

FACT SHEET

Research on Child and Adolescent Health Care New Starts-Fiscal Year 2005

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.

Introduction

This Fact Sheet summarizes new initiatives from the Agency for Healthcare Research and Quality (AHRQ) in child and adolescent health care, focusing on improving the quality, safety, efficiency, and effectiveness of health care. In fiscal year 2005, AHRQ committed more than \$6 million in total support over the lives of projects for new intramural and extramural research, including directed and investigator-initiated grants, small and large conference grants, contracts, and other mechanisms.*

Partnerships in Implementing Patient Safety

This program assists health care institutions in implementing safe practice interventions that show evidence of eliminating or reducing medical errors, risks, hazards, and harms associated with the process of

care. These projects directly address AHRQ's mission to improve quality and safety in health care. Grants awarded under AHRQ's Partnerships in Implementing Patient Safety RFA (HS-05-012) include the following:

Implementing a Simulation-based Safety Curriculum in a Pediatric Emergency Site. The aims of this study are to: (1) implement a multidisciplinary simulation-based safety curriculum that encompasses crew resource management, teamwork behaviors, and critical communication skills; (2) evaluate the effectiveness of this curriculum by assessing knowledge of and attitudes toward patient safety among caregivers prior to and following this intervention; (3) evaluate the effectiveness of training by assessing teamwork behaviors in a simulated setting prior to and following the intervention; and (4) evaluate the transfer of the skills learned in a

* Projects that include children or children's health care issues but do not focus exclusively on children are marked with an asterisk (*).





simulated setting to the emergency department (ED) environment by evaluation of teamwork skills in actual critical ED patients. The targeted population (African American, Hispanic, and multi-racial) for this educational intervention is ED personnel, faculty, and residents in training. (Principal Investigator: Mary Patterson, Children's Hospital Medical Center, Cincinnati, OH. Grant No. U18 HS15841. Project period 7/01/05-6/30/07).

***The Emergency Department (ED) Pharmacist as a Safety Measure in Emergency Medicine.** This project will implement and optimize a formal emergency department pharmacist program; study the effects of this safe practice intervention in three high risk populations—children, the elderly, and the critically ill; and develop and disseminate a comprehensive toolkit to facilitate implementation of the program in emergency departments at other institutions. This study will include racial and ethnic groups in the city and suburbs surrounding Rochester, NY. (Principal Investigator: Rollin Fairbanks, University of Rochester, Rochester, NY. Grant No. U18 HS15818. Project period: 7/01/05-6/30/07).

***Implementing a Program of Patient Safety in Small Rural Hospitals.** This project will: (1) develop the organizational infrastructure for reporting, providing timely feedback, and analyzing medication errors necessary to identify and implement evidence-based practices that minimize the latent system causes of these errors in participating small rural hospitals; (2) evaluate the effectiveness and sustainability of a medication safety toolkit within participating hospitals; and (3) disseminate the results of the

project, in collaboration with AHRQ, to audiences positioned to modify policies and/or implement the intervention. Members of minority populations (Blacks, Native Americans, Asians, Pacific Islanders, and Hispanics) may be included in this study. (Principal Investigator: Keith Mueller, University of Nebraska Medical Center, Omaha, NE. Grant No. U18 HS15822. Project period: 7/01/05-6/30/07).

***Banner Health/Arizona State University Partnership for Emergency Department (ED) Patient Safety.** The aim of this project is to reduce waits, inefficiencies, and ultimately patient risk in EDs throughout Banner Health by implementing a patient safety practice called “Door-to-Doc” (D2D). D2D reorganizes patient flow in the emergency department and improves the response time between patient arrival and the initiation of care for treat-and-release patients as well as for those who need to be admitted as inpatients. Researchers will: (1) monitor and refine D2D in eight Banner hospital EDs; (2) collect and evaluate the impact of D2D as a safe practice at each Banner ED; (3) use a variety of tools to determine the size and business parameters within which D2D best operates; and (4) develop training aids, teaching methods, learning assessments and monitoring aids to help hospital staff use D2D successfully. The racial/ethnic minority populations included in this study are American Indian/Alaska Native, Asian, Native Hawaiian or Other Pacific Islander, Black/African American, and Hispanic/Latino. (Principal Investigator: Twila Burdick, Banner Health, Phoenix, AZ. Grant No. U18 HS15921. Project period: 7/01/05-6/30/07).

