

## PHSSR InsideTrack-May 2013

### Perspectives in PHSSR



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[Public Health-Idaho North Central District](#)  
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Just a few short weeks since the [Keeneland Conference](#) on Public Health Services and Systems Research, and the energy and enthusiasm are still humming in my mind. Each year I have attended the conference I think to myself that this is the best one yet, and still each year the staff and conference

team amaze me with the quality and diversity of speakers and sessions. This year was outstanding, and for those of you unable to attend, you missed a great opportunity to learn from your peers.

I was fortunate to be able to attend many sessions and to actually give input on a reactionary panel to one session. In the spirit of ongoing QI, the [Robert Wood Johnson Foundation](#) funded the [Urban Institute](#) in Washington, DC, to evaluate the current work of public health services and systems research (PHSSR) projects commissioned by the Foundation, and to give input into future areas of improvement. [Randy Bovbjerg](#) and [Harry Hatry](#) shared their thoughtful comments and recommendations in [evaluating PHSSR](#).

From a local perspective, research is not just useful, but critical to the practice field. We rely on PHSSR as our research voice. As the practice field has engaged in the development of the hypotheses tested by this research, we feel personally connected and committed to the outcomes that are being shared.

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*ABOUT PHSSR - The emerging field of public health services and systems*

*research (PHSSR) examines questions that relate to the financing, organization and delivery of public health services - and how those factors translate to population health.*

A critical role of PHSSR is the translation of research to the practice of public health and the impacts we have on population health. PHSSR helps connect the dots between research and practice.

Here are some of my thoughts following the comments of the Urban Institute:

- Currently, public health research is shared in many venues, but there continue to be opportunities to broaden the reach with dissemination of research. The practice field often needs to be fed this information rather than wait until we have the time to go out and find it. Using NACCHO and ASTHO as a conduit for research dissemination could help the practice field stay more actively engaged.
- With the [Public Health Accreditation Board](#) Standards and Measures containing a strong data and quality improvement focus, there is an opportunity for PHSSR to develop stronger linkages with PHAB in the future.
- As with all public health programs and messages, we need to be able to tell our success stories about PHSSR and the impact it is making with the practice field. Collection of these stories will help document our progress and help to replicate the work in the field.
- We have seen the success of the [Public Health Practice-Based Research Networks](#) (PBRN), and would benefit from such a network in every region across the states. All public health departments, whether state or local, should have access to a PBRN to maintain active engagement in incorporating research into every area of practice.

For those who attended the conference, I'm sure you came away with the same renewed excitement and energy that I did. The Keeneland Conference gives me renewed vitality and enthusiasm for the ever-growing value of PHSSR.

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## Research

### **Keeneland Conference Examines Role and Relevance of Public Health Services and Systems Research**

The role of public health services and systems research in the past, present and future of public health – and its relevance to solving problems facing the field – was the focus of the sixth annual [Keeneland Conference](#) on PHSSR.

Held April 8-11 in Lexington, Ky., the conference is organized by the

[National Coordinating Center for PHSSR](#), which is funded by the [Robert Wood Johnson Foundation](#) (RWJF) and housed at the [University of Kentucky College of Public Health](#).

Keynote speakers included: [Paul Kuehnert](#), DNP, RN, team director, public health, RWJF; [Joe V. Selby](#), MD, MPH, executive director of the [Patient-Centered Outcomes Research Institute](#) (PCORI); and [William L. Roper](#), MD, MPH, CEO of the [UNC Health Care System](#).

In addition to a packed agenda of scientific presentations, a “[Washington Update](#)” session provided attendees with an insider’s look at the drama in DC – and how it affects public health. [Lisa Simpson](#), MB, BCh, MPH, FAAP, president and CEO of [AcademyHealth](#), moderated the session, which also featured [Paul Jarris](#), MD, MBA, executive director of the [Association of State and Territorial Health Officials](#) (ASTHO); [Jeff Levi](#), PhD, executive director of [Trust for America’s Health](#); and [Robert Pestronk](#), executive director of the [National Association of County and City Health Officials](#) (NACCHO).

New to the conference this year was a “Breakfast Roundtables” session in which conference attendees had an opportunity to network and explore interesting topics with various PHSSR partners.

The conference concluded with a session featuring several practitioner-researcher collaboration [success stories](#) that demonstrated both the growing relevance and value of PHSSR. Check out the latest issue of [PHSSR Matters](#) for details.

