

Hrsa Grant Guidelines

Chao Zhang

Primary Care and Public Health Institute of Medicine, Board on Population Health and Public Health Practice, Committee on Integrating Primary Care and Public Health, 2012-07-19 Ensuring that members of society are healthy and reaching their full potential requires the prevention of disease and injury; the promotion of health and well-being; the assurance of conditions in which people can be healthy; and the provision of timely, effective, and coordinated health care. Achieving substantial and lasting improvements in population health will require a concerted effort from all these entities, aligned with a common goal. The Health Resources and Services Administration (HRSA) and the Centers for Disease Control and Prevention (CDC) requested that the Institute of Medicine (IOM) examine the integration of primary care and public health. Primary Care and Public Health identifies the best examples of effective public health and primary care integration and the factors that promote and sustain these efforts, examines ways by which HRSA and CDC can use provisions of the Patient Protection and Affordable Care Act to promote the integration of primary care and public health, and discusses how HRSA-supported primary care systems and state and local public health departments can effectively integrate and coordinate to improve efforts directed at disease prevention. This report is essential for all health care centers and providers, state and local policy makers, educators, government agencies, and the public for learning how to integrate and improve population health.

Professional Nurse Traineeships United States. Public Health Service. Division of Nursing Resources, 1959

Annual Operating Report Detroit (Mich.). Board of Water Commissioners, 1891

Private Practice Option, 1985

Registries for Evaluating Patient Outcomes Agency for Healthcare Research and Quality/AHRQ, 2014-04-01 This User's Guide is intended to support the design, implementation, analysis, interpretation, and quality evaluation of registries created to increase understanding of patient outcomes. For the purposes of this guide, a patient registry is an organized system that uses observational study methods to collect uniform data (clinical and other) to evaluate specified outcomes for a population defined by a particular disease, condition, or exposure, and that serves one or more predetermined scientific, clinical, or policy purposes. A registry database is a file (or files) derived from the registry. Although registries can serve many purposes, this guide focuses on registries created for one or more of the following purposes: to describe the natural history of disease,

to determine clinical effectiveness or cost-effectiveness of health care products and services, to measure or monitor safety and harm, and/or to measure quality of care. Registries are classified according to how their populations are defined. For example, product registries include patients who have been exposed to biopharmaceutical products or medical devices. Health services registries consist of patients who have had a common procedure, clinical encounter, or hospitalization. Disease or condition registries are defined by patients having the same diagnosis, such as cystic fibrosis or heart failure. The User's Guide was created by researchers affiliated with AHRQ's Effective Health Care Program, particularly those who participated in AHRQ's DEcIDE (Developing Evidence to Inform Decisions About Effectiveness) program. Chapters were subject to multiple internal and external independent reviews.

Health Professions Student Loan Program, 1984

Assessment of the Scientific Information for the Radiation Exposure Screening and Education Program

National Research Council, Division on Earth and Life Studies, Board on Radiation Effects Research, Committee to Assess the Scientific Information for the Radiation Exposure Screening and Education Program, 2005-10-01 The Radiation Exposure Compensation Act (RECA) was set up by Congress in 1990 to compensate people who have been diagnosed with specified cancers and chronic diseases that could have resulted from exposure to nuclear-weapons tests at various U.S. test sites. Eligible claimants include civilian onsite participants, downwinders who lived in areas currently designated by RECA, and uranium workers and ore transporters who meet specified residence or exposure criteria. The Health Resources and Services Administration (HRSA), which oversees the screening, education, and referral services program for RECA populations, asked the National Academies to review its program and assess whether new scientific information could be used to improve its program and determine if additional populations or geographic areas should be covered under RECA. The report recommends Congress should establish a new science-based process using a method called probability of causation/assigned share (PC/AS) to determine eligibility for compensation. Because fallout may have been higher for people outside RECA-designated areas, the new PC/AS process should apply to all residents of the continental US, Alaska, Hawaii, and overseas US territories who have been diagnosed with specific RECA-compensable diseases and who may have been exposed, even in utero, to radiation from U.S. nuclear-weapons testing fallout. However, because the risks of radiation-induced disease are generally low at the exposure levels of concern in RECA populations, in most cases it is unlikely that exposure to radioactive fallout was a substantial contributing cause of cancer.

