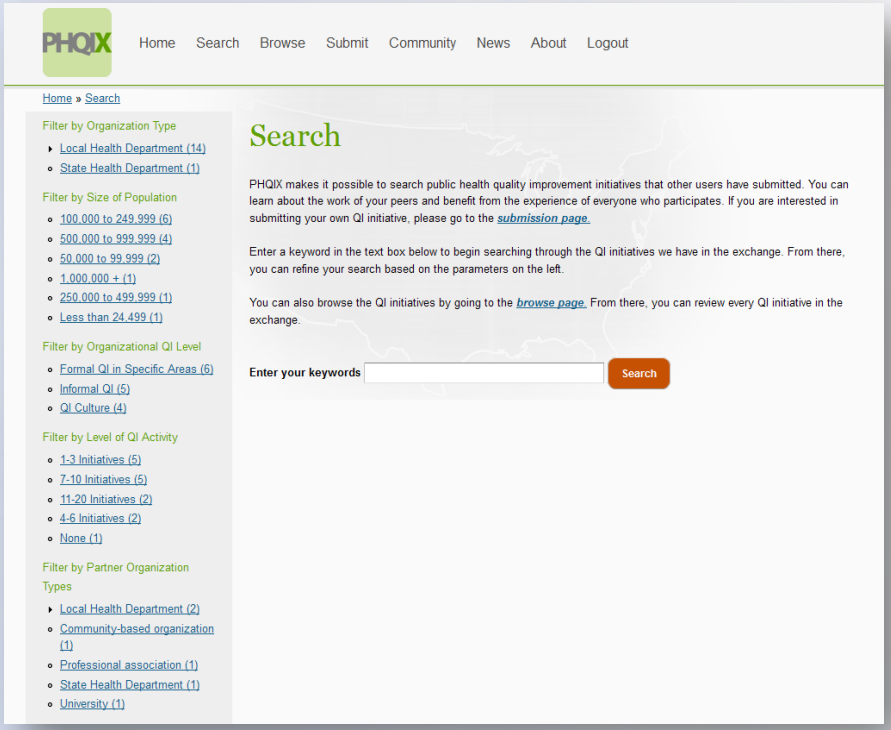
vision

infant mortality

primary care

immunization

data standards



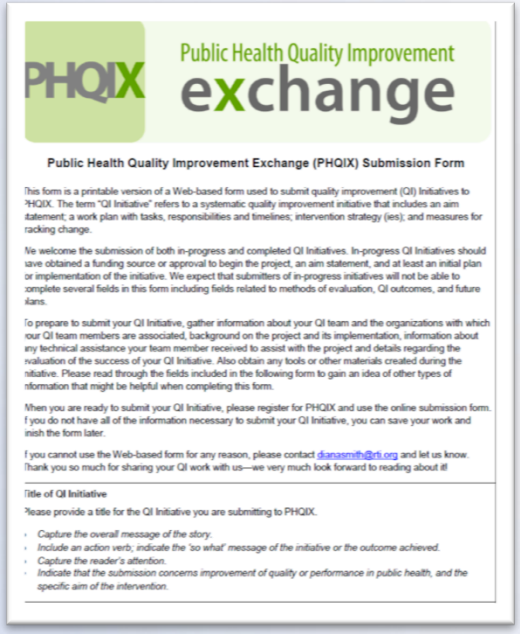
PHQIX – Data collection template

*To **develop** the PHQIX data collection template, we used the following resources:*

Practice Exchange Prototype
OSTLTS Story Collection Template
SQUIRE Recommendations
NACCHO Profile
ASTHO Profile

PHQIX Expert Panel Focus Group
PHQIX User Group Focus Group

Literature review of public health QI
Text Analysis/WFA of previous QI Documentation



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RTI INTERNATIONAL

PHQIX – Data collection template

*To **review and refine** the PHQIX data collection template, we used the following resources:*

