

## Research on Child and Adolescent Health New Starts—Fiscal Year 2004

### Agency for Healthcare Research and Quality

AHRQ's mission is to improve the quality, safety, efficiency, and effectiveness of health care by:

- Using evidence to improve health care.
- Improving health care outcomes through research.
- Transforming research into practice.

This fact sheet summarizes new AHRQ initiatives in child and adolescent health care focusing on improving the quality, safety, efficiency and effectiveness of health care. In Fiscal Year 2004, AHRQ committed over \$22 million of total support over the lives of the projects for new intramural and extramural research activities, including grants, contracts, and inter-agency agreements.

### Improving Quality and Increasing Safety

**Project Funded under AHRQ's Program Announcement (PA) for Health Services Research.** *This PA supports projects focusing on a wide range of topics under AHRQ's priority program areas including: (1) supporting improvements in health outcomes, (2) improving quality and patient safety, and (3) identifying strategies to improve access and foster appropriate use and reduce unnecessary expenditures.*

- **Impact of Gait Analysis on Surgical Outcomes.** Principal Investigator: Tishya Wren, Children's Hospital Los Angeles, Los Angeles, CA. Grant No. R01 HS014169 (04/01/2004-03/31/2009). This project will conduct a randomized controlled trial to assess the effects of preoperative gait analysis on surgical outcomes in ambulatory children ages 3-18 with cerebral palsy. This study will involve a large population of Hispanic children, and a small sample of African-American, Asian, and Native Hawaiian or other Pacific Islander children.

**Project Funded under the PA for AHRQ's Small Research Grant Program.** *This program provides support for new investigators or researchers new to health care services issues, and encourages preliminary, exploratory, or innovative research in new or previously unexamined areas.*





- **\*Pharmaceutical Regulation and New Drug Safety.**

Principal Investigator: Mary Olson, Yale University, New Haven, CT. Grant No. R03 HS013932 (05/01/2004-04/30/2006). The aims of this project are to (1) examine whether faster new-drug reviews are associated with higher counts of serious adverse drug reactions among new drug approvals, and (2) explore the factors that influence serious adverse drug reaction levels associated with newly approved drugs. Women and children will be represented in this study.

**Projects funded under RFA for Demonstrating the Value of Health Information Technology (HIT).** *This RFA requested projects to increase knowledge and understanding of the value of HIT, including clinical, safety, quality, financial, organizational, effectiveness, efficiency, or other direct or indirect benefits that may be derived from the use of HIT in the delivery of health care.*

- **Valuation of Primary Care-Integrated Telehealth.** Principal Investigator: Kenneth McConnochie, University of Rochester, Rochester, NY. Grant No. R01 HS015165 (09/30/2004-09/29/2007). Using a Health-e-Access telehealth model, primary care clinicians in 9 practices will evaluate children in 9 schools and 13 child care programs in designated geographic areas. The first study will focus on the impact of telehealth on utilization and cost at the level of child programs and on

individual children using a before-after design with historical and concurrent controls. The second study will assess integration in primary care, for example by measuring the impact on continuity of care, adherence to well-child visit schedules, and immunization rates. This project will include Hispanic/Latino, Asian, and black/African-American children.

- **ParentLink: Better and Safer Emergency Care for Children.**

Principal Investigator: Stephen Porter, Children's Hospital Corporation, Boston, MA. Grant No. R01 HS014947 (09/30/2004-09/29/2006). This study will (1) evaluate the completeness and accuracy of information on symptoms, disease condition, medications and allergies generated by parents using ParentLink versus information documents by ED physicians and nurses; and (2) measure the ParentLink's impact on ED patient safety and quality, specifically the error rate for ordering and prescribing medications during ED care and the percent of ED visits that adhere to national evidence-based guidelines. Women (speaking for children under 12 years), and Black and Asian/Pacific Islander children will be represented in this study.

