

# FACT SHEET

## Research on Child and Adolescent Health Care

### New Starts-Fiscal Year 2008

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

The mission of AHRQ 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**

The mission of the Agency for Healthcare Research and Quality is to improve the safety, quality, efficiency, and effectiveness of health care for all Americans. Children are one of AHRQ's designated priority populations. To help achieve the Agency's mission for children, AHRQ supports extramural research grants and contracts, research training, conference grants, and intramural activities.

This fact sheet provides information on extramural activities initiated during fiscal year 2008, and information is provided to help you access the funding opportunities. AHRQ committed to investing \$3.7 million in the projects in FY 2008 and a total of \$9.2 million over the entire term of these multi-year projects. Projects that include children or children's health care issues but do not focus exclusively on children are marked with an asterisk (\*).

#### **Research Grants and Cooperative Agreements**

##### **Research Demonstration and Dissemination Projects (R18)**

##### **Ambulatory Safety and Quality Program: Improving Management of Individuals with Complex Health Care Needs Through Health IT**

- **Improving Pediatric Cancer Survivorship Care Through SurvivorLink.** Principal Investigator: Ann C. Mertens, PhD, Emory University School of Medicine, Department of Pediatrics, Atlanta, GA. Grant No. R18-HS017831; project period September 30, 2008-September 29, 2011. This project will develop a health information technology (health IT) system, SurvivorLink, to support high quality health care for pediatric cancer survivors in the long term, by maintaining electronic personal health records (PHRs). Special attention will be given to using this health IT system to



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improve care for racially/ethnically diverse, rural, and low-income children in Georgia. SurvivorLink will be used to increase patient and provider awareness of survivor issues and to track the percentage of pediatric patients who receive the recommended cancer survivor care.

#### **Risk-Informed Intervention Development and Implementation of Safe Practices in Ambulatory Care**

- **Risk-Informed In-Situ Simulations for Pediatric Emergency Transfers.** Principal Investigator: Jane L. Holl, MD, MPH, Northwestern University Institute for Healthcare Studies, Evanston, IL. Grant No. R18-HS017909; project period September 30, 2008-September 29, 2011. This research builds on a previous AHRQ-funded project that assessed the risks involved in transfers of pediatric patients from one hospital's emergency department (ED) to that of another. The project will develop a simulation toolkit for hospital ED teams of physicians, nurses, and other health care professionals who are involved in the intake of pediatric emergency patients being transferred from another institution's ED into their own. Simulation training will take place within the operational environment of the ED itself and health care units on the hospital's floors in order to address the risks involved at the microsystem and organizational levels in the process of such transfers. The study will integrate specific TeamSTEPPS™ skill categories to address identified clinician communication, teamwork, and microsystem risks (for further information on TeamSTEPPS™, see <http://teamstepps.ahrq.gov/>).
- **Safe Passages: A Toolkit to Ensure Quality Transitions from the NICU to Ambulatory Care.** Principal Investigator: Virginia A. Moyer, MD, MPH, Baylor College of Medicine, Department of Pediatrics, Houston, TX. Grant No. R18-HS017889; project period September 30, 2008-September 29, 2011. Infants born prematurely or with complex congenital abnormalities are surviving to discharge in growing numbers. This research project will develop and implement a package of evidence-based interventions to address all the necessary structural and process elements needed to achieve a safe passage for the fragile infant from the intensive care specialist in the hospital's neonatal intensive care unit (NICU) to the primary care pediatrician in ambulatory care. This intervention package will include use of an electronic personal health record (PHR) to track the infant's health care and the communication between the infant's family, community pediatrician, and hospital specialists. The PHR will include specific instructions for recognizing and self-managing the most common problems in this pediatric patient population.
- **Risk-Informed Clinical Information Network for Safe Pediatric Emergency Transfers.** Principal Investigator: Donna M. Woods, PhD, Northwestern University, Institute for Healthcare Studies, Evanston, IL. Grant No. R18-HS017912; project period September 30, 2008-September 29, 2011. This project will develop a "Clinical Information Network for Safe Pediatric Emergency Transfers" that will directly address the risks involved in these transitions through

the design of a standardized process and tools for effective communication for use in transitions involving pediatric emergency patients.