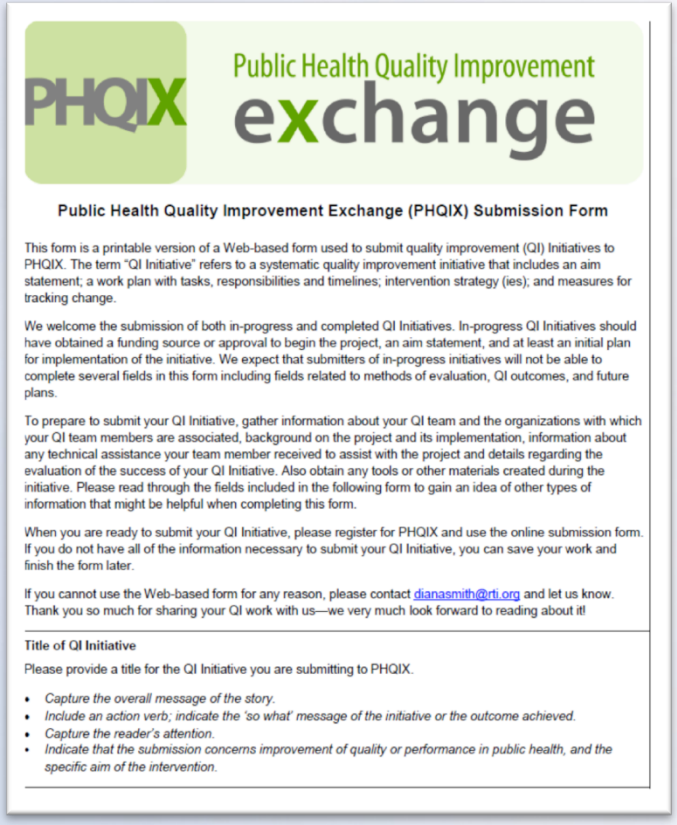
PHQIX Expert Panel (2 Rounds)

PHQIX User Group

QI Researchers

NNPHI experts

RWJF experts



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RTI INTERNATIONAL

PHQIX – Data collection template

We are presenting our work at Medinfo 2013:

"Synonym-based Word Frequency Analysis to Support the Development and Presentation of a Public Health Quality Improvement Taxonomy in an Online Exchange"

Synonym-based Word Frequency Analysis to Support the Development and Presentation of a Public Health Quality Improvement Taxonomy in an Online Exchange

Jamie Pina[a], Kelley Chester[b], Diana Danoff[c], Mark Koyanagi[d]

[a,b,c,d] *RTI International, Center for Advancement in Health Information Technology*

Abstract/Objective

Word frequency analysis has not been fully explored as an input to public health taxonomy development. We used document analysis, expert review, and user-centered design to develop a taxonomy of public health quality improvement concepts for an online exchange of quality improvement work (www.phqix.org). Online entries were made searchable using a faceted search approach. To present the most relevant facets to users, we analyzed 334 published public health quality improvement documents using word frequency analysis to identify the most prevalent clusters of word meanings. We reviewed the highest-weighted concepts and identified their relationships to quality improvement details in our taxonomy. The meanings were mapped to items in our taxonomy, and presented in order of their weighted percentages in the data. Using this combination of methods, we developed and sorted concepts in the faceted search presentation so that relevant search criteria were accessible to users of the online exchange. Word frequency analysis may be a useful method to incorporate in other taxonomy development and presentation when relevant data is available.

Keywords:

Taxonomy, word frequency analysis, public health, public health informatics, information exchange

Methods

Taxonomy is a form of classification that creates a normalized or hierarchical organization of concepts or terms [1]. We applied document analysis, expert review, and user-centered design methods to identify appropriate elements of an original taxonomy for public health quality improvement activities. Word frequency analyses can be used as an input in developing taxonomies [2]. We applied word frequency analysis to 334 (N=334) public health quality improvement documents including reports and summaries from public health agencies throughout the United States. Using NVivo Version 9 by QSR, we analyzed the documents to identify the most frequently recurring word-meaning clusters. We reviewed the documents using synonym identification, which finds highly recurring words and their synonyms (words with a very close meaning) throughout the texts and ranks them based on the recurrence of word meanings across the entire body of data. We compared this list of ranked synonym clusters to the elements in our taxonomy and mapped our taxonomy elements to the clusters. We reviewed 50% (n=100) of the highest-weight clusters. We then created high-level categories for the display of elements in our taxonomy based on the ranked synonym cluster. These categories were later used to sort and organize the presentation of data elements in our taxonomy.