- **Improving Pediatric Safety and Quality with Health Care IT.**

Principal Investigator: Timothy Ferris, Massachusetts General Hospital, Boston, MA. Grant No. R01 HS015002 (09/30/2004-09/29/2007). In this study, researchers will assess

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\*Project includes children or children's health care issues, but does not focus exclusively on children

changes in patient experience of care using a modified CAHPS survey to evaluate the influence of (1) weight-based dosing on pediatric adverse drug events; (2) a test result tracking system on appropriate follow-up of ordered tests; and (3) automated reminders on symptom monitoring and medications for children with asthma and attention deficit disorder. This study will include inner-city minority communities, especially Hispanic and African-American populations.

- **\*Rural Trial of Clinic Order Entry with Decision Support.**

Principal Investigator: Matthew Samore, University of Utah, Salt Lake City, UT. Grant No. R01 HS015413 (09/20/2004-08/31/2007). This project will measure the value of a health information technology intervention: “The Computerized Clinic Order Entry tool.” Ten rural primary care practices in UT will be assigned to implement the tool and ten other rural primary care practices will be assigned to continue paper-based writing of outpatient prescriptions and orders. Effects of the tool on provider productivity, office efficiency, user satisfaction, and medication practices will be evaluated. Women, minorities, and children will be included in this study.

- **\*Showing Health Information Value in a Community**

**Network.** Principal Investigator: David Lobach, Duke University, Durham, NC. Grant No. R01 HS015057 (09/30/2004-08/31/2007). This 3-year

project will assess the costs and benefits of health information technology in an established community-wide network of academic, private and public healthcare facilities created to share clinical information for the purpose of population-based care management of over 16,000 Medicaid beneficiaries in Durham County, NC.

Researchers will evaluate the impact of information-driven interventions on care quality, patient safety and healthcare costs. The majority of patients in this study will be minority children (African-American, Hispanic, and other ethnicities) and women.

- **\*Improving Safety and Quality with Integrated Technology.**

Principal Investigator: Jeanne-Marie Guise, Oregon Health and Science University, Portland, OR. Grant No. R01 HS015321 (09/30/2004-08/31/2007). The aims of this project will (1) demonstrate the value of an integrated outpatient and inpatient health information technology (HIT) system to improve quality of care and safety for women and infants, using group B streptococcus (GBS) prevention as the test case; (2) demonstrate the value of an outpatient alert system to increase GBS screening; and (3) perform a cost-benefit analysis to assess the economic impact of implementing the integrated HIT system. Women, minorities (Hispanics, African-Americans, Native Americans, and other races) and children will be represented in this study.



- **\*Impact of Health Information Technology (HIT) on Clinical Care.** Principal Investigator: John Hsu, Kaiser Foundation Research Institute, Oakland, CA. Grant No. R01 HS015280 (09/30/2004-09/29/2007). This study has two aims: (1) to determine the quality and safety impact of ambulatory HIT on resource use for patients with five chronic diseases (asthma, coronary artery disease, congestive heart failure, diabetes mellitus, and hypertension) by evaluating measures of drug use, laboratory monitoring, and physiologic disease control; and (2) to determine the impact of ambulatory HIT on resource use for patients with these chronic diseases by estimating the rates of office visits, ED visits, and hospitalizations. A large number of children with asthma and fewer with diabetes mellitus will be included in this study as well as women and minorities.

**Projects funded under RFA for Transforming Healthcare Quality through Information Technology (THQIT) – Planning Grants** *This RFA supported community-wide planning processes across multiple healthcare organizations within a local or regional area that will enable them to develop HIT infrastructure that provides for effective exchange of health information within the community.*

- **Improving Quality of Care for Children with Special Needs.** Principal Investigator, Carmen Lozzio, University of Tennessee Health Science Center, Knoxville, TN. Grant No. P20 HS015426 (09/30/2004-09/29/2005). This study will develop a database to

include diagnosis, health records, and educational information on children with special health care needs in the Tennessee Child Health Profile. Low-income, minority children will be included in this study.

