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The Kellogg Connection is a monthly electronic newsletter that connects W.K. Kellogg programs: Kellogg Health Scholars, Scholars in Health Disparities, Community Health Scholars, Kellogg Fellows in Health Policy Research and H. Jack Geiger Congressional Health Policy Fellows.

KConnection is produced by the Kellogg Health Scholars Program, a program of the [Center for Advancing Health \(CFAH\)](#).

Production Team:  
 Maria Briones-Jones, Deputy Director, KHSP National Program Office  
 Brandon Moore, Director of New Media, CFAH

[Question?](#)

Have you moved?  
 Have you found a new job?  
 Is there a research question you would like feedback on?  
 Any recent publications?  
 Do you have any experience or advice to share?  
 Let us know! Email: [healthscholars@cfah.org](mailto:healthscholars@cfah.org)

[Contributions:](#)

To contribute information, resources or announcements to Kellogg Connection, e-mail

## SOUNDING BOARD

## Congratulations Kellogg Scholars and Fellows

We congratulate all of the finishing scholars, alumni, site faculty, advisors and program staff who made the final Kellogg Health Scholars Meeting such a resounding success this June 6-8. We appreciate all the kind words about what this group of five scholars and fellows programs supported by the WK Kellogg Foundation has meant to each of you personally and professionally. And, we are particularly gratified that you have formed an alumni association and a leadership group for this Community of Scholars.

We will be continuing the KConnection newsletter for several more months to bring you news of program alumni, various opportunities, and alumni activities. KHSP will be represented at both the APHA meeting and the NIMHD meeting this October-November. We'll have more news on these later.

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## ANNOUNCEMENTS

Presenting at APHA? Please send information regarding your presentation (title, schedule, and where it will be held) to Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)) by Tuesday, July 31. These will be collated and shared in the next issue of KConnection.

The Community-Based Public Health (CBPH) Caucus is looking for a Program Planner to assist with the session planning for the 2013 APHA Annual Meeting being held November 2-6 in Boston, MA. Please contact Barb Watson, CBPH Caucus Administrator, at [bjwatson@umich.edu](mailto:bjwatson@umich.edu) if you would like to volunteer.

Any news or updates to share? New jobs, publications, addition to the family...please email Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)) no later than the end of each month for inclusion in the following month's KConnection.

Opportunity to disseminate your research findings -- The Center for Advancing Health's Health Behavior News Service (HBNS) is on the lookout for the latest research on health disparities and population health. HBNS looks to Kellogg Scholars (current and alums) and Fellows for original, health-related research such as randomized controlled trials, surveys and large pilot programs that bring attention to, explore causes of, and demonstrate interventions for health disparities. If a peer-reviewed journal has accepted your study for future publications, please email your manuscript or early draft to Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)) and Barbara Krimgold ([bkrimgold@cfah.org](mailto:bkrimgold@cfah.org)). Barbara and Marie will share it with Kelly Malcom, HBNS editor, to see if your study fits the news service niche.

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## SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet Kellogg Health Scholar Suzanne Grieb, PhD...

Dr. Suzanne Dolwick Grieb received a PhD in anthropology from the University of Florida in 2009 with a specialization in medical anthropology, and in 2002 she received a MSPH from the University of South Florida with a concentration in tropical and communicable diseases. Her research seeks to understand how social, political, and economical structures shape social networks and relationships that protect against or create vulnerability to negative health outcomes. Her doctoral research considered the intersection of gender, migration, and HIV risk among the Garifuna, a transnational matrifocal Afro-Amerindian population from Central America with a high prevalence of HIV/AIDS. Guided by a transnational perspective, Suzanne used participant observation, in-depth semi-structured interviews, and a survey to identify differences in gender roles and relations, sexual behaviors, and HIV risk among Garifuna men and women in Trujillo, Honduras and New York City. Her research findings were used to provide recommendations to the Garifuna community, and demonstrated the importance of anthropological contributions to HIV/AIDS research and prevention.

As a Kellogg Health Scholar at Johns Hopkins University, Dr. Grieb's primary research project is being carried out in partnership with GROUP Ministries. This organization provides transitional housing and job training to the re-entry and/or recovery population in the Greater Rosemont community of West Baltimore, and strives to promote community redevelopment and stabilization through job training, employment, and housing reconstruction. In collaboration with the Johns Hopkins Medical Institute and Johns Hopkins Bloomberg School of Public Health, GROUP Ministries is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA), the Open Society Institute, and the Abell Foundation to 1) address individual and structural sources of risk, 2) provide HIV outreach, testing, and counseling in the community, and 3) develop a community coalition to address the local housing and employment crisis. Dr. Grieb and her partners conducted a photovoice project to increase

[kconnection@cfah.org](mailto:kconnection@cfah.org).

