

Issue #108**Public Health PBRN Review | December 2012**

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

STAT OF THE MONTH: **37%** of the variation in local health department compliance with FDA guidelines on retail food safety practices is explained by the agency's capacity to perform cross-cutting Essential Public Health Services as defined by HHS, according to recent research by the Massachusetts Public Health PBRN. This study establishes an important empirical link between an agency's "foundational public health capabilities" (as defined recently by the [Institute of Medicine](#)) and its ability to deliver guideline-concordant practices in specific program areas like food safety protection. Preliminary findings from this study were presented during the Research-in-Progress segment of the December PBRN Monthly Virtual Meeting. An archive recording will be available on the PBRN website soon.

PBRN NEWS

A Pump-Handle Moment. Our hearts go out to the community of Newtown, Connecticut as they cope with the profound tragedy experienced there last week. The tragedy is another stark reminder that gun violence remains a widespread and uncontrolled public health threat for communities across the nation – a leading cause of death and injury, particularly for the young. The root causes of this problem are complex and multifaceted, like all of our most pressing public health threats. But Dr. John Snow taught us that evidence and experience together can reveal effective public health solutions, even in the face of popular doubt. Public health professionals at national, state, and local levels of our system have important roles to play in educating the public and policy communities about the scope and scale of this problem, and about the best courses of action based on what's known and what's possible today. The research and practice sides of our profession may well be facing another pump-handle moment in public health.

Shared Services More Prevalent than Expected. A recently completed PBRN

Quick Strike research project in Wisconsin shows that more than 70% of the state's local health departments maintain some type of "shared services" arrangement with neighboring public health agencies, involving the shared use of staffing, funding, equipment or other resources to jointly deliver a program, service, or support function. Cost savings and improved service provision were among the most frequently reported motivations for these arrangements. An archived webinar on the study is available [here](#), and publications will be forthcoming.

Unwarranted Variation in Local Smoke-Free Policy Enforcement. A research article appearing in the upcoming issue of the journal [Public Health Reports](#) profiles the Ohio PBRN's study of local variation in the capacity to enforce compliance with the state's clean indoor air law. According to the study, "An estimated 77% of agencies lose money on enforcement annually; 18% broke even, 56% attributed a financial loss to uncollected fines, and 63% occasionally or never fully recovered fines. About half of agency leaders (49%) felt that state reimbursements were inadequate to cover inspection costs." The findings highlight the importance of funding local public health functions adequately in order to realize the full benefits of public health law and policy.

Frontiers in PHSSR: PBRN Special Issue. How are public health decision-makers responding to accreditation, QI, and public reporting initiatives amid the ongoing fiscal pressures? The latest issue of *Frontiers* highlights findings from the New York, Washington, Minnesota, Georgia, Nebraska, and Florida PBRNs that address this question. While the methods and practice settings of these studies varied, common themes emerged suggesting an important role for continued research in this area. Access the issue [here](#).

MPROVE Networks Prepare to Acquire Policy-Relevant and Practice-Relevant Measures of Delivery. The PBRNs participating in the Multi-Network Practice and Outcome Variation (MPROVE) study are preparing to obtain data on the core set of public health delivery measures developed during the first six months of the project. During the first half of 2013 the networks will acquire and begin to analyze data on the delivery of selected chronic disease prevention activities, communicable disease control services, and environmental health protection services at the community level. A mix of agency-level measures (activities performed directly by governmental public health agencies) and community-level measures (activities performed by various actors in the community) will be

obtained and analyzed. The measures include some activities that have received heightened public and policy attention in recent weeks, including [tobacco](#) prevention and control activities that have experienced recent cuts in state funding in many areas, and [obesity prevention](#) activities that appear to be having an impact in bringing down obesity rates in selected communities despite lingering uncertainty about the activities that are producing these results. The MPROVE study is poised to shed new light on these and other important issues involving local variation in public health delivery.

Happy 4th to the Nation's First Cohort of Public Health PBRNs. Four years ago this month, the public health PBRNs in Colorado, Kentucky, Massachusetts, North Carolina, and Washington began their work with support from the Robert Wood Johnson Foundation. We send a fond Happy Birthday to these pioneering colleagues.