- **Creating Online NICU Networks to Educate, Consult and Team.** Principal Investigator, Jane Siders, University of Southern Mississippi, Hattiesburg, MS. Grant No. P20 HS014996 (09/30/2004-09/29/2005). This study will develop, implement, and evaluate a cooperative effort using health information technology to facilitate a continuum of appropriate medical and developmental care for infants most at-risk for long-term neurodevelopmental problems. High-risk infants, including Asians and African Americans from birth to 24 months, will be represented in this study.
- **\*El Dorado County Safety Network Technology Project.** Principal Investigator, Neda West, Marshall Medical, Placerville, CA. Grant No. P20 HS014908 (09/30/2004-09/29/2005). This study will integrate the Network's "Access Product," a three pronged approach to (1) provide outreach and enrollment for children eligible for public insurance; (2) provide access to quality health care services for those children not eligible for public insurance up to 300 percent of the poverty level; and (3) access to healthcare to those families employed by local small businesses unable to provide coverage for their workers. The safety net population included in this study will be indigent, uninsured, and underinsured
- **\*Boone County Community Care Network.** Principal Investigator, Robert Atkins, Boone Memorial Hospital, Madison, WV. Grant No. P20 HS015286 (09/30/2004-09/29/2005). This project will launch (1) ChartLink, a web-enabled application that will provide secure and interactive access to patient information designed for physicians with access to the hospital's medical records, and (2) a computerized physician order entry (CPOE) system which is a secure and interactive tool that will enhance patient care utilizing the internet to increase patient safety and order process efficiency. The population in this study includes rural, low-income, women and children.
- **\*Service Integration.** Principal Investigator, Michelle Lemming, Franklin Foundation Hospital, Franklin, Louisiana. Grant No. P20 HS015195 (09/30/2004-09/29/2005). This study will (1) develop an implementation plan, including organizational, governance and financial components; and (2) create a medication management system with an electronic note writing capability. The population in this study will include rural, low-income, minorities, women, children, the elderly, and persons with chronic illnesses.
- **\*Linking Rural Providers to Improve Patient Care and Health.** Principal Investigator, Timothy Broos, Katherine Shaw Bethea Hospital, Dixon IL. Grant No. P20 HS015023



(09/30/2004-09/29/2005). The aim of this project is to plan the development of a central electronic health record system that will facilitate standards-based data sharing of health information between a local acute care hospital, an associated medical group, the county health department; and the local behavioral health organizations. This study will provide coordination of quality and safe health care services for disparate groups, including rural, economically disadvantaged, ethnic/racial minority residents, and older and younger persons with special/complex health care needs.

- **\*Bay Area Community Informatics Project.** Principal Investigator, Jeffery Givens, Bay Area Health District DBA Bay Area Hospital, Coos Bay, OR. Grant No. P20 HS014893 (09/30/2004-09/29/2005). The purpose of this study is to establish a secure fiber optic connection between primary performance sites (a consortium of rural Oregon Coast healthcare organizations) for transmission of patient demographic data, medical transcription files, laboratory results, and radiographic images. Patients in this study include rural, women, children, the elderly, and persons with chronic illnesses.
- **\*Improving the Quality and Safety of Regional Surgical Patient Care through the Creation of a Multi-institutional Partnership for the Implementation and Support of Perioperative Informatics Tools.** Principal Investigator, Michael

Higgins, Vanderbilt University Medical Center, Nashville, TN. Grant No. P20 HS015401 (09/30/2004-09/29/2005). This project will create a plan for development, implementation, and support of informatics tools in regional health centers to improve the safety of surgical patient care in the mid-South. The tools include creating a registry of patients that details surgical risks; a preoperative evaluation resource containing the medical history relevant to planning perioperative care; a performance benchmarking resource to support collaborative quality improvement efforts; and point-of-care prompts designed to reduce errors in the patient care process. Minorities, women, children and the elderly will be represented in this study.

- **\*Community HealthLink Care: Regional Electronic Medical Record.** Principal Investigator: Thomas Lewis, Primary Care Coalition of Montgomery County, Silver Spring, MD. Grant No. P20 HS014962 (09/30/2004-09/29/2005). This study will (1) implement the health information technology infrastructure among community-based healthcare providers necessary to support a single, shared electronic medical record application for medically underserved patients in the national capital area, and (2) promote the community-wide exchange of patient information for clinical decision support, research and disease management on behalf of low-income, uninsured individuals and families.

