

**Issue #106**

## **Public Health PBRN Review | October 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](mailto:publichealthpbrn@uky.edu) or (859) 218-2094. Past issues are available in the [newsletter](#) archive.

**Stat of the Month:** More than one in five of Minnesota’s local public health directors (21%) lack the authority to initiate communication with locally elected officials, according to a new study authored by Dr. Kim Gearin and colleagues from the Minnesota Public Health PBRN that will appear in the November 2012 issue of the *Journal of Public Health Management and Practice*.

### **PBRN NEWS**

**Economies of Scope vs. Returns to Specialization in Producing Public Health:** A long-standing empirical debate in the health policy and health services research communities concerns the benefits and costs of specialization. Is it better to deliver bypass surgery through a specialized heart hospital – the “focused factory” model – or through an integrated community hospital that offers a broad range of clinical services in addition to cardiac surgery? Does specialization lead organizations to miss out on “economies of scope” that can make it cheaper and more effective to deliver bundles of related services together? Or does specialization allow staff to focus on a smaller number of complex tasks, increasing the quality and efficiency with which they perform them? These empirical questions have been explored in various areas of medical care delivery for several decades, but they are rarely examined in public health – until now. A study underway by the New York PBRN and funded by a PBRN Research Implementation Award is evaluating the implementation and impact of an initiative by the state health department to integrate the delivery of HIV and STD prevention and control services provided through its regional offices. The initiative represents a significant change for the HIV and STD programs that historically operated separately with distinct specialized staff. The initiative represents a compelling “natural experiment” for the PBRN, particularly given the staggered implementation schedule used by the state in one pilot region. PBRN

leaders Britney Johnson and Chris Maylahn presented preliminary findings from the study on September 20 during the *Research-in-Progress* segment of the September Public Health PBRN Virtual Meeting. Preliminary evidence suggests that staff workloads, job complexity and job dissatisfaction increased after integration, indicating that there may be at least some temporary costs associated with moving away from specialized delivery. However, the study also found evidence of improving program performance after an initial lag period following integration, suggesting that the benefits of “economies of scope” may require some time to realize fully. The study is ongoing, but a recording of the research-in-progress presentation will be available on the PBRN website soon.

**Multi-Network Study Rates and Selects Core Measures of Service Delivery:** PBRNs participating in the Multi-Network Practice Variation and Outcome Examination Study (MPROVE) are using a Delphi rating process this month with an inventory of possible service delivery measures in order to select a core set of measures to collect and analyze consistently across the PBRN settings. MPROVE is designed to analyze geographic variation in the delivery of a core set of “high value” public health services across local settings represented in the participating PBRNs. The study focuses on selected public health services in three domains – chronic disease prevention, communicable disease control, and environmental health protection – and seeks to go beyond simple measures of service availability by including measures of the volume, intensity, and quality of delivery. Rather than seeking to comprehensively measure all public health services in each domain, MPROVE will select a small number of measures of “high value” services – those activities expected to generate significant health and/or economic effects in a community as a result of expansion or improvement. Representatives from the participating PBRNs will convene in Denver in early October to review the Delphi ratings and select the final set of core measures.

**Leaders from the Connecticut PBRN are preparing to share findings and lessons from their research at the upcoming Annual Meeting and Conference of the Connecticut Public Health Association:** Debbie Humphries, Jennifer Kertanis and colleagues set out to examine how Local Health Jurisdictions (LHJs) adjusted their services in light of current economic conditions. Their analysis revealed that LHJs

responded to reduced revenues in a number of different ways. These include reduction of services, decreasing staffing, charging or increasing fees for services to increase revenues, increasing or leveraging partnerships with other agencies for services, and maintaining political support from local government officials. They also looked at factors beyond local economic conditions, such as LHJ type, part-time versus full-time, and urban versus rural to explain variations in fee revenue and service provisions. Their findings indicate that the type of LHJ is an even greater predictor of revenues and services than changes in economic conditions as measured by unemployment and housing permit rates.