Public Health PBRN Annual Grantee Meeting set for April 8-9, 2013. The Public Health PBRN Annual Grantee Meeting will be held at the Lexington, KY Hyatt Regency on April 8-9, just prior to the 2013 Keeneland Conference. Please note that the Coordinating Center has changed its travel support policies for grantees traveling to this meeting. The new guidelines are outlined in detail in the Coordinating Center Corner at the end of this newsletter. Plans are underway to simulcast the Grantee Meeting via AdobeConnect for those unable to travel to Lexington.

Keeneland Conference Abstract Submission and Registration Open. Abstracts are being accepted through **January 7** for presentations at the 2013 Keeneland Conference in PHSSR, to be held April 9 – 11 in Lexington, KY. PBRNs are encouraged to submit recent and emerging research. As outlined in the travel policy highlighted in this newsletter, designated PBRN representatives to the Annual Grantee Meeting who have abstracts accepted for the Keeneland Conference may be eligible for an additional night's lodging, pending availability of funds. Please see the Coordinating Center Corner near the end of this newsletter for details.

New Coordinating Center Staff Member. We would like to take this opportunity to welcome Nicole Howard to the National Coordinating Center team. Nicole is the Coordinating Center's new Administrative Assistant and will be taking over many of the duties that have been filled for the last few months by Melody Hall, whose services the PHSSR NCC have kindly shared during our search process.

Nicole comes to us after six years supporting the University of Kentucky's Office of Sponsored Projects Administration and a number of years with Fisher Scientific. We are glad to have her with us and know that you will enjoy working with her as much as we do.

NACCHO Profile Data Collection Begin. The National Association of County and City Health Officials (NACCHO) would greatly appreciate the assistance of Public Health PBRNs in promoting and encouraging completion of the NACCHO Profile data collection instrument to practice partners. Many PBRN investigators, as well as others from across Public Health Services and Systems Research, utilize data collected through the Profile in secondary research; therefore, timely and widespread completion of the instrument by practitioners benefits both practitioners and researchers. More information can be found on the [NACCHO website](#).

Keep up with PBRN News and Conversations Online at:

Our website: www.publichealthsystems.org/pbrn.aspx

LinkedIn Group: [Public Health PBRN National Coordinating Center LinkedIn Group](#)

Public Health PBRN Twitter: [@PH_PBRN](#)

RELATED NEWS

NALBOH Releases Six Functions of Public Health Governance. Working in collaboration, the National Association of Local Boards of Health (NALBOH) has released a model of the six functions of the governance functions as: 1) policy development; 2) resource stewardship; 3) legal advocacy; 4) public health improvement; and 6) oversight. NALBOH co-founder and CEO Ned Baker stated, "These are the three Core Functions and ten Essential Services have been to public health." To read the full report, click [here](#).

NALBOH Announces New CEO. The National Association of Local Boards of Health also announced that Dr. Drabczyk will become NALBOH's new CEO on January 2, 2013. Dr. Drabczyk is the founding Director of the Advanced Practice Center Program for the National Association of County and City Health Officials, a consultant and principal investigator at The Ohio State University, and was Director of the Center for Public Health at Indiana State University.

NNPHI Names New CEO. The National Network of Public Health Institutes (NNPHI) has announced that Dr. Lafronza will become NNPHI's new CEO on January 3rd 2013. Dr. Lafronza's career has spanned gerontology, behavioral health, and public health systems development in communities, states, and American Indian/Alaska Native communities.

the National Association of County and City Health Officials, where he was Program Director. While the majority of NNPHI operations will continue to occur through the Network's New Office in Washington, DC to further support NNPHI's presence in the nation's capital.

TFAH Profiles Continuing Gaps in Public Health Preparedness. The Trust for America's Health released its *Protecting the Public from Diseases, Disasters, and Bioterrorism* report. While progress has been made in preparedness, with 35 states and the District of Columbia scoring a six or lower on a scale of 10, the report was funded by a Robert Wood Johnson Foundation grant. The full report is available [online](#).

RWJF: States Continue to Fall Short on Tobacco Prevention. A new report by the Campaign for Tobacco Disposal estimates that states will collect through the tobacco tax \$25.7 billion in Fiscal Year 2013 revenue that states will collect through the tobacco tax. More details are available on the [RWJF website](#).

America's Health Rankings Report. The 2012 America's Health Rankings Report has been released. On a state-by-state basis, the analysis indicates that sedentary behavior, diabetes, and obesity are leading causes of death nationally on both health and the economy. The full report is available [online](#).