**Projects funded under RFA for Transforming Healthcare Quality through Information Technology (THQIT) – Implementation Grants.** *This RFA supported projects that focuses on organizational and community-wide implementation and diffusion of HIT and assessed the extent to which HIT contributes to measurable and sustainable improvements in patient safety, cost and overall quality of care.*

- **Electronic Records to Improve Care for Children.** Principal Investigator: Richard Shiffman, Yale University, New Haven, CT. Grant No. UC1 HS015420 (09/30/2004-09/29/2007). The aims of this project are to (1) implement a shared, electronic health record for health care providers in pediatric primary care, school health, specialty care, and emergency medicine; (2) demonstrate improvements in quality of care for children with asthma; (3) understand organizational barriers and factors that enhance IT acceptance; and (4) provide administrative and technical elements of a community-wide health network infrastructure that can be further extended to additional health partners, including academic health center clinics, community health centers, hospital emergency departments, and inpatient facilities. This study will involve an inner-city, multiethnic group of children and women. It will also include minority physicians and nurse practitioners, who practice at partner sites, as study subjects.



- **Comprehensive IT Solution for Quality and Patient Safety.**

Principal Investigator: Ann Beach, Children's Healthcare of Atlanta, Inc., Atlanta, GA. Grant No. UC1 HS015236 (09/30/2004-09/29/2007). This pediatric healthcare system will implement a series of health information technologies to improve patient safety and quality as well as increase efficiency of all operations. Four related technologies, focusing on pharmacy, will be implemented including: (1) inpatient pharmacy system; (2) electronic medication administration record; (3) bar coding system; and (4) computerized provider order entry system. Patients in this study will include women, minorities, and inner-city children using Medicaid.

- **\*Rural Hospital Collaborative for Excellence Using IT.**

Principal Investigator, Patricia Dorris, Palo Pinto General Hospital, Mineral Wells, TX. Grant No. UC1 HS015431 (09/30/2004-09/29/2007). This project has three aims: (1) to implement web-based business intelligence tools, internet connectivity, and standardized national measures of patient safety and quality to improve delivery of care; (2) to implement advanced technology with an enriching educational intervention to support a committed patient safety and quality culture; (3) to conduct a randomized trial to evaluate the effects of technology and the incremental effects of an educational intervention on patient safety and quality.

Participants in this study will include women, children, and minorities in rural Texas hospitals.

- **\*Evaluating the Impact of an ACPOE/CDS System on Outcomes.**

Principal Investigator, Sean Sullivan, University of Washington, Seattle, WA. Grant No. UC1 HS015319 (09/30/2004-09/29/2007). This study will (1) implement ambulatory computerized prescriber order entry (CPOE) systems with a built-in clinical decision support system (CDS) in 13 sites of the Everett Clinic, a community-based integrated health system in the north Puget Sound region; and (2) evaluate the impact of the ambulatory CPOE/CDS system on patient safety by characterizing the epidemiology of medication errors pre- and post-implementation, and linking these errors to adverse events. Women, minorities, children, disabled persons, and the elderly will be included in this project.

- **\*Creating an Evidence Base for Vision Rehabilitation.**

Principal Investigator, Betty Bird, Lighthouse International, New York, NY. Grant No. UC1 HS015052 (09/30/2004-08/31/2007). This study will (1) provide training to staff to use best-practice protocols; (2) install electronic vision rehabilitation record at three non-profit vision rehabilitation agencies; (3) determine, build, and pilot the electronic interface between government providers agencies, private rehabilitation agencies and primary care

providers; (4) validate the system's logic and predictive ability; and (5) construct and populate a national benchmarking database with outcome-measurement data from pilot sites, thereby developing the first vision rehabilitation evidence base for best treatment practice.

Minorities and persons ranging from six months to over 100 years will be included in this study.