Results

We analyzed 50 of the top synonym clusters and identified 12 main categories for our taxonomy data. They are presented on the website's search results view in order according to the weighted percentages identified through the word frequency analysis.

Conclusion

When a large body of searchable text is available and time or resource constraints suggest that traditional qualitative or thematic analysis not possible, applying word frequency analysis to a body of text may provide an alternative form of analysisin taxonomy development. Knowledge of the presence and recurrence of word meanings in a body of related text facilitates the generation of categories that provide structure and meaning to the taxonomy. In this application of word frequency analysis, categories of taxonomy data elements presented to users according to the weighted percentages found in word frequency analyses appear to align with user expectations. By comparing the results of word frequency analysis to a taxonomy developed using other methods, analysts may validate their choices for data elements within the taxonomy. In the field of public health in the United States, where successful information retrieval leads to improved public health performance, the development of taxonomies supplemented by word frequency analysis may support broader public health goals.

References

[1] Gilchrist A. Thesauri, taxonomies and ontologies - an etymological note. Journal of Documentation 2003: 59 (1): 7-18.

[2] Kreis C and Gorman, P. Word frequency analysis of dictated clinical data: a user-centered approach to the design of a structured data entry interface. Proc AMIA Annu Fall Symp, 1997: p. 724-8.

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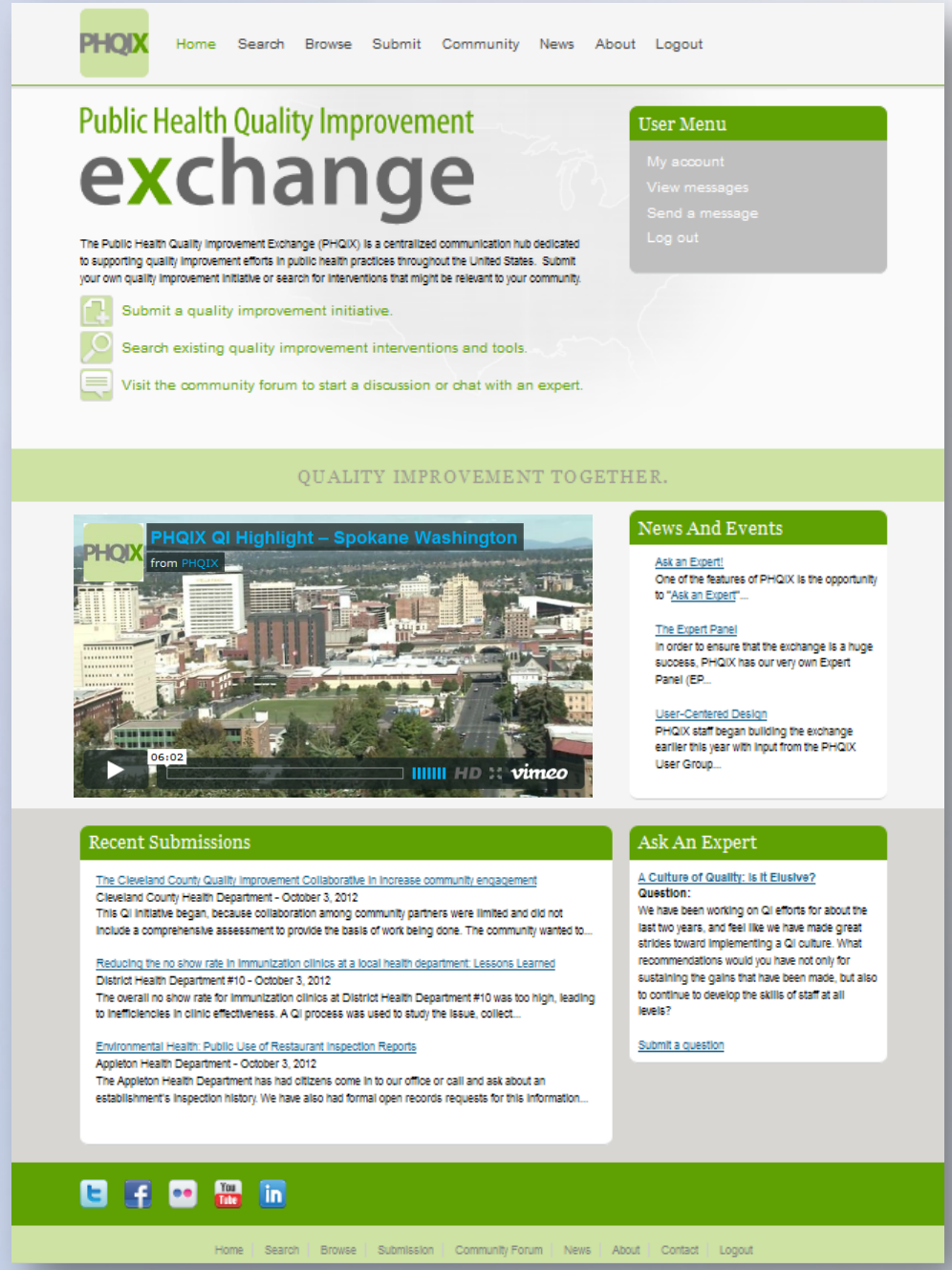
Twitter: @jamiepina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Public Health Quality Improvement
exchange
The Public Health Quality Improvement Exchange (PHQIX) is a centralized communication hub dedicated to supporting quality improvement efforts in public health practices throughout the United States. Submit your own quality improvement initiative or search for interventions that might be relevant to your community.