RWJF: Cities and States Report Declining Childhood Obesity Rates. While approximately 17% of children are obese, the increased availability of healthy foods in schools and communities, along with increased physical activity, appear to be contributing to reduced childhood obesity rates in some cities and states, including Mississippi. Read more at [the RWJF website](#).

ON THE HORIZON

January MPROVE Monthly Meeting. Discussion of data acquisition plans. Thursday January 10, 2013, 2-3pm ET.

January PBRN Monthly Virtual Meeting. Featuring research-in-Progress from the Kentucky Public Health PBRN, Thursday, January 17, 1:00-2:30pm, ET.

DISSEMINATION

Calls for Papers and Products

NACCHO 2013 Annual Meeting Sharing Session [Proposal Submission](#). The deadline for abstract submission has been extended through 11:59pm on

December 23, 2012.

2013 Keeneland Conference in PHSSR. [Abstract submission](#) is open through January 7.

AcademyHealth Annual Research and PHSR Interest Group Meetings. AcademyHealth is [accepting abstracts](#) through January 17th at 5pm for its Annual Research Meeting, to be held June 23-25 in Baltimore, MD. Annual Research Meeting abstracts are invited in four categories: papers, research panels, policy roundtables, and posters. In addition, the AcademyHealth Public Health Services Research Interest Group will meet in Baltimore on June 25-26 and is encouraging submissions related to PHSR research methods, performance improvement and accreditation preparation, linkages to healthcare delivery reform, community engagement and participatory research, and collaborations. More information on the PHSR interest group meeting is available on the [AcademyHealth website](#).

RESOURCES

Glen Mays SelectedWorks in PHSSR: online repository for posting new papers, presentations, and works in progress related to PBRN and PHSSR research by Glen Mays.

FUNDING

New Listings

AcademyHealth

[Delivery System Science Fellowship](#)

Statement of Intent Due: January 31, 2013

Proposal Due: February 15, 2013

The new Delivery System Science Fellowship (DSSF) provides a paid post-doctoral learning experience to help recent graduates and new researchers gain applied experience conducting research in delivery system settings. Fellows will work with mentors to develop research projects and papers for peer-reviewed publication, often with access to unique, rich data sources. This year, fellowship

placements are available at Geisinger Health System, Intermountain Healthcare, Kaiser Permanente Southern California, Mayo Clinic, Medical Research Institute, Hofstra North Shore- LIJ School of Medicine, and the Palo Alto Medical Foundation Research Institute (PAMFRI). Students and researchers with an interest in conducting research in delivery system settings are encouraged to apply. The DSSF is open to recent doctoral graduates with an interest in building an academic portfolio while cultivating new relationships and perspectives on key issues in the US delivery system. Anticipated start dates are between July and August 2013.

AHRQ Notice of Intent Patient-Centered Outcomes Research Funding Opportunity Announcements

On December 5, the Agency for Healthcare Research and Quality (AHRQ) published a notice of its intention to post several new Funding Opportunity Announcements related to Patient-Centered Outcomes Research (PCOR) in Calendar Year 2013. Forthcoming opportunities include:

- **Enhancing Comparative Effectiveness Research (CER) Data Resources**
- **Institutional Mentored Career Development Award Program in PCOR**
- **Researcher Training and Workforce Development in Methods and Standards for Conducting Patient-Centered Health Outcomes Research**
- **Individual Mentored Career Development Award Program in PCOR**
- **Electronic Data Methods (EDM) Forum: Phase II**
- **Bringing Evidence to Stakeholders for Translation (BEST) to Primary**
- **Disseminating Patient Centered Outcomes Research to Improve Healthcare Delivery Systems**
- **Deliberative Approaches for Patient Involvement in Implementing Evidence-Based Health Care**

View the full Notice of Intent [online](#), and watch for actual funding announcements in future issues of *Public Health PBRN Review*.

Previous Listings

The Patient-Centered Outcomes Research Institute (PCORI) Funding Announcement

Improving Methods for Conducting Patient-Centered Outcomes Research

Letter of Intent Due Date: January 15, 2013

Application Deadline: March 13, 2013

Every day, patients and their caregivers face crucial healthcare decisions while lacking key information that they need. The Patient-Centered Outcomes Research Institute (PCORI) has addressed this lack of information in its National Priorities and Research Agenda and has issued funding announcements requiring a comparative clinical effectiveness approach that engages patients in collaboration with their clinicians. To support the conduct of meaningful patient-centered outcomes research (PCOR) and to produce valid findings, it is critical to continue developing stronger research methods in a number of areas.