***Safe Critical Care: Testing Improvement Strategies.** This project will: (1) implement a campaign for improving critical care as part of the Institute for Healthcare Improvement (IHI) 100,000 Lives Campaign across 147 medical/surgical and 5 children's hospitals of the Hospital Corporation of America; (2) develop toolkits for reducing blood-stream infections and ventilator-associated pneumonia; (3) conduct a randomized controlled trial to compare the effectiveness of a collaborative versus campaign and toolkit strategy for implementing an improvement initiative; and (4) examine the organizational and provider factors that contribute to and enable successful performance improvement. This study will include patients of all ages, both genders, and all racial/ethnic minority populations. (Principal Investigator: Theodore Speroff, Vanderbilt University School of Medicine, Nashville, TN. Grant No. U18 HS15934. Project period: 7/01/05-6/30/07).

***Enhanced Patient Safety Intervention to Optimize Medication Education (EPITOME).** This project will: (1) evaluate the hospital-wide implementation of a multi-modal patient medication education system referred to as EPITOME; (2) assess the impact and sustainability of EPITOME on patient safety outcomes; (3) analyze the barriers to implementing EPITOME and develop and evaluate strategies for overcoming those barriers that will support the program; and (4) develop a toolkit resource to promote a generalizable and sustainable inpatient medication education process for health systems and hospitals to encourage safe medication behaviors through improved education systems. Women, minorities (Hispanic or Latino, American Indian/Alaska Native, Asian, Native

Hawaiian or Other Pacific Islander, and African American) and children will be included in this study. (Principal Investigator: Carl Sirio, University of Pittsburgh, Pittsburgh, PA. Grant No. U18 HS15851. Project period: 7/01/05-6/30/07).

***Medication Reconciliation: Bridging Communications Across the Continuum of Care.** Researchers will: (1) test a functional interdisciplinary medication assessment model through the development of a system-wide process to create, maintain, and update a complete list of medications and allergies at the time of admittance to any service along the continuum of outpatient primary care and inpatient care; (2) develop and test processes that ensure communication of medication and allergy lists to all external providers and the patient upon transfer of care or discharge; and (3) develop, refine, and disseminate a toolkit for implementing medication reconciliation in a multi-tiered health system. Patients in this study will include women and racial/ethnic minority populations, both staff and patients of Legacy Health System. Data collected from children will be included in aggregate adverse drug event information and hospitalization records only. (Principal Investigator: Melinda Muller, Legacy Emanuel Hospital and Health Center, Portland, OR. Grant No. U18 HS15904. Project period: 7/01/05-6/30/07).

***Improving Patient Safety through Provider Communication Strategy Enhancements.** Researchers will: (1) implement an evidence-based standardized communication tool—the Situation, Background, Assessment, Recommendation (SBAR)—a scripting guide for provider communication regarding changes in patient status or needs for non-emergent events; (2)





develop and implement an escalation process algorithm for provider communication regarding changes in patient conditions for non-code situations; (3) implement daily patient centered multi-disciplinary rounds using an evidence-based daily goals sheet that will include all providers involved in the patient's care; and (4) implement provider and support staff team huddles at the beginning of each shift to quickly brief staff on operational expectations of the shift. Women and minorities will be included in this research. Children will be included to the extent they are 18-21 years of age and that they have triggered the use of the SBAR or the escalation algorithm. (Principal Investigator: Kay Daugherty, Denver Health and Hospital Authority, Denver, CO. Grant No. U18 HS15846. Project period: 7/01/05-6/30/07).