Submit a quality improvement initiative.
Search existing quality improvement interventions and tools.
Visit the community forum to start a discussion or chat with an expert.
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PHQIX QI Highlight – Spokane Washington
from PHQIX
06:02
HD vimeo
News And Events
Ask an Expert!
One of the features of PHQIX is the opportunity to "Ask an Expert"...
The Expert Panel
In order to ensure that the exchange is a huge success, PHQIX has our very own Expert Panel (EP...
User-Centered Design
PHQIX staff began building the exchange earlier this year with input from the PHQIX User Group...
Recent Submissions
The Cleveland County Quality Improvement Collaborative in increase community engagement
Cleveland County Health Department - October 3, 2012
This QI initiative began, because collaboration among community partners were limited and did not include a comprehensive assessment to provide the basis of work being done. The community wanted to...
Reducing the no show rate in immunization clinics at a local health department: Lessons Learned
District Health Department #10 - October 3, 2012
The overall no show rate for immunization clinics at District Health Department #10 was too high, leading to inefficiencies in clinic effectiveness. A QI process was used to study the issue, collect...
Environmental Health: Public Use of Restaurant Inspection Reports
Appleton Health Department - October 3, 2012
The Appleton Health Department has had citizens come in to our office or call and ask about an establishment's inspection history. We have also had formal open records requests for this information...
Ask An Expert
A Culture of Quality: Is it Elusive?
Question:
We have been working on QI efforts for about the last two years, and feel like we have made great strides toward implementing a QI culture. What recommendations would you have not only for sustaining the gains that have been made, but also to continue to develop the skills of staff at all levels?
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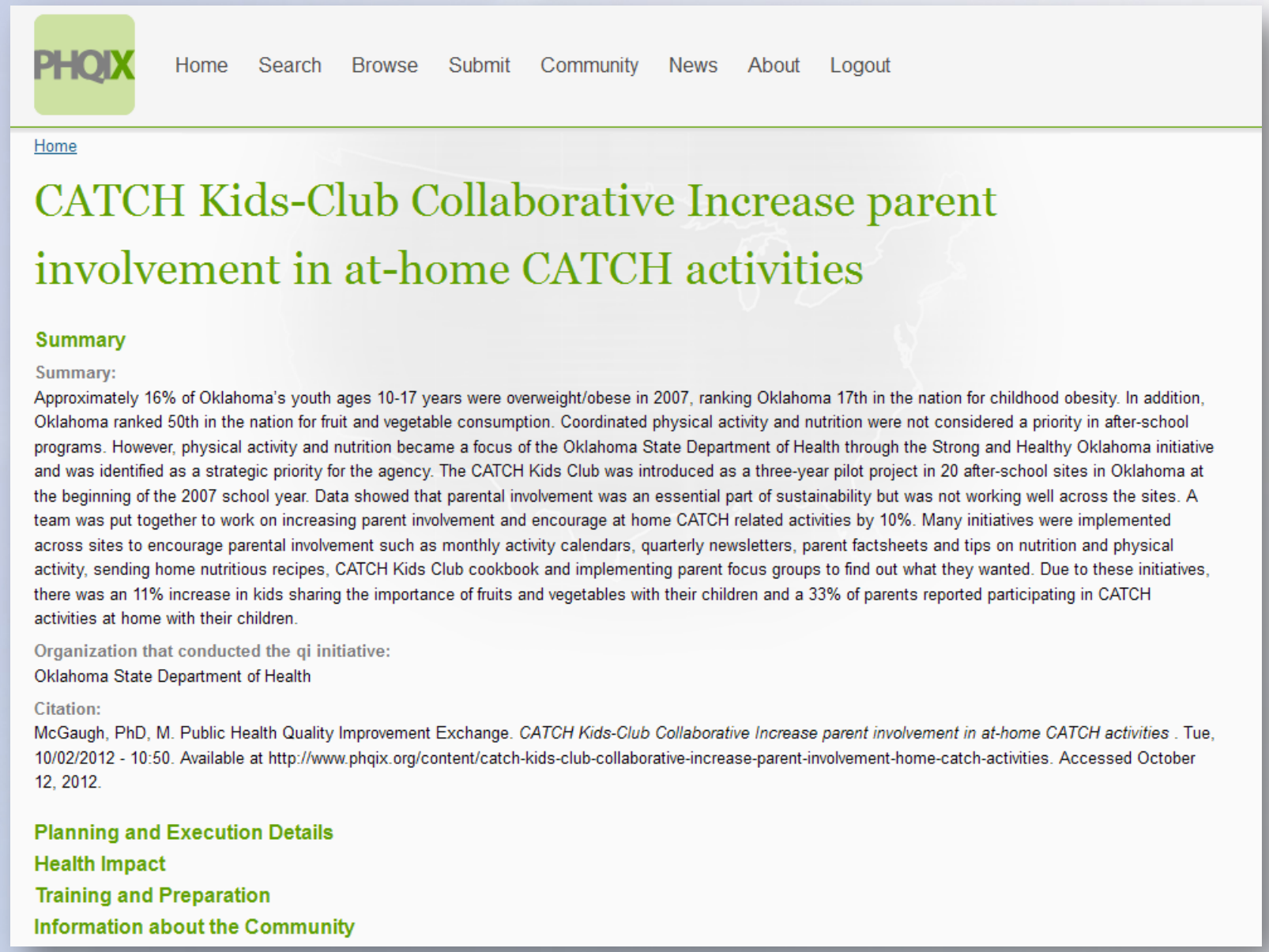