Public Health Service Policy on Humane Care and Use of Laboratory Animals National Institutes of Health (U.S.). Office for Protection from Research Risks, 1986

Review of the HHS Family Planning Program Adrienne Stith Butler, Ellen Wright Clayton, 2009-08-01

Reducing the Burden of Injury Institute of Medicine, Division of Health Promotion and Disease Prevention, Committee

on Injury Prevention and Control,1998-12-21 Injuries are the leading cause of death and disability among people under age 35 in the United States. Despite great strides in injury prevention over the decades, injuries result in 150,000 deaths, 2.6 million hospitalizations, and 36 million visits to the emergency room each year. Reducing the Burden of Injury describes the cost and magnitude of the injury problem in America and looks critically at the current response by the public and private sectors, including: Data and surveillance needs. Research priorities. Trauma care systems development. Infrastructure support, including training for injury professionals. Firearm safety. Coordination among federal agencies. The authors define the field of injury and establish boundaries for the field regarding intentional injuries. This book highlights the crosscutting nature of the injury field, identifies opportunities to leverage resources and expertise of the numerous parties involved, and discusses issues regarding leadership at the federal level.

Forging a Poison Prevention and Control System Institute of Medicine,Board on Health Promotion and Disease Prevention,Committee on Poison Prevention and Control,2004-09-16 Poisoning is a far more serious health problem in the U.S. than has generally been recognized. It is estimated that more than 4 million poisoning episodes occur annually, with approximately 300,000 cases leading to hospitalization. The field of poison prevention provides some of the most celebrated examples of successful public health interventions, yet surprisingly the current poison control system is little more than a loose network of poison control centers, poorly integrated into the larger spheres of public health. To increase their effectiveness, efforts to reduce poisoning need to be linked to a national agenda for public health promotion and injury prevention. Forging a Poison Prevention and Control System recommends a future poison control system with a strong public health infrastructure, a national system of regional poison control centers, federal funding to support core poison control activities, and a national poison information system to track major poisoning epidemics and possible acts of bioterrorism. This framework provides a complete system that could offer the best poison prevention and patient care services to meet the needs of the nation in the 21st century.

The Future of Nursing 2020-2030 National Academies of Sciences Engineering and Medicine,Committee on the Future of Nursing 2020-2030,2021-09-30 The decade ahead will test the nation's nearly 4 million nurses in new and complex ways. Nurses live and work at the intersection of health, education, and communities. Nurses work in a wide array of settings and practice at a range of professional levels. They are often the first and most frequent line of contact with people of all backgrounds and experiences seeking care and they represent the largest of the health care professions. A nation cannot fully thrive until everyone - no matter who they are, where they live, or how much money they make - can live their healthiest possible life, and helping people live their healthiest life is and has always been the essential role of nurses. Nurses have a critical role to play in achieving the goal of health equity, but they need robust education, supportive work environments, and autonomy. Accordingly, at the request of the Robert Wood Johnson Foundation, on behalf of the National Academy of

Medicine, an ad hoc committee under the auspices of the National Academies of Sciences, Engineering, and Medicine conducted a study aimed at envisioning and charting a path forward for the nursing profession to help reduce inequities in people's ability to achieve their full health potential. The ultimate goal is the achievement of health equity in the United States built on strengthened nursing capacity and expertise. By leveraging these attributes, nursing will help to create and contribute comprehensively to equitable public health and health care systems that are designed to work for everyone. The Future of Nursing 2020-2030: Charting a Path to Achieve Health Equity explores how nurses can work to reduce health disparities and promote equity, while keeping costs at bay, utilizing technology, and maintaining patient and family-focused care into 2030. This work builds on the foundation set out by The Future of Nursing: Leading Change, Advancing Health (2011) report.

Federal Student Financial Aid Handbook United States. Department of Education. Office of Student Financial Assistance, 1994