Transforming Healthcare Quality Through Information Technology (THQIT) Implementation Grants

The Transforming Healthcare Quality through Information Technology (THQIT) program supports organizational and community-wide implementation and diffusion of health IT and evaluates the extent to which health IT contributes to measurable and sustainable improvements in patient safety, cost, and overall quality of care. THQIT includes a special focus on small and rural hospitals. Projects awarded under the THQIT implementation grants limited competition RFA (HS-05-013) include the following:

Creating Online NICU Networks to Educate, Consult, and Team. This project will: (1) expand an electronic medical records-sharing initiative for high-risk infants and their families in

Mississippi, linking new health centers and clinics and serving a rural area that spans 17 counties; (2) use telemedicine technologies to enhance evidence-based developmental care for newborns in acute care hospitals; and (3) create Web-based decision support resources for physicians who care for infants. Patients in this study will include Hispanic or Latino and African American children, ranging from birth to 3 years of age. (Principal Investigator: Valerie Rachal, University of Southern Mississippi, Hattiesburg, MS. Grant No. UC1 HS16147. Project period: 9/30/05- 09/28/08).

Improving Quality Care for Children With Special Needs: Statewide Implementation.

This study will: (1) develop the health IT infrastructure in Tennessee to promote and improve the safety and quality of health care for children with special health care needs; (2) develop an electronic health record called "child health profile" for infants with disorders detected by the State newborn screening and newborn hearing programs; and (3) expand the profile to include children with other genetic disorders and developmental disabilities diagnosed at the major genetic and child development centers in the State. This project will include Hispanic/Latino, American Indian/Alaska Native, Asian, and African American children. (Principal Investigator: Carmen Lozzio, University of Tennessee-Knoxville, Knoxville, TN. Grant No. UC1 HS16133. Project period: 9/30/05-9/29/08).

***El Dorado County Safety Net Technology Project/ACCESS El Dorado.** This project will focus on creating health information technology connections through a new patient-centered program called Care Connections; create a county-wide

technology infrastructure; implement basic electronic health record capabilities; and implement electronic prescription writing. This study will include low-income/uninsured adults and children, minority groups (Latino/Native American), and individuals with special health care needs not currently available in the rural service area. (Principal Investigator: Greg Bergner, Marshall Medical, Placerville, CA. Grant No. UC1 HS16129. Project period: 9/30/05-9/29/08).

Investigator-Initiated Research Projects

AHRQ encourages both experienced and new investigators in health services research through various mechanisms, including the following:

- **Research project grants.** AHRQ supports projects that focus on a wide range of topics that address the Agency's mission of improving quality, patient safety, efficiency, and effectiveness of health care.
- **Small grants.** AHRQ's small research grant 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.
- **Dissertation awards.** AHRQ's dissertation grant program supports research undertaken as part of an academic doctorate that focuses on areas relevant to health services research, with emphasis placed on methodological and research topics that address AHRQ's mission.
- **Conference grants.** AHRQ supports both large and small conferences that further its mission.

The types of conferences eligible for support include: research development; study design and methodology; research dissemination; and research training, infrastructure, and career development.

Grants awarded in child health during fiscal year 2005 under these mechanisms are listed below.

Research Project Grants

***Nationally Representative Quality-of-Life Weights.** The aims of the project are to: (1) establish nationally representative health-related quality-of-life (HRQOL) scores for the U.S. population and for subpopulations defined by age and gender; (2) establish nationally representative HRQOL scores for the U.S. population by health status measures such as activities of daily living, difficulty in seeing or hearing, and health conditions (e.g., diabetes, asthma, and presence of heart disease); and (3) estimate the relationship between rating health status and the HRQOL scores. This study will generate HRQOL weights for women, children, and racial minorities. (Principal Investigator: John Nyman, Regents of the University of Minnesota, Minneapolis, MN. Grant No. R01 HS14097. Project period: 7/01/05-6/30/07).