“We are pleased at not only the number and quality of abstracts and the caliber of the plenary sessions, but also the countless opportunities for discussion and networking at this year’s conference,” said [F. Douglas Scutchfield](#), MD, director of the National Coordinating Center for PHSSR. “This year we documented the interaction with social network analysis and demonstrated the value of the interaction that folks had at the conference. We are extremely excited by the new ideas and collaboration that came from the conference.”

For more information and materials related to the conference, visit [www.keenelandconference.org](http://www.keenelandconference.org)

### **Community Feedback Needed: Draft Framework and Guidelines for Data Quality Reporting**

The [Data Quality Collaborative](#) (DQC) requests your help on ways to assess the quality of data from electronic health records (EHRs) and improve the transparency of data quality. It’s easy – comment or make revisions on the DQC’s data quality framework draft paper and table on the EDM Forum eRepository. With your help, these recommendations can guide the development of reporting methods and analysis for CER, PCOR, and QI.

[Read more.](#)

### **Public Health Workforce Data Accessible for Research**

Does workforce training produce meaningful impact? Who is part of the public health workforce? These questions are critical to understanding the public health system and support inquires posed by the [Public Health Services and Systems Research \(PHSSR\) Agenda](#). While some answers have already been posited about how public health can be structured, managed, staffed, funded, and organized, the research is far from conclusive and much more is needed. Throughout PHSSR, data that are accurate, longitudinal, and span jurisdictions are needed to help inform future research.

[TRAIN](#), a national learning management system consisting of state agencies, federal partners, and academic institutions committed to improving public health workforce training, offers data on the workforce that is unmatched by any other system. [TRAIN](#) offers a venue for more than 650,000 learners to explore over 29,000 courses posted by more than 4,000 course providers. To bridge the available data and research opportunities, the [Public Health Foundation](#) (PHF) was awarded a grant from the [Robert Wood Johnson Foundation](#) to improve TRAIN's data quality, integrity and availability. Find out more [here](#).

TRAIN data have already been used to inform and support PHSSR. [Dr. James Bellamy](#) compared historical workforce training data to the [National Profile of Local Health Departments](#) compiled by the [National Association of County and City Health Officials](#). Based on the data measuring preparedness trainings and preparedness indicators, Dr. Bellamy concluded that training and preparedness are correlated. Dr. Bellamy's [research](#) represents an important first step in utilizing TRAIN's data for PHSSR.

Find out more about TRAIN's data and how these data can be used for research, [here](#).

### **Almost 80 Percent of Local Health Departments Completed the 2013 Profile Survey**

The [National Association of County & City Health Officials](#) (NACCHO) wishes to thank all local health departments that completed the 2013 [National Profile of Local Health Departments](#).

Many people made this year's Profile survey a success – staff at local health departments, leaders at [State Associations of County & City Health Officials](#) (SACCHOs) and state health departments, NACCHO's Executive Director and Board of Directors, the Profile Workgroup, public health researchers and leaders, the Profile Team, NACCHO staff,

and family and loved ones who support all of us in our work. Thanks to everyone!

In late 2013 NACCHO will publish the main report of findings, and data will be available on the [website](#). Please contact the Profile Team with any questions at [profileteam@naccho.org](mailto:profileteam@naccho.org).

**[The National Academy Press Releases \*The Childhood Immunization Schedule and Safety: Stakeholder Concerns, Scientific Evidence, and Future Studies\*](#)**

This publication reviews scientific findings and stakeholders concerns related to the safety of the recommended childhood immunization schedule. Drawing on data from existing surveillance systems, such as Vaccine Safety Datalink, this report can be used to inform ongoing research efforts regarding the safety of the recommended childhood immunization schedule and to identify potential research approaches, methodologies and study designs.

**East Tennessee State University Invites Applications for Two Tenure Track Positions**

The [Department of Health Services Management and Policy, College of Public Health](#) at [East Tennessee State University](#), is inviting applications for two new tenure-track faculty positions (open rank).

Faculty have responsibilities for research, teaching, advising, and mentoring students. Applicants must possess at the time of employment a doctoral degree in public health, health management and policy, or related field. Candidates are expected to have a strong record of scholarly activity or demonstrated potential to develop a research program, including sponsored projects. Preferred qualifications include a strong program of funded research, teaching experience and/or practice experience.

Applications are accepted electronically at <http://jobs.etsu.edu/hr/>. Please submit a cover letter outlining your background, purpose and interests; a CV; and names and contact information of three professional references. Direct inquiries to: Faculty Search Committee, Dr. Amal Khoury, [Khoury@etsu.edu](mailto:Khoury@etsu.edu). AA/EOE.