- **\*Taconic Health Information Network and Community (THINC).** Principal Investigator, John Blair, Taconic IPA, Fishkill, NY. Grant No. UC1 HS015316 (09/30/2004-09/29/2007). The physician independent practice association (IPA) will add a healthcare portal to the existing community-wide electronic data exchange in area hospitals and laboratories to allow use of the current electronic messaging system and migration to a full electronic medical record (EMR). The EMR will include a clinical decision support system and patient registries designed to significantly improve the quality, safety, and efficiency of healthcare. The patient population includes women, men, minorities, children, and the elderly.
- **\*ED Information Systems—Kentucky and Indiana Hospitals.** Principal Investigator: David Pecoraro, Jewish Hospital HealthCare Services, Inc., Louisville, KY. Grant No. UC1 HS014897. (09/30/2004-09/29/2007). This study will implement and

evaluate a contemporary, Web-browser-based electronic record system called the Ibex PulseCheck® emergency department (ED) information system at two small, county-owned, community hospitals and one medium-sized community hospital in southern Indiana, one rural hospital in central Kentucky, and three private primary care physician practices in Indiana. The system is intended to ensure comprehensive patient evaluation and continuity of care. This study will include data on a significant number of women, children, and indigent African-Americans, Asians, and Hispanics.

- **\*New Mexico Health Information Collaborative.** Principal Investigator, Martin Hickey, Lovelace Clinic Foundation, Albuquerque, NM. Grant No. UC1 HS015447 (09/30/2004-09/29/2007). This project will develop a health information exchange with the Collaborative (businesses, health systems and plans, philanthropic organizations, government, schools and the University of New Mexico) to improve care coordination, chronic disease outcomes and reduce unnecessary costs of care. The study will develop an organizational infrastructure and disease management prototypes utilizing e-health strategies to improve care and reduce costs; establish a rural pilot to serve as a model for other rural areas; and evaluate development, implementation, and outcomes of the health information



collaborative. The study population includes women, children, and minority groups.

- **\*Enhancing Patient Safety through a Universal EMR System.** Principal Investigator, Thomas Johnson, DuBois Regional Medical Center, DuBois, PA. Grant No. UC1 HS015083 (09/30/2004-09/29/2007). The aims of this project are to (1) implement a universal electronic medical records (EMR) system across health care delivery sites in rural inpatient and outpatient settings, including a rural acute care hospital, and its partners, the DuBois Regional Medical Group, and the Free Medical Clinic of DuBois; (2) use the EMR system to reduce cost of delivery of care through improved productivity, lower operating expenses, enhanced revenue, and improved regulatory compliance; (3) use the EMR system to improve patient safety and reduce the frequency of medical errors; and (4) use the EMR system to improve quality of care for women, children, low-income uninsured populations, and patients receiving treatment for diabetes, congestive heart failure, and end-of-life care.
- **\*Improving HIT Implementation in a Rural Health System.** Principal Investigator, Daniel Mingle, MaineGeneral Medical Center, Augusta, ME. Grant No. UC1 HS015337 (09/30/2004-08/31/2007). In 2000, a pilot project for an outpatient electronic medical record (EMR) for a range of provider settings in Central Maine was tested. This study will (1) complete the primary implementation of the

EMR; (2) improve the structure and usage in implemented practices for disease and preventive management; (3) put an EMR into service in one new practice per quarter, and (4) collect data about patient safety, quality, access, cost, and productivity. This project will include children, women and the elderly populations.

- **\*CCHS-East Huron Hospital CPOE Project.** Principal Investigator, Greg Kall, Meridia Health System CCHS-East, East Cleveland, OH. Grant No. UC1 HS015076 (09/30/2004-08/31/2007). This project will measure the impact of the computerized physician order entry (CPOE) on quality of care, safety, and administrative efficiency with a special focus on patients with chronic diseases using the clinical data repository created by the electronic medical record. This study will involve an inner city, economically disadvantaged patient population.