## Research Demonstration/Cooperative Agreements (U18)

- **\*Comparative Safety and Effectiveness of Antipsychotics.** Principal Investigator: Stephen Crystal, PhD, Rutgers State University, New Brunswick, NJ. Cooperative Agreement No. U18-HS017918; project period September 30, 2008-March 31, 2010. In recent years, the use of atypical antipsychotic medications (AAPs) for non-labeled indications—particularly for vulnerable children, adolescents, and the elderly—has sharply increased. This increase in usage has occurred despite the fact that basic questions have not yet been answered regarding the comparative safety and effectiveness of AAPs for these groups. This cooperative agreement will build on data from past AHRQ-funded Centers for Education and Research on Therapeutics (CERTs) projects, the expertise of methodological leaders, and other prior research on antipsychotic use and outcomes to identify evidence that is critically needed to guide optimal use of antipsychotic drugs in vulnerable populations.

## Small Research Project Grants

- **Comorbidities Among Children with Emotional, Developmental, and Behavioral Conditions.** Principal Investigator: Timothy D. McBride, PhD, Washington University in St. Louis, St. Louis, MO. Grant No. R03-HS017368; project period September 30, 2008-September 29, 2009. This research project involves children ages 2 to 17 who have emotional, developmental, and behavioral problems and physical special health care needs. The study will focus on the use of health care services and access to care for such children, with an assessment of whether families may be forced to curtail some of the medical care needed by their children due to affordability constraints.
- **Factors Affecting Racial Disparities in SIDS.** Principal Investigator: Rachel Y. Moon, MD, Children's Research Institute of the Children's National Medical Center, Washington, DC. Grant No. R03-HS016892; project period July 1, 2008-June 30, 2010. This project will investigate the disproportionate incidence of sudden infant death syndrome (SIDS) among African Americans. The incidence of SIDS is higher in this population, despite a marked decrease in the overall incidence of SIDS following the vigorous American Academy of Pediatrics (AAP) campaign for change in infant sleeping position. Infant sleep position will be investigated among African Americans of both higher and lower socioeconomic status to determine how parental decisions are made about infant care and sleep position in particular. Health care providers

will be able to use this information to provide more effective advice about safe infant sleep environments to African American families.

For more information about AHRQ's small research project grant opportunities, visit <http://grants.nih.gov/grants/guide/pa-files/PAR-06-448.html> and the timeline amendment at NOT-HS-08-010 (<http://grants.nih.gov/grants/guide/notice-files/NOT-HS-08-010.html>).

## Research Training and Education

### Career Scientist Awards (K Awards)

- **Barriers and Facilitators of Health Care: Transitioning Youth with Special Needs.** Principal Investigator: Megumi J. Okumura, MD, University of California, San Francisco, School of Medicine, San Francisco, CA. Grant No. K08-HS017716; project period September 30, 2008-September 29, 2013. Dr. Okumura is board-certified both in internal medicine and in pediatrics; in addition, she has completed a Robert Wood Johnson Clinical Scholar Program focusing on health services research. This K08 award will enable Dr. Okumura to conduct research into the study and formulation of interventions addressing the barriers to and facilitators of chronic illness care for children with special health care needs as they transition from the pediatric to adult health care setting. Her research agenda seeks to generate rigorous evidence to improve the quality of health care for adolescents and young adults

with complex chronic conditions by means of improved linkages between the patients, health care providers, health care systems, and community organizations.

AHRQ makes use of three types of K grant awards: (1) K01, the Mentored Research Scientist Development Award (see <http://grants.nih.gov/grants/guide/pa-files/PAR-08-022.html>); (2) K02, Independent Scientist Award (see <http://grants.nih.gov/grants/guide/pa-files/PAR-07-444.html>); and (3) K08, Mentored Clinical Scientist Development Award (see <http://grants.nih.gov/grants/guide/pa-files/PAR-09-087.html>).

### Dissertation Grants (R36)

- **Low Maternal Health Literacy: An Obstacle to Pediatric Health Care Utilization.** Principal Investigator: Rosemary Frasso-Jaramillo; University of Pennsylvania, School of Social Policy and Practice, Philadelphia, PA. Grant No. R36-HS017471; project period February 1, 2008-January 31, 2009. This doctoral research project will investigate the degree to which the children of mothers with low health literacy differ from the children of mothers without low health literacy in meeting established pediatric preventive care and immunization guidelines, including the timing and number of well-child visits and receipt of vaccinations. The association of maternal health literacy with variables such as race, ethnicity, and socioeconomic status will be investigated. Mixed quantitative and qualitative research methods will be employed in conjunction with primary and secondary data sources. Examining

the mediating and moderating influences of health literacy in the context of predisposing, enabling, and needs factors will provide a foundation on which to identify specific at-risk populations so that appropriately targeted health literacy interventions can be developed that have potential to decrease disparities in the use of pediatric health care, especially in vulnerable populations.