**Recently Published Research**

**Driving a Public Health Culture of Quality: How Far Down the Highway Have Local Health Departments Traveled?**

Beitsch LM, Rider NL, Joly BM, Leep C, Polyak G.

J Public Health Manag Pract. 2013 Apr 1.

<http://www.ncbi.nlm.nih.gov/pubmed/23549372>

**Diffusion of Complete Streets Policies Across US Communities.**

Moreland-Russell S, Eyer A, Barbero C, Hipp JA, Walsh H.  
J Public Health Manag Pract. 2013 May-Jun;19(3 Suppl 1):S89-96. doi:  
10.1097/PHH.0b013e3182849ec2.  
<http://www.ncbi.nlm.nih.gov/pubmed/23529062>

**Making strides toward active living: the policy research perspective.**

Eyer AA, Brownson RC, Schmid TL.  
J Public Health Manag Pract. 2013 May-Jun;19(3 Suppl 1):S5-7. doi:  
10.1097/PHH.0b013e31828c826c.  
<http://www.ncbi.nlm.nih.gov/pubmed/23529056>

**Analysis of state obesity legislation from 2001 to 2010.**

Lankford T, Hardman D, Dankmeyer C, Schmid T.  
J Public Health Manag Pract. 2013 May-Jun;19(3 Suppl 1):S114-8. doi:  
10.1097/PHH.0b013e3182847f2d.  
<http://www.ncbi.nlm.nih.gov/pubmed/23529050>

**Ramping up policy measures in the area of physical activity.**

Schneider JP, Pestronk RM, Jarris PE.  
J Public Health Manag Pract. 2013 May-Jun;19(3 Suppl 1):S1-4. doi:  
10.1097/PHH.0b013e31828f21d2.  
<http://www.ncbi.nlm.nih.gov/pubmed/23529048>

**Collaboration between local health authorities, hospitals, residents, and community-based organizations in Boston.**

Ferrer B, Aronstein D, Conley L.  
Am J Public Health. 2013 Mar;103(3):e1-2. doi:  
10.2105/AJPH.2012.301134. Epub 2013 Jan 17.  
<http://www.ncbi.nlm.nih.gov/pubmed/23327255>

**Maximizing the Public Health Impact of Alcohol and Tobacco Taxes.**

Chaloupka FJ.  
Am J Prev Med. 2013 May;44(5):561-562. doi:  
10.1016/j.amepre.2013.02.008. No abstract available.  
<http://www.ncbi.nlm.nih.gov/pubmed/23597823>

**Measurement in Comparative Effectiveness Research.**

Chubak J, Rutter CM, Kamineni A, Johnson EA, Stout NK, Weiss NS, Doria-Rose VP, Doubeni CA, Buist DS.  
Am J Prev Med. 2013 May;44(5):513-519. doi:  
10.1016/j.amepre.2013.01.006.  
<http://www.ncbi.nlm.nih.gov/pubmed/23597816>

**The Impact of Cigarette Excise Tax Increases on Purchasing Behaviors Among New York City Smokers.**

Coadv MH, Chan CA, Sacks R, Mbamalu IG, Kansaara SM.

Am J Public Health. 2013 Apr 18  
<http://www.ncbi.nlm.nih.gov/pubmed/23597382>

**Education: A Missed Opportunity for Public Health Intervention.**

Cohen AK, Syme SL.  
Am J Public Health. 2013 Apr 18  
<http://www.ncbi.nlm.nih.gov/pubmed/23597373>

**The Effect of Internal Possession Laws on Underage Drinking Among High School Students: A 12-State Analysis.**

Disney LD, Lavalley RA, Yi HY.  
Am J Public Health. 2013 Apr 1.  
<http://www.ncbi.nlm.nih.gov/pubmed/23597385>

**The U.S. National Physical Activity Plan: Dissemination and Use by Public Health Practitioners.**

Evenson KR, Brownson RC, Satinsky SB, Eyster AA, Kohl HW 3rd.  
Am J Prev Med. 2013 May;44(5):431-438. doi:  
10.1016/j.amepre.2013.02.002.  
<http://www.ncbi.nlm.nih.gov/pubmed/23597804>

**Public Health Managers: Ambassadors, Coordinators, Scouts, or Guards?**

Graham R, McCann M, Allen N.  
J Public Health Manag Pract. 2013 Apr 11.  
<http://www.ncbi.nlm.nih.gov/pubmed/23584246>

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## PBRN

**PBRN Study Illustrates How QI Initiatives Can Improve Effectiveness of Interventions**

A [Kentucky Public Health Practice-Based Research Network](#) study produced wins for both local health departments and the communities they serve – and provided some valuable information other agencies can use about how quality improvement (QI) initiatives can improve the effectiveness of interventions.