***TRIP (Translating Research Into Practice) for Postpartum Depression.** This study will test the impact of translation of a universal screening and followup program for postpartum depression versus usual care in family physicians' offices. In the intervention arm, screening will occur at 4-8 weeks postpartum or at well-infant visits with specific tools to facilitate diagnosis and followup for women who screen positive. For the usual care and





intervention arms, patient-oriented outcomes including the level of depressive symptoms, functional status, marital/dyad satisfaction, and comfort with mothering will be assessed and compared at 6 and 12 months postpartum. The impact of practice and patient characteristics on the translation of the program and the outcomes of interest will also be explored. The study population will include community-based primary care practices in 2 practice-based research networks representing 46 States and an ethnically, economically, and geographically diverse group of postpartum women (Hispanic/Latino, American Indian/Alaska Native, Asian, and African American). (Principal Investigator: Barbara Yawn, Olmsted Medical Center, Rochester, MN. Grant No. R01 HS14744. Project period: 9/30/05-9/29/10).

***Incentive Formularies and the Costs and Quality of Care.** This project will: (1) examine the variation of different pharmacy benefit structures on total pharmaceutical and out-of-pocket spending; (2) examine the impact of variation of different pharmacy benefit structures on total medical spending, including inpatient, outpatient, and emergency services; and (3) study the effects of variation of pharmacy benefits on continuity of chronic medication use for conditions such as hypertension and hypercholesterolemia, the use of appropriate medications for hypertension, and the adverse consequences of medication discontinuation and switching for diabetes and asthma. The study will include women, minorities, and children. (Principal Investigator: Bruce Landon, Harvard Medical School, Boston, MA. Grant No. R01 HS14774. Project period: 9/30/05-9/29/07).

Small Grants

***How Public Reporting and Pay-For-Performance Policies Impact Safety Net Hospitals.** The aims of this project are to: (1) understand the Medicare and Medicaid regulations and policies pertaining to public reporting and pay-for-performance (P4P) and how they limit involvement of safety net hospitals; (2) assess whether such hospitals are participating in public reporting and P4P and determine the factors that influence hospital executives' decisions to participate; (3) identify potential changes to current reporting and P4P approaches that might make these initiatives more applicable and feasible to safety net hospitals; (4) determine whether the barriers to participation in reporting and P4P differ among rural and urban safety net hospitals; and (5) evaluate the feasibility and acceptability to other stakeholders of hospital executives' proposals for changing reporting and P4P. This study will include CA city/county acute care hospitals with more than 50 percent Medicaid or uninsured patients, or rural hospitals. (Principal Investigator: R. Adams Dudley, Regents of the University of California, San Francisco, CA. Grant No. R03 HS16117. Project period: 9/30/05-9/29/07).

***Bayesian Pattern-Mixture Models (PMM) for Quality of Care Data.** The aims of this study are to: (1) yield improved estimates of relationships among program structure, treatment process, and client outcomes; (2) improve ability of health services researchers to provide policymakers with accurate characterizations of quality-of-care analyses when treatment dropout and study attrition occur; and (3) utilize expert opinion and knowledge about the reasons for

treatment dropout and attrition in order to inform the subjective decisions that are required to build the quality-of-care PMM analyses. This study will include adolescents (African Americans, Hispanics, Asians, and other groups) undergoing substance abuse treatment in 16 Phoenix House therapeutic community treatment programs. (Principal Investigator: Susan Paddock, RAND Corporation, Santa Monica, CA. Grant No. R03 HS14805. Project period: 9/30/05-9/29/07).

Dissertation Award

The Relationship Between Education and Health: Is It Causal?

This dissertation will employ a data-rich longitudinal dataset and instrumental variables methods to investigate the nature of the observed relationship between education and health. Specifically, this project aims to: (1) explore the determinants of educational attainment in youth to evaluate the effect of youth health on educational attainment; (2) examine the extent to which estimates of education's effect on health behaviors and health status are robust to the exclusion of frequently omitted variables; and (3) estimate the causal effect of education using instrumental variables methods. This study will include racial and ethnic minority populations living in rural and urban areas of Los Angeles. (Principal Investigator: Adele Kirk, University of California-Los Angeles, Santa Monica, CA. Grant No. R36 HS15988. Project period: 9/01/05-5/31/06).