**New Leadership in Ohio:** Summit County Health Commissioner Gene Nixon is joining the Ohio Public Health PBRN's Research Association for Public Health Improvement (RAPHI) as co-PI for practice. Nixon led the consolidation of Akron, Summit and Barberton health departments and has presented widely about the process. He replaces Matthew Stefanak, who has recently retired from his position as health commissioner.

**PBRN Quarterly Update Calls:** Personnel from the National Coordinating Center have been contacting each of the networks to ensure that our records and website have the most up-to-date information possible about each network's progress. Networks are being asked to edit their online [overviews](#) to present the most recent information about their research projects, to provide updated partner and contact lists, and to talk with the Coordinating Center about research progress and challenges, along with the dissemination and translation of findings. This will be a terrific opportunity for grantees to raise any concerns or make suggestions about how the Coordinating Center can best support your efforts. If you have not yet scheduled a conversation with us please respond to the request as soon as possible. We look forward to speaking with you soon. If you have responded already, many thanks!

**Urban Institute External Evaluation of RWJF PHSSR Activities:** The Public Health PBRNs also can expect to be contacted by Harry Hatry and Randy Bovbjerg, external evaluators for the Urban Institute, who are working closely with the Robert Wood Johnson Foundation and the Public Health PBRN National Coordinating Center to evaluate RWJF's Public Health Services and Systems

Research enterprise. This effort provides an excellent opportunity for all of us to learn what we are doing well, what we can do better, and how we can support and grow the field. Member networks could be contacted to participate in interviews and/or a network-wide survey. If you have any questions, please contact [Anna Hoover](#), deputy director of the PBRN National Coordinating Center. If you have responded already, many thanks!

**Public Health PBRNs at APHA:** With APHA around the corner, we would like to keep everyone abreast of when and where the Public Health PBRNs will be presenting. If you will be presenting PBRN-related research, please let us know by emailing the session title, date, and time to NCC deputy director [Anna Hoover](#) no later than **October 10**.

**Keep up with PBRN News and Conversations Online at:**

**Our website:** [www.publichealthsystems.org/pbrn.aspx](http://www.publichealthsystems.org/pbrn.aspx)

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

**Public Health PBRN Twitter:** [@PH\\_PBRN](#)

#### **RELATED NEWS**

**Hawthorne Effect in PBRNs?** Practice-based research studies and quality improvement (QI) interventions have long been thought to be vulnerable to a source of bias in research known as the Hawthorne Effect -- bias that occurs when research subjects' behavior or research results are altered by the subjects' awareness that they are being studied or receiving special attention. A study published earlier this year in the [Journal of the American Board of Family Practice](#) conducted an explicit test of this possibility using a QI intervention study implemented through primary care PBRNs. Reassuringly, the results showed no evidence of the Hawthorne Effect, but nevertheless this study provides a useful example of how to build in tests and controls for such sources of bias in PBRN studies.

**Draft PCOR/CER Methodology Report Available.** The Patient-Centered Outcomes Research Institute (PCORI) has released a draft [Methodology Report](#) that outlines standards for conducting comparative effectiveness research (CER) and patient-centered outcomes research (PCOR). The report is a significant step in guiding health care stakeholders toward the best and most appropriate methods for evaluating and comparing the alternative prevention, diagnostic, and treatment

choices faced by patients, providers, policy-makers and other health system stakeholders. Feedback received during the public comment period, which ended on September 14<sup>th</sup>, will be analyzed and potentially incorporated into a revised version of the report that will be considered for adoption by the PCORI Board of Governors at their November public meeting in Boston.

**Documentary featuring Donald Berwick.** A new documentary, *Money Driven Medicine*, produced by Academy Award winner Alex Gibney, based on the book by Maggie Mahar, *Money Driven Medicine: The Real Reason Health Care Costs So Much*, highlights insights from former CMS director, Donald Berwick. The film offers a systemic look at the economics underlying our \$2.6 trillion healthcare system and outlines the impending policy challenges for effective, high quality, patient-centered care while containing costs and reducing wasteful and sometimes risky procedures.