Focusing on diabetes self-management education, the researchers set out to test whether evidence-based QI strategies lead to systems changes and process improvements within health departments. Read more in a recent issue of [PHSSR Matters](#).

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## Policy

**Updating Public Health Workforce Competencies**

The [Council on Linkages Between Academia and Public Health Practice](#)

(Council on Linkages), a program of the [Public Health Foundation](#), held a March conference call to discuss progress on its initiatives and to guide future efforts. A coalition of 19 national public health organizations, the Council on Linkages works to further academic/practice collaboration to assure a well-trained, competent workforce and a strong, evidence-based public health infrastructure. In light of changes in the public health system since the last approval in May 2010, the [Core Competencies for Public Health Professionals](#) will be reviewed and revised to reflect changes such as decreases in health department budgets and workforce, implementation of the [Affordable Care Act](#), and the increasing focus on coordination of public health and health care. You can post your initial comments and suggestions through the [Shape the Future of the Public Health Workforce with Your Comments on the Core Competencies](#) post on the PHF Pulse blog.

### **Supporting Academic Health Departments**

Another program of the [Public Health Foundation](#), the [Academic Health Department \(AHD\) Learning Community](#) is a national community of practice centered around the [AHD concept](#). This community is composed of public health professionals engaged in knowledge sharing and collaboration to support use of the AHD model. Due to the rapidly growing membership of this group, ideas and suggestions are being sought on how to best meet the diverse needs and interests present within the group. Meetings are planned in May to introduce new members to AHD concepts and the AHD Learning Community and to conduct a needs assessment to identify activities, topics, and resources of interest to members, with the possibility of establishing subgroups to address specific topics of interest, enhancing the [AHD Learning Community Profiles](#) to better facilitate connections, hosting in-person meetings at multiple national events, developing a case story of successful collaboration, and establishing a mentorship program. Comments on these ideas or additional suggestions are welcome by email to Kathleen Amos at [kamos@phf.org](mailto:kamos@phf.org)

### **Washington Update**

As part of the collaborative effort between the [National Coordinating Center for PHSSR](#) and [AcademyHealth](#), AcademyHealth offers a Washington update on federal activities relevant to the field of PHSSR.

**PHSR in the President's Budget:** On April 10, President Obama unveiled his FY 2014 budget request. Amidst bleak news for the [Centers for Disease Control](#) and other public health agencies, a glimmer of hope for PHSR! On page 264 of the [CDC budget request](#), you'll see that the President has proposed including funding for PHSR:

*CDC will direct \$5 million for **public health systems research** as*

*authorized by Section 4301 of the Affordable Care Act. ...CDC will undertake research that seeks to identify the economic and budgetary impacts of public health interventions; expand data on healthcare utilization and effectiveness, and inform how public health should evolve and public health and healthcare should collaborate as the healthcare delivery system transforms.*

Of course, under the Constitution, it is up to Congress to determine how and where to spend money. But the inclusion of this new PHSR request in the President's budget is a significant achievement, particularly in this time of fiscal austerity.

**Prevention Fund:** It has been quite a month for the [Prevention & Public Health Fund](#) established by the [Affordable Care Act](#) (ACA). In our last report, we predicted the Fund would come under attack from within—used by the [Department of Health and Human Services](#) (HHS) to underwrite implementation of the exchanges due to budget shortfalls. On April 15, a [breakdown of the FY 2013 Prevention and Public Health Fund](#) allocations was leaked to the public showing, indeed, the Fund would be cut by more than \$450 million to pay for educating Americans about the exchanges. The [Secretary](#) of Health and Human Services (HHS) would partially backfill the cuts with \$121 million under the Secretary's "transfer" authority to move money between accounts, leaving a net cut of \$332 million from the Prevention Fund. That is in addition to the \$51 million cut due to sequestration.

The [Washington Post's](#) Sarah Kliff posted a [helpful blog](#) to help you keep up with the "incredible shrinking Prevention Fund."