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Home

CATCH Kids-Club Collaborative Increase parent involvement in at-home CATCH activities

Summary

Summary:

Approximately 16% of Oklahoma's youth ages 10-17 years were overweight/obese in 2007, ranking Oklahoma 17th in the nation for childhood obesity. In addition, Oklahoma ranked 50th in the nation for fruit and vegetable consumption. Coordinated physical activity and nutrition were not considered a priority in after-school programs. However, physical activity and nutrition became a focus of the Oklahoma State Department of Health through the Strong and Healthy Oklahoma initiative and was identified as a strategic priority for the agency. The CATCH Kids Club was introduced as a three-year pilot project in 20 after-school sites in Oklahoma at the beginning of the 2007 school year. Data showed that parental involvement was an essential part of sustainability but was not working well across the sites. A team was put together to work on increasing parent involvement and encourage at home CATCH related activities by 10%. Many initiatives were implemented across sites to encourage parental involvement such as monthly activity calendars, quarterly newsletters, parent factsheets and tips on nutrition and physical activity, sending home nutritious recipes, CATCH Kids Club cookbook and implementing parent focus groups to find out what they wanted. Due to these initiatives, there was an 11% increase in kids sharing the importance of fruits and vegetables with their children and a 33% of parents reported participating in CATCH activities at home with their children.