Investing in the Health and Well-Being of Young Adults National Research Council, Institute of Medicine, Board on Children, Youth, and Families, Committee on Improving the Health, Safety, and Well-Being of Young Adults, 2015-01-27 Young adulthood - ages approximately 18 to 26 - is a critical period of development with long-lasting implications for a person's economic security, health and well-being. Young adults are key contributors to the nation's workforce and military services and, since many are parents, to the healthy development of the next generation. Although 'millennials' have received attention in the popular media in recent years, young adults are too rarely treated as a distinct population in policy, programs, and research. Instead, they are often grouped with adolescents or, more often, with all adults. Currently, the nation is experiencing economic restructuring, widening inequality, a rapidly rising ratio of older adults, and an increasingly diverse population. The possible transformative effects of these features make focus on young adults especially important. A systematic approach to understanding and responding to the unique circumstances and needs of today's young adults can help to pave the way to a more productive and equitable tomorrow for young adults in particular and our society at large. Investing in The Health and Well-Being of Young Adults describes what is meant by the term young adulthood, who young adults are, what they are doing, and what they need. This study recommends actions that nonprofit programs and federal, state, and local agencies can take to help young adults make a successful transition from adolescence to adulthood. According to this report, young adults should be considered as a separate group from adolescents and older adults. Investing in The Health and Well-Being of Young Adults makes the case that increased efforts to improve high school and college graduate rates and education and workforce development systems that are more closely tied to high-demand economic sectors will help this age group achieve greater opportunity and success. The report also discusses the health status of young adults and makes recommendations to develop evidence-based practices for young adults for medical and behavioral health,

including preventions. What happens during the young adult years has profound implications for the rest of the life course, and the stability and progress of society at large depends on how any cohort of young adults fares as a whole. Investing in The Health and Well-Being of Young Adults will provide a roadmap to improving outcomes for this age group as they transition from adolescence to adulthood.

Making Eye Health a Population Health Imperative National Academies of Sciences, Engineering, and Medicine, Health and Medicine Division, Board on Population Health and Public Health Practice, Committee on Public Health Approaches to Reduce Vision Impairment and Promote Eye Health, 2017-01-15 The ability to see deeply affects how human beings perceive and interpret the world around them. For most people, eyesight is part of everyday communication, social activities, educational and professional pursuits, the care of others, and the maintenance of personal health, independence, and mobility. Functioning eyes and vision system can reduce an adult's risk of chronic health conditions, death, falls and injuries, social isolation, depression, and other psychological problems. In children, properly maintained eye and vision health contributes to a child's social development, academic achievement, and better health across the lifespan. The public generally recognizes its reliance on sight and fears its loss, but emphasis on eye and vision health, in general, has not been integrated into daily life to the same extent as other health promotion activities, such as teeth brushing; hand washing; physical and mental exercise; and various injury prevention behaviors. A larger population health approach is needed to engage a wide range of stakeholders in coordinated efforts that can sustain the scope of behavior change. The shaping of socioeconomic environments can eventually lead to new social norms that promote eye and vision health. Making Eye Health a Population Health Imperative: Vision for Tomorrow proposes a new population-centered framework to guide action and coordination among various, and sometimes competing, stakeholders in pursuit of improved eye and vision health and health equity in the United States. Building on the momentum of previous public health efforts, this report also introduces a model for action that highlights different levels of prevention activities across a range of stakeholders and provides specific examples of how population health strategies can be translated into cohesive areas for action at federal, state, and local levels.

Graduate Medical Education that Meets the Nation's Health Needs Institute of Medicine (U.S.). Committee on the Governance and Financing of Graduate Medical Education, Board on Health Care Services, 2014 Intro -- FrontMatter -- Reviewers -- Foreword -- Acknowledgments -- Contents -- Boxes, Figures, and Tables -- Summary -- 1 Introduction -- 2 Background on the Pipeline to the Physician Workforce -- 3 GME Financing -- 4 Governance -- 5 Recommendations for the Reform of GME Financing and Governance -- Appendix A: Abbreviations and Acronyms -- Appendix B: U.S. Senate Letters -- Appendix C: Public Workshop Agendas -- Appendix D: Committee Member Biographies -- Appendix E: Data and Methods to Analyze Medicare GME Payments -- Appendix F: Illustrations of the Phase-In of the Committee's Recommendations.

Writing Dissertation and Grant Proposals Lisa Chasan-Taber,2014-04-28 This text targets effective grant proposal writing in epidemiology, preventive medicine, and biostatistics. It provides summary checklists and step-by-step guidelines for grant structure and style, critical do's and don'ts that aid in writing solid grant proposals, and broader strategies for developing a research funding portfolio. Written by an established NIH reviewer with an impressive track record of funding, the book demonstrates proven tactics with extensive examples from successfully funded proposals. It serves as a virtual cookbook of the ingredients needed to construct a winning grant proposal.

EMS Agenda for the Future ,1996

Writing Winning Proposals for Nurses and Health Care Professionals Sandra G. Funk,Elizabeth M. Tornquist,2015-07-15
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NIH Guide for Grants and Contracts National Institutes of Health (U.S.),1994

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