**Call for Comments: EPA Office of the Science Advisor.** The EPA Office of the Science Advisor (OSA) has announced a 60-day public comment period for the external review draft of [A Framework for Human Health Risk Assessment to Inform Decision Making](#). This document was developed as part of an agency-wide program by the EPA Risk Assessment Forum. All comments received will be shared with an external peer review panel for their consideration. Comment at [regulations.gov](http://regulations.gov).

**National Institutes of Health. Request for Information: Identifying Organizations with the Appropriate Expertise to Participate in a Mobile Health (mHealth) Collaborative Public-Private Partnership Release Date: September 14, 2012 Response Date: October 5, 2012.** NIH has issued a Request for Information to identify organizations with appropriate expertise to serve as managing partners and/or participants for the “mHealth Public-Private Partnership” (mHealth PPP) with NIH’s Office of Behavioral and Social Sciences Research (OBSSR). The mHealth PPP is designed “to facilitate research and evidence collection to enable the appropriate use of wireless devices to improve health in both the domestic and global environment.” NIH anticipates potential roles for government agencies and institutes, academia, NGOs, philanthropic institutions, and private sector entities. According to the RFI, “An ideal managing partner entity in this venture would be able to convene stakeholders, establish and implement a governance structure, raise funds in

support of the mHealth PPP's mission, provide project management, and manage various operations of the mHealth PPP, such as contracts and grant making. Furthermore, the managing partner would be expected to explore potential partnership opportunities to extend and enhance the work of the mHealth PPP, including collaborations with other organizations and/or groups that could advance the mission of the mHealth PPP."

**CTSA Workgroup Publishes Preliminary CER Core Competencies.** In an article now [online](#) in the journal *Clinical and Translational Science*, the CTSA Workgroup for Comparative Effectiveness Research Education, Training, and Workforce Development has addressed several definitional tasks for the field. In addition to describing the workforce, the group has distinguished applied and foundational competencies, with relevant categories including: 1) asking relevant research questions, recognizing/designing CER studies; 3) executing/using CER studies; 4) using CER-appropriate statistical analyses; and 5) communicating and disseminating study findings.

#### **ON THE HORIZON**

**October PBRN Monthly Virtual Meeting.** The October 2012 edition of the Public Health PBRN Virtual Meeting will be conducted on Thursday, October 18, from 1:00-2:30pm ET and will feature a *Research-in-Progress* presentation by the Ohio Public Health PBRN.

#### **WEBINARS**

**Understanding the Lobbying Rules for RWJF-Funded Initiatives** October 17, 1:00 – 2:30pm ET As part of the Robert Wood Johnson Foundation's eTraining Series on Policymaker Outreach, this October session will help build grantee and alumni capacity for connecting policymakers with research findings. As RWJF states, "Many nonprofit organizations that RWJF funds may have heard that there are rules around lobbying, but don't understand exactly what they are or how to work within them. This session will focus on how to navigate the lobbying line for Foundation-funded activities. The session will explore the lobbying guidelines, focusing on many of the permissible activities, in addition to clearly defining the boundaries. Additionally, we will discuss the value and mechanics of different types of policy asks. This session will also feature examples of grantees who have successfully advanced their work or research through an effective policy ask." Participation is free. [Register online today.](#)

**Effective Communication Strategies Webinar.** October 25, 1:00-2:30PM ET. AcademyHealth and the Robert Wood Johnson Foundation are offering a webinar on [Effective Strategies for Communicating Public Health Findings with the Media and Policymakers](#). For public health services and systems research (PHSSR) findings to impact health policy and practice, research results must be translated and tailored for a policy-minded audience. This webinar will demonstrate how to develop messages and outreach strategies, use media and technology to bridge research and policy, and provide examples of how Public Health PBRNs have effectively used these strategies to impact change. [Register online today](#).