- **Mechanisms Linking Child Health Care Use and Maternal Depression.** Principal Investigator: Margaret Langford Holland; University of Rochester Medical Center, Community and Public Health Department, Rochester, NY. Grant No. R36-HS017737; project period September 30, 2008-February 28, 2010. This dissertation research focuses on how maternal depression, which is prevalent among low-income minority women, is associated with increased use of problem-oriented child health care services, including sick-child visits, emergency department (ED) visits, and hospitalizations. Mothers will be interviewed during pregnancy and at the child's ages of 36 weeks, 6 months, 12 months, and 24 months. Medical records for the children, up to 24 months of age, will be collected. All analyses will be risk-adjusted for children's chronic conditions and birthweight. Understanding the specific mechanisms between maternal depression and child health care use will allow for the design of more successful interventions, resulting in more efficient use of health care resources and healthier families.

- **Translating Cultures of Care: Integrating Behavioral Health Services in Pediatric Practice.** Principal Investigator: Sean Lynch; University of California, Los Angeles, School of Public Policy and Social Research, Department of Social Welfare, Los Angeles, CA. Grant No. R36-HS017749; project period September 30, 2008-June 30, 2009. Over the last 10 years, pediatricians' use of psychiatric medications to treat children has increased significantly, prompting concern that these children are being over-medicated. One of the disconnects in this situation is the general lack, at this time, of collaboration and communication between the health system (the pediatrician) and the mental health system (the social worker). This doctoral dissertation research will study communication between these two groups of health care providers in the delivery of mental health services in primary care. The promotion of children's emotional well-being and the treatment of mental health disorders, this investigator argues, can be achieved through the integration of mental health consultation by the social worker as part of children's primary care. A greater public awareness of children's behavioral health issues could help to prevent milder disorders from worsening and improve children's mental health outcomes over their lifetime.

For additional information about AHRQ's R36 Grants for Health Services Research Dissertation, see <http://grants.nih.gov/grants/guide/pa-files/PAR-06-118.html>. Also see the Notice (NOT-HS-09-005) at <http://grants.nih.gov/>

grants/guide/notice-files/NOT-HS-09-005.html which extended the expiration date of PAR-06-118 to May 10, 2010.

## **National Research Service Awards — Health Services Research Institutional Training Programs (T32)**

- **Harvard Pediatric Health Services Research (HSR) Fellowship Program.** Principal Investigator: Donald Goldmann, MD, Harvard University, Boston, MA. Grant No. T32 HS00063; project period July 1, 2008-June 30, 2013. This program seeks to train researchers who can fundamentally improve the capacity of the U.S. health care system to meet the needs of children and families, including socioeconomically disadvantaged populations. This mature program, first funded in 1994 by AHRQ, is now fully integrated across its three core sites: Children's Hospital Boston, Massachusetts General Hospital for Children, and the Harvard Department of Ambulatory Care and Prevention. New components include new initiatives in frontier areas in child health services research, including use of genetic information in pediatrics; IT innovations in personal health records to promote family-centered care; comparative effectiveness research using large integrated databases to inform clinical and policy decisions; approaches to improving population health through collaborations among health care and public health systems, payers, and community partners; quasi-experimental methods for evaluating quality improvement interventions (including initiatives to reduce disparities); and new methods for detecting and preventing medical errors.
- **\*Indiana Health Services Research Training Program.** Principal Investigator: Stephen M. Downs, MD, Indiana University School of Medicine, Department of Pediatrics, Indianapolis, IN. Grant No. T32 HS017588; project period July 1, 2008-June 30, 2013. Indiana University will be developing and implementing the Indiana Health Services Research (I-HSR) training program for the purpose of preparing clinical and interdisciplinary investigators to conduct research to improve the health of children and adults. This program will support four postdoctoral trainees in its first year: two in the Pediatric I-HSR program and two in the Adult I-HSR program. By the completion of either I-HSR training program, trainees will have developed core competencies in health services and clinical research methods, biostatistics, medical informatics, clinical trials, system redesign, research ethics, translational research, scientific writing, and grant application preparation. In years 2 through 5 of this T32 grant, three or four additional trainees will be selected so that at any one point in time after year 1, a maximum of seven trainees will be participating in the AHRQ-funded Indiana Health Services Research (I-HSR) training program at Indiana University.
- **Postdoctoral Training Program in Family Health Services Research.** Principal Investigator: Anne K. Duggan, ScD, Johns Hopkins University School of Medicine, Pediatrics Department, Baltimore, MD. Grant No. T32 HS017596; project period July 1, 2008-June 30, 2013. The Hopkins Department of Pediatrics will be expanding the





School of Medicine's Family Health Services Research Program to include a focus on ambulatory care for families with children. The goal of this expansion is the training of the next generation of health services researchers in academic pediatrics. To accomplish this, the program will be designed to attract highly qualified individuals who have already completed an accredited professional degree relevant to pediatric health services research (i.e., a pediatrics, medicine, family medicine, or combined medicine-pediatrics residency or a doctoral [PhD] program), particularly those who have the intellectual curiosity and research motivation that are in concordance with research interests of Hopkins' core faculty and other program resources.