The latest raid on the Fund did not go unnoticed. [Senator Tom Harkin](#) (D-IA)—widely recognized as the father of the Fund—came out with many strong statements in the days and weeks following, grilling Secretary Sebelius and other HHS officials at congressional hearings. Senator Harkin placed a "hold" on the nomination of [Marilyn Tavenner](#) as the new administrator of the [Centers for Medicare and Medicaid Services](#) (CMS), blocking a confirmation vote by the Senate. While no official explanation is given, word is that the hold was in response to the raid on the Fund. Senator Harkin has said he will not lift the hold until he has a commitment from the administration on the future of the Fund.

Meanwhile, in the lower chamber, there is political infighting surrounding another bill that would steal from the Prevention and Public Health Fund. HR 1549, the "Helping Sick Americans Now Act," would take \$4 billion from the Fund to extend the life of the [Pre-Existing Condition Insurance Program](#) (PCIP), which will have to stop accepting new enrollees without any action due to financial constraints. After some debate, the bill was pulled from the floor once

Republicans realized they did not have the votes to pass it. A great article on the intrigue that caused the collapse of the bill – definitely worth a [read!](#)

**FY 2013 Funding Becoming Clearer:** The CDC [operating plan](#) is now available.

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## Funding

### Public Health Law Research Call for Proposals Opening Early June

[Public Health Law Research](#) (PHLR) program of the [Robert Wood Johnson Foundation](#) will be opening its fifth call for proposals (CFP) in early June. Short-term studies are no more than 18 months long, and will be funded up to \$150,000 each. Applicants are expected to submit a detailed proposal of no more than 23 pages. More information about the call is available on PHLR's website, and more detailed instructions outlining the proposal elements, selection criteria and eligibility criteria will be released in June. To read descriptions of previously funded studies, visit <http://publichealthlawresearch.org/project-briefs>.

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### National Institutes of Health Understanding and Promoting Health Literacy

- (R01): <http://grants.nih.gov/grants/guide/pa-files/PAR-13-130.html>
- (R03): <http://grants.nih.gov/grants/guide/pa-files/PAR-13-131.html>
- (R21): <http://grants.nih.gov/grants/guide/pa-files/PAR-13-132.html>

**Proposal Due: Standard R series deadlines**  
(<http://grants.nih.gov/grants/funding/submissionschedule.htm>)

The goal of this program announcement is to encourage methodological, intervention and dissemination research for understanding and promoting health literacy. Health literacy is defined as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions (Ratzan and Parker, 2000).

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**Food and Drug Administration**  
**Food Protection Rapid Response Team (U18)**  
[RFA-FD-13-006](#)  
**Letter of Intent Due Date: May 15, 2013**  
**Application Due Date: July 1, 2013**

This Funding Opportunity Announcement (FOA) is being issued to announce the availability of up to nine (9) cooperative agreements to be awarded under a Limited Competition.

These cooperative agreements are intended to develop, implement, maintain and sustain multi-jurisdictional Rapid Response Teams (RRTs) that operate using Incident Command System (ICS)/National Incident Management System (NIMS) principles and a Unified Command structure to support integrated all-hazards preparedness, response, mitigation and recovery/prevention efforts for food/feed within the national integrated food safety system.

The goal of these cooperative agreements is to facilitate long-term improvements to the national integrated food safety system by unifying and coordinating federal/state/local food/feed emergency response efforts including:

- 1) Strengthening the link among epidemiology, lab and environmental health components;
- 2) Improving states' regulatory and surveillance food/feed protection programs (with a focus on manufactured foods) to include foodborne illness/outbreak investigations, removing tainted food from commerce, and root cause investigations; and
- 3) Addressing supporting components, such as training, data sharing, data analysis and communications.

This will be accomplished through the provision of funding for program improvement and will require extensive cooperation and coordination with FDA District Offices and other FDA program offices.

Effective leveraging of resources and harmonization of efforts will require collaboration with relevant initiatives, including those of federal partners (e.g., the [Centers for Disease Control and Prevention](#) (CDC) and the [US Department of Agriculture](#) (USDA) [Food Safety and Inspection Service](#)), national initiatives (e.g., the [FDA Food Safety Modernization Act](#), the [Integrated Food Safety System](#) (IFSS), the [National Response Framework](#), and the [Partnership for Food Protection](#) (PFP)), and relevant associations, state, and local partners.