Organization that conducted the qi initiative:

Oklahoma State Department of Health

Citation:

McGaugh, PhD, M. Public Health Quality Improvement Exchange. *CATCH Kids-Club Collaborative Increase parent involvement in at-home CATCH activities* . Tue, 10/02/2012 - 10:50. Available at http://www.phqix.org/content/catch-kids-club-collaborative-increase-parent-involvement-home-catch-activities. Accessed October 12, 2012.

Planning and Execution Details

Health Impact

Training and Preparation

Information about the Community

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Ask an Expert

The relationship between quality improvement and performance management

Question:
Quality Improvement, Performance Management? What's the Connection? Just Tell Me What My Health Department Needs…

Reply:
Response by Leslie Beitsch, MD, JD

The relationship between quality improvement (QI) and performance management (PM) is mutually reinforcing. However, sometimes the connection between them is not always so well demarcated. For the past several years, public health leaders have placed great emphasis on embracing QI within their organizations. The Robert Wood Johnson Foundation and the Centers for Disease Control and Prevention have made substantial investments to strengthen public health QI capacity—and through those investments—organizational performance. To contrast, PM has…

Submit a question

Quality Improvement vs. Quality Planning

Question:
I've heard a lot about quality improvement, but what about quality planning? What is the difference between quality improvement and quality planning?

Reply:
Response by Cindan Gizzi: acknowledgements to Laurie Call and Marni Mason. Cindan, Laurie, and Marni have been working collaboratively to define and describe QP.

Have you ever tried to apply quality improvement (QI) tools and methods to a planning process, for example, to develop a community health improvement plan? If you did, you would quickly find out that it's like wearing a sweater one size too small; it doesn't fit quite right and may even be a bit uncomfortable. Quality planning (QP) is the right fit for starting a planning process, developing a new prevention program,…

Submit a question

A Culture of Quality: Is it Elusive?

Question:
We have been working on QI efforts for about the last two years, and feel like we have made great strides toward implementing a QI culture. What recommendations would you have not only for sustaining the gains that have been made, but also to continue to develop the skills of staff at all levels?

Reply:
Response by Jim Butler

As Public Health Quality Improvement (QI) Consultants we are frequently asked by clients: "We are

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News and Events

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Preventing Unintended Secondary Pregnancies in Women Receiving Women, Infants and Children (WIC) Services
Barron County Department of Health and Human Services
The Barron County Department of Health and Human…

Improving the Quality of Community Collaboration: Communication, Empowerment, and Diversity
Sedgwick County Health Department
The Partnership Assessment project's purpose was…

Early Access Prenatal Project: Eliminating Barriers by Improving Processes
Osceola County Health Department

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News and Events

New Video Highlight Coming Soon!

Operation Chuck Wagon is the next QI initiative to be featured on PHQIX! This initiative, run by the Northern Kentucky Independent District Health Department (NKIDHD), addressed potential health risks associated with mobile food vendors. For more information, check out their submission. Stay tuned for the video, which will be displayed on the home page!

May Drawings!

We are extending the 'Spring into QI Submissions' drawing through the end of May. Submit a description of your QI effort for a chance to win great prizes including all-expense paid conference attendance and an iPad mini!

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Community Forum

The community forum is not actively moderated. We trust you will use your professional judgment in choosing appropriate subject matter and always treat your peers with respect. We will only step in if spam is posted or someone is behaving badly. We think we are more likely to get spam! Go ahead and use the forum and let us know if you have any questions or would like to see any additional features here.

Log in to post new content in the forum.

	Topic	Replies	Last reply
posting your agency QI plan By prusso 6 months 1 day ago	16	By victoria bailey 2 weeks 2 days ago	
Informatics Roundtable at the COPPHI Open Forum Meeting - Follow-up By jpina 4 months 3 weeks ago	2	By jpina 1 month 3 weeks ago	
Social Media Policy By cthroop 2 months 3 weeks ago	8	By jpina 1 month 3 weeks ago	
Sample Performance Management System By ashleyhart 2 months 5 days ago	3	By ashleyhart 1 month 3 weeks ago	
Photos: PHQIX at APHA By cthroop 6 months 2 weeks ago	2	By dianasmith 1 month 3 weeks ago	
Happy New Year 2013! By prusso 4 months 2 weeks ago	0	n/a	
So what's in a name? PHQIX users: we need your help! By dianasmith 4 months 3 weeks ago	2	By logans 4 months 2 weeks ago	
QI Project Topic: Client follow-up for test results. By tkane 5 months 1 week ago	4	By Grace Gorenflo 4 months 4 weeks ago	
PHQIX is at APHA By jpina 6 months 2 weeks ago	1	By cthroop 6 months 2 weeks ago	
Looking great! By sharpjulie 7 months 6 days ago	1	By jpina 6 months 4 weeks ago	
Welcome to PHQIX Everyone! By jpina 7 months 1 week ago	4	By jmckeever 7 months 5 days ago	
Test By tkane 7 months 1 week ago	1	By jpina 7 months 1 week ago	