Conference Grants

***National Asthma Disparities Conference, February 21-23, 2005.**

The purpose of this 2-day conference was to develop a parsimonious set of recommendations to serve as "next steps" for the research, clinical, policy,

and consumer communities to use in reducing asthma disparities. Participants reviewed key issues underlying asthma health disparities, current research, clinical care, and policy to address this problem. The recommendations are intended to help reduce these disparities through new research opportunities, proposed new directions in clinical and public policy, and innovative consumer strategies to promote change. Additionally, a set of core dissemination tools will be developed and provided to key audiences as a resource for communicating conference recommendations. (Principal Investigator: Kevin Weiss, Northwestern University, Evanston, IL. Grant No. R13 HS15762. Project period: 2/21/05-8/31/05).

5th Annual Forum for Improving Children's Health Care, March 16-18, 2005.

This conference focused on: (1) building will for improvement in care by highlighting successful evidence-based models and interventions; (2) disseminating strategies for implementing valid findings of health services research; (3) providing the basis for collaboration and information sharing related to child health care across the multiple stakeholder levels affecting children's health care; (4) and developing faculty capacity for future initiatives for improving quality of health care for children. (Principal Investigator: Charles Homer, National Initiative for Children's Healthcare Quality, Boston, MA. Grant No. R13 HS14202. Project period: 9/30/05-9/29/06).

***Symptom Management: What Works, for Whom and at What Cost? - March 19, 2005.**

This conference explored research regarding the experience and management of unpleasant symptoms, demonstrated





methods of assessing associated costs/benefits of optimizing symptom management, and promoted academic/clinical collaborative efforts for research associated with this area. Experts provided a critical review of recent developments in the theoretical and conceptual underpinnings of research and practice on improving management of unpleasant symptoms. Conference proceedings will be disseminated to a broad audience of nursing scholars engaged in practice, research, and education. (Principal Investigator: Gayle Page, Johns Hopkins University, Baltimore, MD. Grant No. R13 HS15760. Project period: 3/18/05-10/17/06).

***Health Disparities and Hispanic Research, March 31-April 3, 2005.** The purpose of this health services conference was to disseminate AHRQ's National Healthcare Disparities Report to new audiences of Hispanic physicians, medical residents, and health professionals to encourage them to consider a health services career, specifically AHRQ training opportunities. Conference proceedings will be posted on the National Hispanic Medical Association's Web site. (Principal Investigator: Elena Rios, National Hispanic Medical Association, Washington, DC. Grant No. R13 HS16074. Project period: 3/25/05-3/24/06).

***Conference on Translational Research for Quality Health, April 7-9, 2005.** This forum disseminated conceptual papers and original research presenting examples of translational research. The theme focused on (1) the role

of health services research, informatics, economic analysis, and risk communication as a means to facilitate translation of research into practice and policy; and (2) vulnerable and underserved populations such as immigrants, prisoners, children, urban poor, and those with HIV/AIDS. Dissemination plans included a supplement to *Nursing Research* and proceedings to be posted on the Eastern Nursing Research Society (co-host) Web site at www.enrs-go.org/ and www.cumc.columbia.edu/dept/nursing/. (Principal Investigator: Elaine Larson, The Trustees of Columbia University, New York, NY. Grant No. R13 HS15760. Project period: 3/15/05-3/14/06).

Seventh Annual Child Health Services Research Meeting, June 25, 2005. This 1-day conference highlighted a number of children's health care issues, including children in Medicaid and SCHIP, access/quality of care for limited English-proficient patients, use of Healthcare Cost and Utilization Project data for research, the child health care workforce, and new national survey data sets to provide information on children and youth with special health care needs. Health information technology in research and quality improvement was also covered. Presentations can be viewed at: www.academyhealth.org/conferences/childhealth.htm. The conference was cosponsored by AHRQ and AcademyHealth, with support from the American Academy of Pediatrics, 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, in collaboration with the Ambulatory Pediatrics Association. (Principal Investigator: Wendy Valentine, AcademyHealth, Washington, DC. Grant No. R13 HS14742. Project period: 5/12/05-5/11/06).