**Projects funded under Request for Proposals (RFP)—State and Regional Demonstrations in Health Information Technology.** *This RFP sought proposals to develop Statewide networks allowing major purchasers of health care, public and private payers, hospitals, ambulatory care facilities, home health care providers, and long-term care providers to use HIT to communicate and share information.*

- **\*Colorado Connecting Communities—Health Information Collaborative (C3-HIC).** Project Director, Arthur J. Davidson, University of Colorado Health Sciences Center, Aurora, CO. Contract No. 290-04-0014

(09/30/2004-09/29/2009). The purpose of this project is to implement Statewide information and communications technologies to enable clinicians to access patient information from other clinical data repositories at the point of care.

- **\*An Evolving Statewide Indiana Information Infrastructure.** Project Director, Marc Overhage, Indiana University School of Medicine, Indianapolis, IN. Contract No. 290-04-0015 (09/30/2004-09/29/2009). This project will develop and implement health information exchange (HIE) using an established technical infrastructure and interconnects local health information infrastructures. It will also implement a Statewide public health surveillance network that links all hospitals to share emergency department data.
- **\*State and Regional Demonstrations in Health Information Technology.** Project Director, Patricia Nolan, State of Rhode Island, Providence, RI. Contract No. 290-04-0007 (09/30/2004-09/29/2009). The purpose of this project is to plan, develop, implement, and evaluate a Master Patient Index to facilitate interoperability and share patient data between public and private health care sectors.
- **\*State and Regional Demonstrations in Health Information Technology.** Project Director, Mark E. Frisse, Vanderbilt University Medical Center, Nashville TN. Contract No. 290-04-0006 (09/30/2004-09/29/2009). This project will plan, implement, and evaluate a State-based regional data sharing



and interoperability service interconnecting the health care entities in three counties including needs assessment for healthcare improvement and reforming TennCare.

- **\*Improving Communication Between Health Care Providers Via a Statewide Infrastructure: UHINClinical.** Project Director, Jan Root, Utah Health Information Network, Murray, UT. Contract No. 290-04-0002 (09/30/2004-09/29/2009). The aim of this project is to expand and enhance the current Statewide network for the electronic exchange of patient administrative and clinical data, and support the adoption of EMRs.

## Training Grants

- **Using an EMR to Improve Urban Child Health.** Principal Investigator: William Adams, Boston Medical Center, Boston, MA. Grant No. K02 HS013655. (04/01/2004-03/31/2007). The purpose of this Independent Scientist Award is to develop, use, and evaluate technology-based solutions to improve the quality of health and healthcare of urban children focusing on two areas of importance to clinicians – preventive services and the care of asthma. This study will include children in predominantly economically poor populations of ethnic minorities.
- **Strategies for Group A Streptococcal Prevention.** Principal Investigator: Grace Lee, Harvard Pilgrim Health Care, Inc., Wellesley, MA. Grant No. K08 HS013908. (05/05/2004-04/30/2009). The purpose of

this Mentored Clinical Scientist Development Award is to incorporate patient preferences and advance modeling methods in evaluating the cost-effectiveness of interventions against infections such as pharyngitis. This pediatric population will include patients of racial and ethnic minority groups (African-Americans, Asians, Hispanic or Latino).

- **\*Effect of Out-of-Hospital Endotracheal Intubation Errors.** Principal Investigator: Henry Wang, University of Pittsburgh, Pittsburgh, PA. Grant No. K08 HS013628. (04/01/2004-03/31/2009). This Mentored Clinical Scientist Development Award will identify the patterns and effects of errors occurring in out-of-hospital endotracheal intubation (OOH-ETI) performed by paramedics. The aims of this study will (1) examine whether variations in the emergency medical services system structure, patient socioeconomic status or patient racial and ethnic background are associated with the incidence of OOH-ETI errors, and (2) determine whether OOH-ETI errors affect patient outcomes and in-hospital resource utilization. This study will involve patients of all ages (including children), both genders, and all ethnic groups.

## Improving Efficiency and Effectiveness

**Project Funded under Program Announcement (PA) for AHRQ's Small Research Grant Program.**

- **\*The Role of Technology in Health Care Cost Growth.**

Principal Investigator: Michael Chernew, University of Michigan Ann Arbor, Ann Arbor, MI. Grant No. R03 HS013048. (09/01/2004-08/31/2005). This project will assess (1) which diseases have contributed most to health care cost growth at the population level, (2) the role of technology in contributing to cost growth, and (3) the types of technology that have influenced cost growth since 1996 and the types of patients to which they have been applied. Women, minorities and children will be included in this study.