For programmatic information on the 28 Institutional Training Awards (T32) funded by AHRQ as of October, 2008, visit <http://www.ahrq.gov/fund/training/t32.htm>). For further information on all AHRQ's research training programs, including the T32 projects, see <http://www.ahrq.gov/fund/training/rsrchtng.htm>.

### **Small Grant Program for Conference Support (R13)**

- **Third Annual Pediatric Telehealth Colloquium.** Principal Investigator: James P. Marcin, MD, University of California, Davis, Davis, CA. Grant No. R13 HS017785-01; project period July 1, 2008-December 21, 2008. These pediatric clinical telehealth conferences target practitioners providing health care to children in rural and underserved communities. Health care providers, hospital administrators, and health

information technology (health IT) specialists share, disseminate, and train these practitioners in clinical telemedicine programs that have been shown to be successful, thus increasing access to care, reducing disparities in care, and increasing the overall quality of care delivered to children in rural and underserved communities in a financially sustainable framework.

For information about AHRQ's R13 Small Grant Program for Conference Support (see <http://grants.nih.gov/grants/guide/pa-files/pa-06-074.html>). AHRQ also supports an R13/U13 Grant Program for Large Conference Support (see <http://grants.nih.gov/grants/guide/pa-files/PA-06-378.html>).

## **Contracts and Requisitions**

### **Academic Pediatric Association Young Investigator Awards (Requisition No. 08R00094)**

- Baumgartner, Jill; University of Wisconsin at Madison. Effects of environmental tobacco smoke exposure on blood pressure in children and adolescents.
- Boynton-Jarrett, Renee; Boston Medical Center. The social ecology of adolescent obesity: The role of adverse social settings and social stress.
- Farst, Karen; Arkansas Children's Hospital; Little Rock. Trends in child maltreatment hospitalizations in young children from 1997-2005.

**Accelerating Evidence into Practice for the Benefit of Children with Early Hearing Loss. Expert Workshop.**

January 2008. Logistics support.

**Accelerating Evidence into Practice for the Benefit of Children with Early Hearing Loss: Preparation of manuscript for publication and report to HHS Office on Disability.**

Shirley Russ, MD, MPH, Los Angeles, CA.

**Pediatric Asthma Hospitalizations and the Quality of Ambulatory Care.**

Robert W. Grundmeier, MD, The Children's Hospital of Philadelphia. Task order under the Practice-Based Research Network (PBRN) contract (RFTO #8).

**Report and Recommendations from the 2008 National Initiative for Children's Healthcare Quality (NICHQ) Innovations Nursery Symposium.**

National Initiative for Children's Healthcare Quality. Charles Homer, MD; Professional services contract.

**Starting Early: A Life Course Perspective on Child Health Disparities: Support for Development of Five White Papers for the November 2008 Conference.**

Lynn Olson, PhD; American Academy of Pediatrics, Elk Grove Village, IL.

**\*MRSA Reservoirs in Hospitals and Nursing Homes.**

Don Berlowitz, Harvard Pilgrim Health Care. Boston, MA.

**\*Developing a Health Literacy Universal Precautions Toolkit.**

Leigh Callahan, North Carolina Network Consortium; Chapel Hill, NC, and Durham, NC.

The Web site for information on AHRQ's contracting process is <http://www.ahrq.gov/fund/contrax.htm>. FedBizOpps (Federal Business Opportunities at <https://www.fbo.gov/index?cck=1&au=&cck=>) is the single point-of-entry Web site for Federal Government contract procurement opportunities.

## Other AHRQ Activities that Address Children's Issues

### U.S. Preventive Services Task Force.

The U.S. Preventive Services Task Force is supported by AHRQ. The Task Force makes recommendations regarding adoption of clinical preventive services based on rigorous evidence reviews. More information on the Task Force can be found at <http://www.ahrq.gov/clinic/uspstfx.htm>.

**Federal Interagency Forum on Child and Family Statistics.** AHRQ helps to support this Forum which produces annual reports on the well-being of children. The Web site for this activity is [www.childstats.gov](http://www.childstats.gov).

Publications based on AHRQ-supported extramural and intramural work on children's issues are listed, on an ongoing basis, at <http://www.ahrq.gov/child/childpubs.htm>.

## More Information

For additional information on AHRQ's child health activities, please contact:

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