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Early Access Prenatal Project: Eliminating Barriers by Improving Processes
Osceola County Health Department
Prenatal population-based health status...

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Tweets

PublicHealthQIX @PublicHealthQIX 3 Dec
Looking forward to the NNPHI Open Forum meeting later this week. Hope to see you there! regonline.com/builder/site/d...
Expand

PublicHealthQIX @PublicHealthQIX 29 Nov
RTI launches platform for #publichealth professionals to share QI experiences (that's me!) rti.org/newsroom/news....
Expand

PublicHealthQIX @PublicHealthQIX 19 Nov
#PHQIX has info on completed QI in #publichealth efforts. Would you want to see what people have planned as well? bit.ly/S9Lt06
Expand

PublicHealthQIX @PublicHealthQIX 16 Nov
Check out the News and Events page to stay up to date with PHQIX: bit.ly/UK7d1k #PHQIX #PublicHealth #QualityImprovement
Expand

PublicHealthQIX @PublicHealthQIX 15 Nov
#PHQIX is a new resource for QI in #PublicHealth ... did we mention it's a free, public resource? Please check it out! phqix.org
Expand

PublicHealthQIX @PublicHealthQIX 30 Oct
The #APHA #PHQIX iPad winner! Woohoo!! bit.ly/TtfZnJ #APHA12
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PublicHealthQIX @PublicHealthQIX 30 Oct
RT @jamiepina: Today we're talking about #PHQIX at a round table at #apha12, come and join us! apha.confex.com/apha/140am/web...
Expand

PublicHealthQIX @PublicHealthQIX 29 Oct
Stop by to enter the #PHQIX iPad drawing! flic.kr/p/doXjmX #APHA #2529 We'll do the drawing at the end of the day tomorrow!
View photo

PublicHealthQIX @PublicHealthQIX 29 Oct
The #PHQIX site is live! phqix.org Resource for #publichealth practionioners, especially public health departments #APHA
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@PublicHealthQIX

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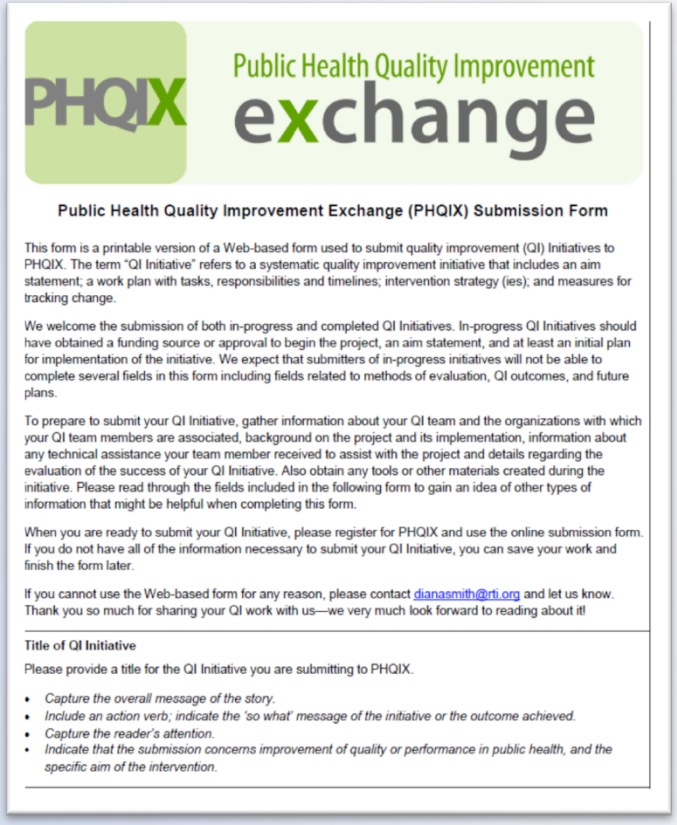
PHQIX –Opportunities for Researchers