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**Food Protection Rapid Response Team (U18)**

**[RFA-FD-13-028](#)**

**Letter of Intent Due Date: May 15, 2013**

**Application Due Date: July 1, 2013**

This Funding Opportunity Announcement (FOA), issued by the [Food and Drug Administration](#) is intended to improve the national food

[and Drug Administration](#), is intended to improve the national food protection system by facilitating the development and implementation of food protection projects within existing Food Protection Task Forces. It is intended that these projects will have national significance and be able to be adopted and utilized by other federal, state, local and Tribal organizations in their food protection efforts.

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**Southeast Center for Agricultural Health and Injury Prevention  
Feasibility Projects Program in Agricultural Safety & Health  
Application Due Date: July 15, 2013**

In collaboration with the [National Institute for Occupational Safety and Health](#) (NIOSH), the [Southeast Center for Agricultural Health and Injury Prevention](#) announces the availability of awards for 12-month feasibility projects that focus on improving occupational safety and health among workers in production agriculture, forestry, and commercial fishing/aquaculture. Priority will be given to applicants from Alabama, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee, Florida, Virginia, and West Virginia. The Southeast Center emphasizes stakeholder engagement, measurable outcomes, and the translation of research to practice (r2p). More details [here](#).

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**Johnson and Johnson Community Health Care Program Grant  
Funding Opportunity**

The [Johnson & Johnson Community Health Care Program](#), in partnership with the [Johns Hopkins Bloomberg School of Public Health](#), has announced a [grant funding opportunity](#) "for non-profit community health care organizations implementing evidence-based, community-education programs that promote wellness and healthy lifestyle choices to prevent and reduce the impact of obesity in children." Up to eight \$200,000 grants will be awarded for activities in Louisville, Ky.; Chicago, Ill.; Las Vegas, Nev.; Charlotte, NC; and Washington, DC. The deadline for grant submissions is May 15.

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**Call for Proposals: Healthy Eating Research**

[Healthy Eating Research](#) has released its 2013 Call for Proposals (CFP). This CFP is for two types of awards aimed at providing advocates, decision-makers, and policy-makers with evidence to reverse the childhood obesity epidemic. The award types are Round 8 grants and [RWJF New Connections](#) grants awarded through the Healthy Eating Research program for early-career investigators from historically disadvantaged and underrepresented communities. For more

information and to download the CFP, please visit [www.healthyeatingresearch.org](http://www.healthyeatingresearch.org). Last deadline for concept papers is July 10, 2013.

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**National Institutes of Health**

**[Obesity Policy Evaluation Research \(R01\)](#)**

**Proposal Due: [Standard R series deadlines](#)**

This Funding Opportunity Announcement (FOA) encourages Research Project Grant (R01) applications that propose to evaluate large scale policy or programs that are expected to influence obesity related behaviors (e.g., dietary intake, physical activity, or sedentary behavior) and/or weight outcomes in an effort to prevent or reduce obesity.

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**School Nutrition and Physical Activity Policies, Obesogenic Behaviors, and Weight Outcomes [\(R01\)](#), [\(R03\)](#) and [\(R21\)](#)**

**Proposal Due: [Standard R series deadlines](#)**

This Funding Opportunity Announcement (FOA) is issued by the [National Institutes of Health's Eunice Kennedy Shriver National Institute of Child Health and Human Development](#) (NICHD), the [National Cancer Institute](#) (NCI), the [National Heart, Lung, and Blood Institute](#) (NHLBI), and the [Office of Behavioral and Social Sciences Research](#) (OBSSR). The FOA encourages Research Project Grant (R21) applications that propose to: (1) foster multidisciplinary research that will evaluate how policies (federal, state and school district levels) can influence school physical activity and nutrition environments, youths' obesogenic behaviors (e.g., nutrition and physical activity behaviors), and weight outcomes; (2) understand how schools are implementing these policies and examine multi-level influences on adoption and implementation at various levels (e.g., federal, state, school district, and school); and (3) understand the synergistic or counteractive effect of school nutrition and physical activity policies on the home and community environment and body weight.

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**mHealth Tools to Promote Effective Patient–Provider Communication, Adherence to Treatment and Self Management of Chronic Diseases In Underserved Populations [\(R01\)](#), [\(R03\)](#) and [\(R21\)](#)**

**Proposal Due: [Standard R series deadlines](#)**

The purpose of this initiative issued by the [National Institute of Nursing Research](#) (NINR) and the [Office of Dietary Supplements](#) (ODS) is to stimulate research utilizing Mobile Health (mHealth) tools aimed

at the improvement of effective patient-provider communication, adherence to treatment and self-management of chronic diseases in underserved populations. With the rapid expansion of cellular networks and substantial advancements in Smartphone technologies, it is now possible and affordable to transmit patient data digitally from remote areas to specialists in urban areas, receive real-time feedback, and capture that consultation in a database. mHealth tools, therefore, may facilitate more timely and effective patient-provider communication through education communication around goal setting, treatment reminders, feedback on patient progress and may improve health outcomes. This announcement encourages the development, testing and comparative effective analysis of interventions utilizing mHealth technologies in underserved populations.