**Mobile Health Webinar Series.** AcademyHealth and the Robert Wood Johnson Foundation are offering a [webinar series](#) to help identify opportunities for leveraging mHealth tools to solve practical needs of health services researchers, to address potential challenges and barriers to using mobile devices to support HSR, and to discuss how using mobile solutions can result in rigorous, publishable findings. Upcoming webinar topics include data uses (11/05) and moving from idea to evidence (12/3).

## **DISSEMINATION**

*Calls for Papers and Products*

### **Health Services Research Special Issue on Mixed Methods in Healthcare Delivery Systems Research** Deadline: **October 15, 2012**

Health Services Research and the Agency for Healthcare Research and Quality (AHRQ) are publishing a Special Issue on Mixed Methods in Healthcare Delivery Systems Research. For more information about this call for papers, please see the announcement at the [HSR website](#), or consult the "[Instructions for Authors](#)" prior to [submission](#). For questions, please email HSR Managing Editor, [Meighan Schreiber](#).

### **CDC *Preventing Chronic Disease* Journal accepting submissions for 2012 Student Research Paper Contest**

Deadline: **January 23, 2013**

*Preventing Chronic Disease (PCD)* announces its 2013 Student Research Paper Contest. *PCD* is looking for graduate and undergraduate students to submit papers relevant to the prevention, screening, surveillance, and/or population-based intervention of chronic diseases, including but not limited to arthritis, asthma,

cancer, depression, diabetes, obesity, and cardiovascular disease. A peer-reviewed electronic journal, *PCD* was established to provide a forum for researchers and practitioners in chronic disease prevention and health promotion. The journal is published weekly by the Centers for Disease Control and Prevention's National Center for Chronic Disease Prevention and Health Promotion. The winning manuscript will be recognized on the *PCD* website and will be published in a 2013 *PCD* release. Papers must be received electronically no later than **5:00 PM EST on January 23, 2013**. For more information on the contest and how to submit your manuscript, visit [PCD Student Research Contest](#).

**Participate in the My Air, My Health Challenge.** The *My Air, My Health Challenge* seeks innovators to develop personal and portable sensors to measure air pollution in real time and space. Systems must link air-pollutant concentrations with physiological data, provide geocoded and time-stamped files in an easy-to-use format, and transmit this data via existing networks to a central data repository provided by EPA and HHS. The first phase, which includes a project plan, is due **October 5, 2012**. Up to four finalists will be selected and awarded \$15,000 each during the first phase to develop and test the proposed prototype in the second phase. The winner of the second phase will be awarded \$100,000. The *My Health, My Air Challenge* is a joint project of the U.S. Department of Health and Human Services and the U.S. Environmental Protection Agency. For more information, please visit the Challenge [website](#).

## **RESOURCES**

**Online Training for Measuring the Built Environment for Physical Activity and Nutrition:** The Built Environment Assessment Training Institute (BEAT) at the University of Pennsylvania School of Medicine offers online training modules for assessing physical activity and nutrition environments – measures that are becoming widely used in public health research, surveillance, assessment, and evaluation initiatives. The courses are geared towards researchers, practitioners and anyone else with an interest in learning how to conduct audits of the built environment. Participants will learn about the main variables found in widely used and validated assessment instruments, with a more in-depth look at a few specific tools (e.g. IMI, ANC, PEDS, PARA, EAPRS & PEAT). Participants also learn how to customize the tools. (Note: some of the variables examined here are included on the MPROVE Inventory of Candidate Measures). For more information, click [here](#).



**Building the Science of Community-Engaged Research.** The Fall 2012 edition of *Progress in Community Health Partnerships: Research, Education, and Action* is a special issue focused on community-engaged research. The journal features policy briefs, ongoing research, lessons learned, and practical tools for developing and sustain community research partnerships.