Patient-Centered Outcomes Research Institute (PCORI)

Third Cycle Funding Announcements

Letter of Intent Due Date: February 15, 2013

Application Deadline: April 15, 2013

PCORI has launched the third cycle of funding requests to support \$96 million in comparative clinical effectiveness research that will give patients and those who care for them the ability to make better-informed health care decisions. The new PCORI Funding Announcements (PFAs) correspond to four of the five areas of focus outlined in its National Priorities for Research and Research Agenda:

- Assessment of Prevention, Diagnosis, and Treatment Options - for projects that address critical decisions that patients, their caregivers and clinicians face with too little information.
- Improving Healthcare Systems - for projects that address critical decisions that face health care systems, the patients and caregivers who rely on them, and the clinicians who work within them.
- Communication and Dissemination - for projects that address critical elements in the communication and dissemination process among patients, their caregivers and clinicians.
- Addressing Disparities - for projects that will inform the choice of strategies to eliminate disparities.

An additional PFA that addresses PCORI's fifth priority, Accelerating Patient-Centered and Methodological Research, Improving Methods for Conducting Patient-Centered Research, is mentioned above.

PCORI is an independent, non-profit organization authorized by Congress in 2010 to fund research that will provide patients, their caregivers and clinicians with evidence-based information needed to support better-informed health care decisions. PCORI is committed to continuously seeking input from a broad range of stakeholders to guide its work. More information is available at www.pcori.org.

National Institutes of Health

NIH/NIMHD Transdisciplinary Collaborative Centers for Health Disparities Research [U54]

Letter of Intent Due Date: December 15, 2012

Application Deadline: January 15, 2013

The National Institute on Minority Health and Health Disparities (NIMHD) seeks to establish specialized Transdisciplinary Collaborative Centers (TCCs) for Health Disparities Research comprising regional **coalitions** of academic institutions, community organizations, service providers and systems, **government agencies** and other stakeholders focused on priority research areas in minority health and health disparities. The purpose of this funding opportunity is to support the development of TCCs focused specifically on **health policy research**. Applications must identify collaborating partners within and across the proposed region. TCCs funded in response to this FOA must include a one-year planning phase and a four-year program implementation phase. See the complete [RFA](#) for guidelines and additional details.

National Institutes of Health

Prescription Drug Abuse (R01) Open Date: January 5, 2013

Prescription Drug Abuse (R21) Open Date: January 16, 2013

The National Institute on Drug Abuse (NIDA) encourages applicants to develop innovative research applications on prescription drug abuse, including research to examine the factors contributing to prescription drug abuse; to characterize the adverse medical, mental health and social consequences associated with prescription drug abuse; and to develop effective prevention and service delivery

approaches and behavioral and pharmacological treatments. Applications to address these issues are encouraged across a broad range of methodological approaches including basic science, clinical, epidemiological, and health services research to define the extent of the problem of prescription drug abuse, to characterize this problem in terms of classes of drugs abused and combinations of drug types, etiology of abuse, and populations most affected (including analyses by age group, race/ethnicity, gender, and psychiatric symptomatology). Studies on individual- and patient-level factors, prescriber factors, and/or health system factors are encouraged, as are studies on all classes of prescription drugs with high abuse liability, including analgesics, stimulants, sedative/hypnotics and anxiolytics. Researchers are further encouraged to study the relationship between the prescription medication, the indication for which the medication was prescribed (e.g., pain, sleep disorder, anxiety disorder, obesity), and the environmental and individual factors contributing to abuse.

National Institute of Health

NLM Grants for Scholarly Works in Biomedicine and Health (G13)

Letter of Intent Due: January 21, 2013

Application Due: February 21, 2013

NLM Grants for Scholarly Works in Biomedicine and Health are awarded for the preparation of book-length manuscripts and other scholarly works of value to U.S. health professionals, public health officials, biomedical researchers and historians of the health sciences.

Agency for Healthcare Research and Quality

AHRQ Conference Grant Program (R13)

Application Due: February 1, May 1, August 1, and November 1, 2013

The Agency for Healthcare Research and Quality (AHRQ), announces its interest in supporting conferences through the AHRQ Conference Grant Program. AHRQ seeks to support conferences that help to further its mission to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. The types of conferences eligible for support include: research development, research design and methodology, dissemination and implementation conferences, research training, infrastructure and career development.