Contracts

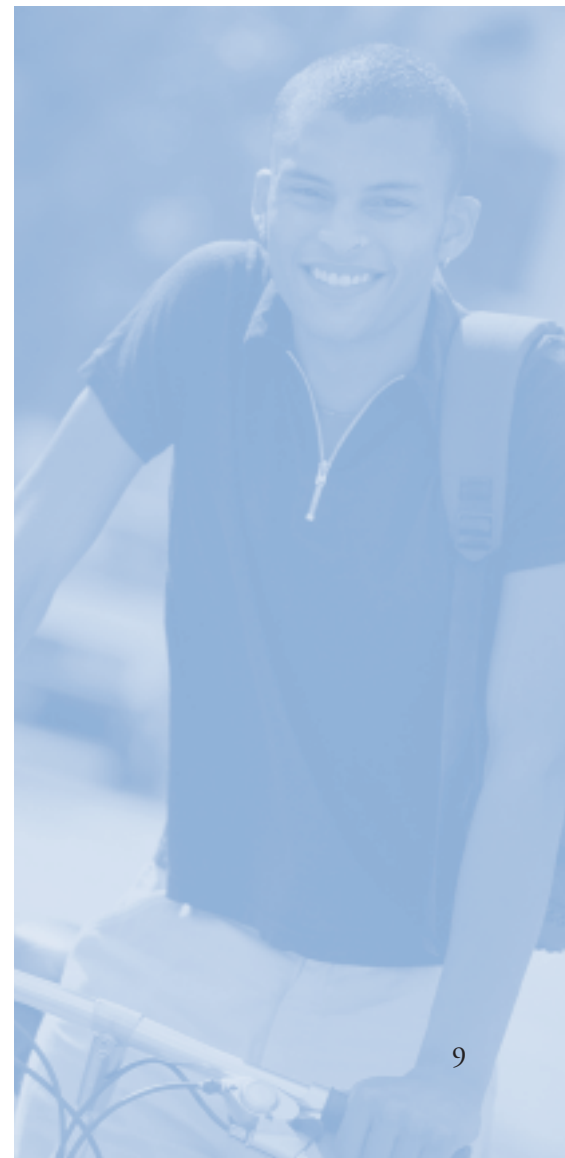
Evaluation of AHRQ's Children's Health Research. This project will: (1) measure and assess to what extent the Agency contributed new knowledge resulting from its extramural and intramural children's health research and effectively disseminated and/or translated research findings to meet AHRQ and Departmental strategic objectives; (2) measure and assess to what extent AHRQ's children's health care activities (i.e., research findings, meetings, conference support, products, tools, etc.) improved clinical practice and health care outcomes and influenced health care policies over the past 15 years; (3) measure and assess AHRQ's financial and staff support and internal processes for children's health research grants, contracts, and intramural activities among other AHRQ programs, portfolios, and activities as well as other Departmental and Federal efforts; and (4) measure and assess to what extent AHRQ succeeded in involving children's health care stakeholders and/or creating partnerships to fund and disseminate key child health activities. (Co-Principal Investigators: Michael Stoto and Michael Seid, RAND, Santa Monica, CA. Contract No. 282-00-0005. Project period: 9/15/05-7/31/06).

Pediatric 100,000 Lives

Campaign. This project helped support the pediatric arm of the Institute for Healthcare Improvement (IHI) 100,000 Lives Campaign and resulted in a summary paper. The IHI 100,000 Lives Campaign is a nationwide initiative to dramatically reduce morbidity and mortality in American health care, focusing on inpatient care. (Principal Investigator: Charles Homer, National Initiative for Children's Healthcare Quality/Institute for Healthcare Improvement, Cambridge, MA. Contract No. HHSP233200500443P. Project period: 6/22/05-9/30/05).