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**National Institute on Aging**  
**[Implications of the Economic Downturn for Health, Wealth, and Work at Older Ages \(R01\)](#)**

**Proposal Due: [Standard R series deadlines](#)**

This Funding Opportunity Announcement (FOA) invites research on the implications of exogenous shocks, such as those produced by the recent economic downturn, for health, economic circumstances, and planning throughout the life-cycle.

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**National Institute on Aging**  
**[Regional and International Differences in Health and Longevity at Older Ages \(R01\), \(R03\) and \(R21\)](#)**

**Proposal Due: [Standard R series deadlines](#)**

This Funding Opportunity Announcement (FOA) encourages Research Project Grant (R01) applications from institutions/organizations proposing to advance knowledge on the reasons behind the divergent trends that have been observed in health and longevity at older ages, both across industrialized nations and across geographical areas in the United States. This FOA is intended to capitalize on provocative findings in the literature that have been insufficiently understood and addressed. This FOA is also intended to capitalize on [NIA's](#) investment in the development of cross-nationally comparable datasets that can be harnessed to study these research questions; these include the Health and Retirement Study (HRS), the English Longitudinal Study on Ageing (ELSA), the Survey of Health, Ageing and Retirement in Europe (SHARE), and the Human Mortality Data Base. Applications proposing secondary analysis, new data collection, calibration of measures across studies, development of innovative survey measures, and linkages to administrative sources are encouraged. Applications are not restricted

administrative sources are encouraged. Applications are not restricted to projects using the NIA-supported datasets above and may propose research using any relevant data.

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**Reducing Health Disparities Among Minority and Underserved Children [\(R01\)](#) and [\(R21\)](#)**

**Proposal Due: [Standard R series deadlines](#)**

This Funding Opportunity Announcement (FOA) issued by the [National Institute of Nursing Research](#) (NINR), [National Heart, Lung, and Blood Institute](#) (NHLBI), [National Institute on Alcohol, Alcoholism, and Alcohol Abuse](#) (NIAAA), and [National Institute on Deafness and Other Communication Disorders](#) (NIDCD), [National Institutes of Health](#) (NIH), encourages Research Project Grant (R21) applications from institutions/organizations that propose to conduct research to reduce health disparities among minority and underserved children. Specifically, this initiative focuses on ethnic and racial minority children and underserved populations of children such as: children from low literacy, rural and low-income populations, geographically isolated children, hearing and visually impaired children, physically or mentally disabled children, children of migrant workers, children from immigrant and refugee families, and language minority children. Specific targeted areas of research include biobehavioral studies that incorporate multiple factors that influence child health disparities such as biological (e.g., genetics, cellular, organ systems), lifestyle factors, environmental (physical and family environments), social (e.g., peers), economic, institutional, and cultural and family influences; studies that target the specific health promotion needs of children with a known illness and/or disability; and studies that test and evaluate the comparative effectiveness of health promotion interventions conducted in traditional and nontraditional settings.

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**National Institutes of Health  
Epidemiology and Prevention in Alcohol Research [\(R01\)](#), [\(R03\)](#) and [\(R21\)](#)**

**Proposal Due: [Standard R series deadlines](#)**

The [National Institute on Alcohol Abuse and Alcoholism](#) (NIAAA), [National Institutes of Health](#) (NIH), encourages the submission of investigator-initiated research grant applications to support research investigating the epidemiology of alcohol use, alcohol-related harms, and alcohol use disorders and the prevention of underage drinking, alcohol-related harms, and alcohol use disorders.

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## **Agency for Healthcare Research and Quality**

### **[AHRQ Conference Grant Program \(R13\)](#)**

**Application Due: Feb. 1, May 1, Aug. 1, and Nov. 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).

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

On Dec. 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](#).

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## **Events**

## Meetings

### **[NNPHI Annual Conference](#)**

The Art and Science of Collaborative Practice: *Moving America's Health Agendas Forward*  
May 20-22, 2013  
New Orleans, La.

For more information, view the preliminary conference [agenda](#) and visit the event [website](#).