**Archived Virtual Training, Technical Assistance, and Monthly Meetings.** Have you missed a recent Coordinating Center-sponsored online training session? Do you remember hearing a useful piece of data in a network member's research report during one of our monthly calls but need to find the exact number and/or source? The Public Health PBRN National Coordinating Center's [website](#) is your one-stop shop for plugging into these resources, with archived materials dating back to 2009.

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

## **FUNDING**

### ***New Listings***

#### **National Institutes of Health**

#### **Secondary Analyses of Comparative Effectiveness, Health Outcomes and Costs in Persons with Multiple Chronic Conditions (R21)**

#### **Proposal Due: October 11, 2012**

The National Institute on Aging (NIA) invites applications for short-term projects involving secondary analysis aimed at the following goals: To assess the public health and health cost impact of specific combinations of two or more conditions in defined older populations, To identify potential differences in effectiveness and safety of different treatment regimens for patients with specific combinations of two or more conditions, To examine alterations in safety or effectiveness of a treatment for one condition related to the presence of one or more specific coexisting condition. To identify and address methodological issues relevant to

analyses of the health impact of multiple chronic conditions such as validity of data and confounding by indication.

**Patient-Centered Outcomes Research Institute [Second Cycle Funding Announcements](#)**

**Letter of Intent Due Date: October 15, 2012**

**Application Deadline: December 17, 2012**

PCORI has launched a new 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:<sup>2</sup>

- 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.

Additional PFAs will be issued later this fall that will address PCORI's fifth priority, Accelerating Patient-Centered and Methodological Research.

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](http://www.pcori.org).

**Agency for Healthcare Research and Quality**

**[AHRQ Patient Centered Outcomes Research \(PCOR\) Pathway to Independence Award \(K99/R00\)](#)**

**Letter of Intent Due: November 19, 2012**

**Proposal Due: December 17, 2012**

The primary purpose of the AHRQ Patient Centered Outcomes Research (PCOR) Pathway to Independence Award (K99/R00) program is to increase and maintain a strong cohort of new and talented AHRQ-supported independent investigators trained in comparative effectiveness methods to conduct patient care outcomes research. The program is designed to facilitate a timely transition from a junior non-tenure track faculty or a postdoctoral research position (or their equivalents) to a stable independent research career. The program targets investigators early in their careers to support their development in new sophisticated methodological comparative effectiveness research skills, interdisciplinary perspectives, and capabilities in PCOR.

*Previous Listings*

**Robert Wood Johnson Foundation**

**Scholars in Health Policy Research**

**Proposal Due: October 16, 2012**

The Robert Wood Johnson Foundation Scholars in Health Policy Research program develops and supports a new generation of creative health policy thinkers and researchers within the disciplines of economics, political science and sociology. Each year the program selects up to nine highly qualified individuals for two-year fellowships at one of three nationally prominent universities with the expectation that they will make important research contributions to future U.S. health policy.

**NIOSH Exploratory/Developmental Grant Program (R03) and (R21)**

**Proposal Due: October 16, 2012**

The purpose of this grant program is to develop an understanding of the risks and conditions associated with occupational diseases and injuries, to explore methods for reducing risks and for preventing or minimizing exposure to hazardous conditions in the workplace, and to translate significant scientific findings into prevention practices and products that will effectively reduce work-related illnesses and injuries.

**National Institutes of Health**

## **2013 NIH Director's New Innovator Award Program (DP2)**

**Proposal Due: October 17, 2012**

The NIH Director's New Innovator (DP2) Award initiative was created in 2007 to support a small number of early stage investigators of exceptional creativity who propose bold and highly innovative new research approaches that have the potential to produce a major impact on broad, important problems in biomedical and behavioral research. The New Innovator Awards complement ongoing efforts by NIH and its Institutes and Centers to fund early stage investigators through R01 grants, which continue to be the major sources of NIH support for early stage investigators.