Antidepressant Medications and Suicidal Behavior in Children and Adolescents.

This project, from one of AHRQ's Integrated Delivery System Research Network partners, will focus on analysis of one or more existing large databases of community-treated children and adolescents to address as many questions as possible within the 6-month duration of this task. These include, but are not limited to: (1) linkages, if any, between completed suicides and antidepressant use in youth that may suggest causality; (2) evidence of any increased rates of suicidal attempts, emergency room visits, and/or hospitalizations for suicidal behavior among youths treated with antidepressants; (3) associations, if any, between specific antidepressants and suicidal behavior; (4) gender differences between antidepressant use and suicidal behavior; and (5) evidence of linkages between antidepressants and aggression to others. (Principal Investigator: Enid Hunkeler, Kaiser Foundation Research Institute,





Kaiser Permanente of Northern California, Oakland, CA. Contract No. 290-00-0015. Project period: 8/1/05-2/1/06).

Increasing Chlamydia Trachomatis Screening of Young, Sexually Active Women Enrolled in Commercial Health Plans.

This project will: (1) ascertain whether interventions have been implemented in plans with significant increases in chlamydia screening rates; (2) assess barriers, facilitators, and costs of implementation for interventions designed to improve screening rates, focusing on network model plans, or determine whether plans can identify intervening factors that may have contributed to increased screening rates; (3) assess how rates compared before and after implementation of any interventions in such plans; and (4) develop and disseminate a "best practices" guide or compendium to other U.S. network model health plans and other organizations. This project is being conducted by one of AHRQ's Integrated Delivery System Research Network partners in collaboration with the National Committee on Quality Assurance. (Principal Investigator: Adam Athery, Emory University Center on Health Outcomes and Quality, Atlanta, GA. Contract No. 290-00-0011. Project period: 9/1/05-8/1/06).

Ambulatory Pediatric Association Young Investigator Awards

AHRQ has supported this initiative of the Ambulatory Pediatric Association for several years. This competitive program provides a small amount of support to new investigators in general pediatrics

who are conducting child health services research. Projects awarded are:

Population-Based Screening for Hypothyroidism in Children with Down Syndrome.

This project will determine the proportion of children with Down syndrome who are being screened for hypothyroidism, a sequela of Down syndrome. Children will be identified from a State public insurance plan database with data from 1995-2003. (Principal Investigator: Kecia N. Carroll, Vanderbilt Children's Hospital, Nashville, TN. Contract No. HHSP233200500492P. Project period: 7/13/05-12/31/05).

Attention Deficit Hyperactivity Disorder (ADHD), Its Subtypes, and Co-morbidity in a Nationally Representative Sample: Overall Prevalence and Sociodemographic Variation.

This research will determine whether socioeconomic status and race/ethnicity influence ADHD prevalence, recognition, and treatment. The investigator will use National Health and Nutrition Examination Survey data collected in 2001 and 2002 for children ages 8-15 years with an oversampling of African American and Mexican American children. (Principal Investigator: Tanya Froehlich, Cincinnati Children's Hospital Medical Center, Cincinnati, OH. Contract No.

HHSP233200500492P. Project period: 7/13/05-12/31/05).

Ambulatory Injury: The Role of Race/Ethnicity and Socioeconomic Status.

This project will determine overall patterns of injury-related medical visits to emergency departments and primary care practices.

Specifically, this study will compare children of Latino ethnicity to non-Latino children with rates of injuries related to death, hospitalizations, and barriers to care. Using the National Health Interview Survey, data will be analyzed to determine the number of injury episodes linking to sample child files with independent variables relating to injuries in children. (Principal Investigator: Tamara Simon, University of Colorado Health Sciences Center, Aurora, CO. Contract No. HHSP233200500492P. Project period: 7/13/05-12/31/05).

For More Information

The AHRQ Web site provides information on the Agency's agenda in children's health services research, including funding opportunities, at www.ahrq.gov. For further details on AHRQ's programs in child health, contact:

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