## Contracts

**Projects funded under the Ambulatory Pediatric Association's Young Investigator Grant Program.**

*AHRQ has supported this initiative for several years. This program focuses on the field of general pediatrics (e.g., emergency medicine, behavioral pediatrics, education, quality, health services research, etc. with focus on health care delivery).*

- **Ethnic Differences in Complementary and Alternative Medicine Use among Older US Adolescents.** Principal Investigator: Susan Yussman, University of Rochester Medical Center, Rochester, NY. Contract No. 04R000101 (02/15/2004-12/31/2004). The aims of this study are to: (1) describe and compare the prevalence of complementary and alternative medicine (CAM) use among a nationally representative population of older adolescents including Hispanics, Asians, African-Americans and whites; (2) determine the impact of age, gender, region of the US,



education level, financial status, access to allopathic medical care, and health status on CAM use by these adolescents; and (3) compare the prevalence of CAM use among subgroups of Hispanic older adolescents including Mexican-American, Chicano, Cuban, Puerto Rican, and Central/South American populations.

- **Teen Suicide: Attributes and Opportunities for Prevention.** Principal Investigator: Romi Webster, Children's Hospital, Boston, MA. Contract No. 04R000101 (02/15/2004-12/31/2004). This project will (1) describe the attributes of teen suicide as portrayed by the 2001 and 2002 National Violent Injury Statistics System (NVISS) data on suicide victims less than 18 years of age, and (2) compare these attributes to 2001 and 2002 NVISS adult suicides to explore developmental patterns and potential opportunities for prevention of adolescent suicide.
- **Patient-Centered Access to Resources for Families with Health Related Social Problems.** Principal Investigator: Eric Fleegler, Children's Hospital, Boston, MA. Contract No. 04R000101 (02/15/2004-12/31/2004). This study will use geographical information systems to perform a geospatial analysis to evaluate the availability of appropriate referral agencies, based on families' needs and preferences. The study population will include English- and-Spanish speaking caregivers of children ages 0-6 present at one of two urban primary care pediatric clinics for well-child visits.

## Conferences and Meetings

- **Third Annual Forum for Improving Children's Health Care—March 2-4, 2004 (San Diego, CA).** Principal Investigator: Charles Homer, National Initiative for Children's Healthcare Quality, Boston, MA. Grant No. R13 HS14202. (02/25/2004-01/30/2006). This conference focused on (1) building improvements in care by highlighting successful evidenced-based models and interventions; (2) disseminating strategies for implementing valid findings from health services research; (3) providing collaboration and information sharing relating to child health care across multiple stakeholder levels; and (4) developing faculty for future initiatives to improve quality of health care for children.
- **The Sixth Annual Child Health Services Research Meeting—Child Health Services Research Across Systems—June 5, 2004 (San Diego, CA).** Principal Investigator: Wendy Valentine, AcademyHealth, Washington, D.C. Grant No. R13 HS14654. (04/01/2004-03/31/2005). This conference provided an opportunity for participants to learn about the latest child health services research, develop new skills and discuss critical policy issues for children. Various sessions addressed, preventive service delivery improvement interventions, pediatric patient safety, activating parents, school readiness, research in health plans, and qualitative methods. The

conference was co-sponsored by AHRQ and AcademyHealth, with support from the American Academy of Pediatrics, American Board of Pediatrics Foundation, The Commonwealth Fund, The David and Lucile Packard Foundation, Health Resources and Services Administration, Nemours Foundation, and the National Association of Children's Hospitals and Related Institutions.

## **For More Information**

AHRQ's Web site at [www.ahrq.gov](http://www.ahrq.gov) provides information on the Agency's children's health services agenda, and detailed information on funding opportunities.

Further details on AHRQ's programs and priorities in child health services research are available from:

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