Identify trends in QI activity

See how practitioners describe their work

Read questions and comments

Provide insight to the community



PHQIX Public Health Quality Improvement exchange

Public Health Quality Improvement Exchange (PHQIX) Submission Form

This form is a printable version of a Web-based form used to submit quality improvement (QI) Initiatives to PHQIX. The term "QI Initiative" refers to a systematic quality improvement initiative that includes an aim statement; a work plan with tasks, responsibilities and timelines; intervention strategy (ies); and measures for tracking change.

We welcome the submission of both in-progress and completed QI Initiatives. In-progress QI Initiatives should have obtained a funding source or approval to begin the project, an aim statement, and at least an initial plan for implementation of the initiative. We expect that submitters of in-progress initiatives will not be able to complete several fields in this form including fields related to methods of evaluation, QI outcomes, and future plans.

To prepare to submit your QI Initiative, gather information about your QI team and the organizations with which your QI team members are associated, background on the project and its implementation, information about any technical assistance your team member received to assist with the project and details regarding the evaluation of the success of your QI Initiative. Also obtain any tools or other materials created during the initiative. Please read through the fields included in the following form to gain an idea of other types of information that might be helpful when completing this form.

When you are ready to submit your QI Initiative, please register for PHQIX and use the online submission form. If you do not have all of the information necessary to submit your QI Initiative, you can save your work and finish the form later.

If you cannot use the Web-based form for any reason, please contact dianasmith@rti.org and let us know. Thank you so much for sharing your QI work with us—we very much look forward to reading about it!

Title of QI Initiative

Please provide a title for the QI Initiative you are submitting to PHQIX.

- *Capture the overall message of the story.*
- *Include an action verb; indicate the 'so what' message of the initiative or the outcome achieved.*
- *Capture the reader's attention.*
- *Indicate that the submission concerns improvement of quality or performance in public health, and the specific aim of the intervention.*

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The Public Health field is very collaborative in spirit

"Quality Improvement Together"

Thank you !

Questions?

Other Meeting Agenda Items

PUBLIC HEALTH Practice-Based Research Networks
National Coordinating Center

Welcome to our new PBRNs

- Alabama
- Pennsylvania
- Arkansas
- Illinois

Funding Opportunities

- CDC
- NINR
- Roadmaps to Health prize
- CBPR

PUBLIC HEALTH
Practice-Based Research Networks
National Coordinating Center

Grants Administration Update:
Final Reports and Products

RACE
-FNR
-FFR
-Products
-BIB

MPROVE
-FNR
-FFR
-Products

- Send to *PublicHealthPBRN@uky.edu; after approval send to grantreports@rwjf.org*
- RWJF guidelines for annual, 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 standards for products and reports
  - *http://www.rwjf.org/content/dam/files/rwjf-web-files/GranteeResources/RWJF_ElectronicSubmissions.pdf*

PUBLIC HEALTH
Practice-Based Research Networks
National Coordinating Center

Reminders: Upcoming Meetings and Events

- May 29, 2013: AcademyHealth Webinar: Current Research Priorities for Understanding the US Public Health System: Speakers from Federal agencies that support HSR, PHSSR, and related research will discuss current funding priorities and provide insight on how researchers can strengthen funding prospects. These agency experts will also highlight resources offered to support research, and extend its impact. This free webinar will be held on May 29th.
- June 20, 2013: Pubic Health PBRN Monthly Virtual Meeting: Research-in-progress presentation by the Wisconsin PBRN
- June 25-26, 2013: AcademyHealth Annual Research Meeting, and PHSSR Interest Group Meeting, Baltimore MD
- July 10-12, 2013: NACCHO Annual Sharing Session, Dallas, TX

PUBLIC HEALTH
Practice-Based Research Networks
National Coordinating Center

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