This funding opportunity announcement supersedes previous AHRQ Conference

Grant FOA's, including [PA-09-231](#)(the AHRQ Small Grant Program for Conference Support) and [PAR-09-257](#)(the AHRQ Grant Program for Large or Recurring Conferences).

CAREER OPPORTUNITIES

University of Washington School of Public Health. The University of Washington School of Public Health is seeking a faculty member to conduct Dissemination and Implementation Science research that “draws on the intellectual traditions of public health, operations research, systems engineering, information science, and economics.” [More information](#) is available on the UW website.

Public Health Foundation. The Public Health Foundation, which strives to “improve the public health by strengthening the quality and performance of public health practice,” currently has position openings at the levels of Project Assistant II and Project Analyst. [More information](#) is available on the PHF website.

ADMINISTRATION

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

Remember to Route all PBRN Grant Reports and Products to the Coordinating Center and the Foundation: Your network's narrative and financial reports should be submitted electronically to the Public Health PBRN National Coordinating Center and to the Robert Wood Johnson Foundation following the Foundation's reporting guidelines. All products from your network should be submitted electronically as well, as soon as they are completed. Remember to follow these reporting guidelines:

RWJF guidelines for annual and final narrative reports & bibliography:

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

RWJF guidelines for financial reports:

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

RWJF guidelines for electronic submission of grant products and reports

www.rwjf.org/files/publications/RWJF_ElectronicSubmissions.pdf

COORDINATING CENTER CORNER

Travel Policy for Annual Public Health PBRN Program Grantee Meeting.

In conjunction with Robert Wood Johnson Foundation and University of Kentucky policies, the Public Health PBRN Program National Coordinating Center is implementing new policies and procedures for travel the Annual Grantee Meeting, scheduled to be held in Lexington, KY on April 8-9, 2013.

While we welcome widespread and diverse meeting attendance, the Coordinating Center can cover the costs of travel and lodging for only **one representative** from each PBRN that has had **active RWJF funding in Calendar Year 2013** either through the PBRN Program's RACE, MPROVE, or QuickStrike funding mechanisms or through other eligible RWJF sources. Center-covered travel costs for each designated representative will include airfare, a **two-night** stay at the conference hotel, cab fare, and a small per diem to cover meals not provided during the meeting. To be eligible for this support, the network must provide the name of its designated representative to the Center by **March 1, 2013**.

Center-funded travelers who have one or more abstracts accepted for presentation at the annual Keeneland Conference (April 9-11) *may* be eligible for support for one additional night's stay on a first-come, first-served basis, pending availability of funds.

All Center-funded travelers will be required to book air travel through the University of Kentucky's travel agent. The Coordinating Center will provide details

on booking flights and on reimbursement procedures directly to each network's representative.

Additional PBRN representatives are welcome to attend the meeting; however, the Coordinating Center can only fund travel for the designated representative. The meeting will be simulcast online so that those unable to travel will be able to participate.

Additional information, including reimbursement procedures, will be made available on the Public Health PBRN National Coordinating Center website in early 2013. For questions and additional information, contact Nicole.Howard@uky.edu (phone: 859-218-0113) or Lizeth.Fowler@uky.edu (phone: 859-218-2089).

The Coordinating Center Corner strives to highlight one policy or procedure per issue. Please let us know if there are specific topics you would like us to address by writing PublicHealthPBRN@uky.edu.

CALENDAR

January PBRN Monthly Virtual Meeting. Kentucky Public Health PBRN, Thursday, January 17, 1:00-2:30pm, ET.

MPROVE Monthly Meetings. Thursdays, 2:00-3:00pm, ET. January 10.

Public Health Law Research Annual Meeting. New Orleans, LA, January 16-18, 2013. [More information](#)

AcademyHealth National Health Policy Conference. Washington, DC, February 4-5, 2013. [More information](#).

Environmental Health 2013: Science and Policy to Protect Future Generations. Boston, MA, March 3-6, 2013. [More information](#).

Public Health PBRN Program Annual Grantee Meeting. Lexington, KY, April 8-9, 2013.

2013 Keeneland Conference in PHSSR. Lexington, KY, April 9-11, 2013. [More information](#).

AcademyHealth Annual Research Meeting. Baltimore, MD. June 23-25, 2013. [More information](#).

AcademyHealth Public Health Systems Research Interest Group Meeting. Baltimore, MD, June 25-26, 2013. [More information](#).

NACCHO 2013 Annual Meeting. Dallas, TX, July 10-12, 2013. [More information](#).