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### **[Open Forum for Quality Improvement in Public Health](#)**

June 12-13, 2013  
Milwaukee, Wisc.

The Open Forum for Quality Improvement (QI) in Public Health convenes leaders and practitioners shaping quality in public health today. Over the past decade, the field of public health performance improvement has undergone significant growth. This meeting is designed to capitalize on the rising interest in accreditation and QI, with the ultimate aim of strengthening the field nationwide. Find more information [here](#).

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### **[AcademyHealth Annual Research Meeting](#)**

June 23-25, 2013  
Baltimore, Md.

[Register](#) now for [AcademyHealth's Annual Research Meeting](#), which features more than 150 sessions, including methods training, poster sessions, and networking opportunities.

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### **[AcademyHealth Public Health Systems Research Interest Group Meeting](#)**

June 25-26, 2013  
Baltimore, Md.

The AcademyHealth Public Health Systems Research Interest Group (PHSR IG) Meeting is held at the end of the Annual Research Meeting on June 25-26. The PHSR IG is the largest at AcademyHealth, with more than 2,700 members. The IG provides a forum for members to share information, network with their peers, and learn about/participate in new opportunities for expanding knowledge of the field. Register for the PHSR IG Annual Meeting [here](#).

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### **National Environmental Health Association**

2013 Annual Educational Conference & Exhibition

July 9-11, 2013

Washington, DC

Learn more and register [here](#).

The NEHA 2013 AEC will offer training and education that cover a wide genre of environmental health (EH) topics. Sessions at the NEHA AEC will cover more than 15 environmental health topic areas, including emerging EH issues, food safety and defense, environmental justice, healthy homes and communities, sustainability/climate change and general environmental health.

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### **NACCHO Annual Conference to Feature Session Track on Public Health Research**

July 10-12, 2013

Dallas, Texas

Learn more and register [here](#).

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### **Second Annual National Health Impact Assessment Meeting**

Sept. 24-26, 2013

Washington, DC

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### **APHA 2013 Annual Meeting**

Nov. 2-6, 2013

Boston, Mass.

## **Webinars**

The [National Cancer Institute](#) (NCI)

**Announces Health Rankings and Assessment: Tools of the Trade**

**Seminar**

**May 21, 2013, 2-3 p.m. ET**

Having an understanding of the health of your community in relation to other communities/states can be an important factor in health planning and programming. The May [National Cancer Institute](#) (NCI) Research to Reality [cyber-seminar](#) will explore two resources that are designed to help users assess the health of their communities using a variety of data sources, and then to use that data to create solutions and implement programs for a healthier community. The final part of the webinar will be dedicated to Q&A and discussion and will offer an

the webinar will be dedicated to Q&A and discussion and will offer an opportunity to engage with the presenters, and to share your own experiences and thoughts on the use of rankings and health assessments to improve the health of your community.

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### **Current Research Priorities for Understanding the U.S. Public Health System**

**May 29, 2013, 1-2:30 p.m. ET**

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. In the free webinar, these agency experts will also highlight resources offered to support research, and extend its impact and dissemination. [Register here.](#)

Faculty: [F. Douglas Scutchfield](#) M.D., [University of Kentucky](#); [Robert Kaplan](#), Ph.D., [National Institutes of Health](#) (NIH); [Linda Degutis](#), Dr.PH, M.S.N., [Centers for Disease Control and Prevention](#) (CDC)

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### **Planning, Executing, Analyzing and Reporting Research on Delivery System Improvement, sponsored by the [Agency for Healthcare Research and Quality](#) (AHRQ) Delivery System Initiative, in cooperation with the AHRQ PCMH Program:**

- Statistical Process Control, May 14, 1-2 p.m. EDT
- Logic Models, June 4, 1-2 p.m. EDT
- Formative Evaluation, July 15, 1-2 p.m. EDT
- Mixed Methods, TBA, December 2013

Click here to [register](#).

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### **CDC National Prevention Information Network ([NPIN](#)) Public Health Social Media Webinar Series**

“In the Know: Social Media for Public Health” is a series of six webcasts, each focusing on a different social media channel and providing basic information, tips and hints for how to use them to meet your needs. Archives are available for the past two sessions, Twitter and LinkedIn and Slideshare.

Upcoming sessions are:

- Google+ and YouTube, May 14, 2-3 p.m., ET
- Measurement and Evaluation, June 4, 2-3 p.m. ET

Visit the [CDC National Prevention Information Network](#) for [more information](#) and to [register](#).

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