## **National Institutes of Health**

### **Research Infrastructure for Demographic and Behavioral Population Science (R24)**

**Letter of Intent Due: October 30, 2012**

**Proposal Due: November 30, 2012**

The purpose of this funding opportunity announcement (FOA) is to promote science within the mission of the NICHD Demographic and Behavioral Sciences Branch by providing research infrastructure to population science research centers. Types of research infrastructure provided include administrative and technical research support, developmental infrastructure, and public infrastructure. This FOA supports three types of applications: (1) General Center applications, for centers with three to six signature population science research themes; (2) Specialized Center applications, for centers with one or two signature research themes; and (3) Translation/Dissemination Center applications, for centers that request funding only for public infrastructure.

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

### **AHRQ Grants for Health Services Research Dissertation Program (R36)**

**Proposal Due: November 1, 2012**

The overall goal of the AHRQ Health Services Research Dissertation Grant Program is to help ensure that a diverse pool of highly trained health services researchers is available in adequate numbers and appropriate research areas to address the research mission and priorities of AHRQ. This program is authorized by 42 U.S.C. 299a(b), which provides that AHRQ may provide training grants in the field of

health services research. The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans in the United States.

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

### **AHRQ Individual Awards for Postdoctoral Fellows (F32) National Research Service Awards (NRSA)**

**Proposal Due: December 8, 2012**

The purpose of this individual postdoctoral research training fellowship is to provide support to promising fellows with the potential to become productive, independent investigators in health services research, with a research interest in areas and priorities relevant to the mission of AHRQ. Mechanism of Support. This FOA will use the Individual Postdoctoral National Research Service Award (NRSA) grant mechanism (F32). Funds Available and Anticipated Number of Awards. The total amount to be awarded and the number of F32 fellowships awarded will depend on the quality and scientific merit of the applications received, their relevance to the program priorities of AHRQ and the availability of funds.

#### **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 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](mailto: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](http://www.rwjf.org/files/publications/RWJF_GranteeReportingInstructions.pdf)

RWJF guidelines for financial reports:

[http://www.rwjf.org/files/publications/RWJF\\_FinancialGuidelinesReporting.pdf](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](http://www.rwjf.org/files/publications/RWJF_ElectronicSubmissions.pdf)

## **COORDINATING CENTER CORNER**

**Travel Policies.** In advance of the 2013 Annual Meeting for all Public Health PBRNs in Lexington, we wanted to take a bit of space to remind grantees and National Advisory Council members of our standard travel policies. In keeping with the Robert Wood Johnson Foundation's travel guidelines, the NCC will fund **pre-approved** individuals traveling on its behalf up to a maximum of \$975 for a one-night, one day meeting when air travel is necessary. This figure includes airfare, lodging, per diem following [federal guidelines](#) for non-meeting meals, and ground transportation. For a two-night, two-day meeting when air travel is necessary, the maximum reimbursement is \$1,300, which includes an additional night's lodging and per diem. For events not hosted by the Coordinating Center, we request that pre-approved NCC travelers provide a meeting or conference agenda to ensure that per diem expenses are calculated correctly. If you have any questions concerning the travel policies, please email [Lizeth.Fowler@uky.edu](mailto:Lizeth.Fowler@uky.edu).

*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](mailto:PublicHealthPBRN@uky.edu).*

## **CALENDAR**

**Public Health Law Conference.** Atlanta, GA, October 10-12. [More](#) information.

**APHA Annual Meeting.** San Francisco, October 27-31. [More](#) information.

**MPROVE Monthly Meetings.** Thursdays, 2:00-3:00pm, ET. November 8, and December 13.

**November PBRN Monthly Virtual Meeting.** Minnesota Public Health PBRN,

Thursday, November 15, 1:00-2:30pm, ET

**Open Forum for Quality Improvement in Public Health.** National Network of Public Health Institutes, Charlotte, NC, December 6-7. [More](#) information.

**December PBRN Monthly Virtual Meeting.** Massachusetts Public Health PBRN, Thursday, December 20, 1:00-2:30pm, ET

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