**Do We Have Your Most Updated Contact Information?**

Please update our files if your email or mailing address has changed or will change. We want to keep our Scholars network as up-to-date and well-connected as possible! Please send any changes to [mbjones@cfah.org](mailto:mbjones@cfah.org) or [healthscholars@cfah.org](mailto:healthscholars@cfah.org).

visibility and discussion of the coalition efforts among community members and policy makers. In this study, they used photovoice to explore how men affected by incarceration and/or substance abuse understood the relationship between housing, households, and health at the individual and community level. This project has been used as a springboard for local, state, and national policy actions including a neighborhood walk for local policy makers and hill visits in Washington DC. To learn more about this project and see the photographs, please visit [www.rosemontphotovoice.com](http://www.rosemontphotovoice.com).

Dr. Grieb is extending her postdoctoral fellowship through funding by SAMHSA to develop, implement, and evaluate a family intervention for re-entry and recovery. In response to the question, "What contribution has your Kellogg Health Scholars Program experience made to your policy career?" Dr. Grieb responds, "the Kellogg Health Scholars Program has given me a better understanding of how to engage policy makers - for example, how to make our findings more visible and how to appropriately identify the language to use - and thus has really given me the confidence to more fully engage in the policy making process. This is a crucial part of our research and so this experience has truly been invaluable."

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## ARCHIVED KHSP E-WORKSHOPS

The archived KHSP e-workshops are taped from the live e-workshops of the Kellogg Health Scholars. These live electronic workshops are intended to bring Kellogg Health Scholars together between face-to-face networking meetings to explore topics of mutual interest. Its purpose is to form closer networks between the Kellogg Health Scholars and to provide to them and the Kellogg Community of Scholars support and resources for career development.

Access to archived e-workshops is STRICTLY LIMITED to Kellogg Health Scholars, Kellogg Fellows in Health Policy Research (current and alumni), Scholars in Health Disparities and Community Health Scholars program alumni and H. Jack Geiger Congressional Health Policy Fellows program alumni. The contents of these e-workshops are confidential. These archived presentations should not be accessed, copied or forwarded by/to any individuals other than group of scholars, fellows and scholar/fellow alumni that have been identified.

To listen to the archived presentations and download materials, visit <http://bit.ly/f8TRa1>. For login and passcode information, please contact Brandon Moore at [bmoore@cfah.org](mailto:bmoore@cfah.org).

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## FUNDING

PolicyLink and Convergence Partnership  
Convergence Innovation Fund: Promoting Health and Equity through Built Environment and Healthy Food Access Policy

Deadline: August 9, 2012, 5:00 p.m. (PT)

On behalf of the Convergence Partnership\*, PolicyLink is pleased to provide information about an exciting new funding opportunity. You are invited to review the [Convergence Innovation Fund Request for Proposals](#).

Applications are due Thursday, August 9, 2012, 5pm PT.

*RFP Overview:*The Convergence Partnership encourages local and regional philanthropic institutions to submit proposals for grantmaking initiatives that support innovative, multifield policy and environmental change strategies that enhance the built environment and expand food access to improve health and equity. Proposals selected to receive Innovation Fund awards will receive 50 percent in matching dollars, up to \$200,000 for a three-year period. Local organizations can initiate the proposal by approaching their local foundations to discuss healthy, equitable built environment and healthy food access opportunities.

Applications, however, must be submitted by the local foundation. *In the application review process, priority will be given to applicants who apply in partnership with equity-focused community groups.* Visit

[www.convergencepartnership.org/InnovationFund](http://www.convergencepartnership.org/InnovationFund) and the RFP for examples of projects previously funded by the Innovation Fund. The Innovation Fund was created to offer an incentive to local and regional funders to take risks in grantmaking, urge them to promote equity, focus on policy and environmental change, and create non-traditional partnerships. The goal is to develop long-term support and commitment to creating healthy, equitable communities. See the [RFP](#) for details. For questions, contact [convergence@policylink.org](mailto:convergence@policylink.org).

*\* The Convergence Partnership is a collaboration of funders with the shared goal of changing policies and environments to better achieve the vision of healthy people living in healthy places. The steering committee includes representatives from Ascension Health, The California Endowment, Kaiser Permanente, Kresge Foundation, Nemours, the Robert Wood Johnson Foundation, and the W.K. Kellogg Foundation. The Centers for Disease Control and Prevention serve as critical technical advisors on the committee. PolicyLink is program director to the partnership, providing recommendations for grantmaking, policy impact and staff support. For more information, visit [www.convergencepartnership.org](http://www.convergencepartnership.org).*

The Eunice Kennedy Shriver National Institute of Child Health and Human Development  
Academic-Community Partnership Conference Series (R13)  
(PAR-12-102)

The Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) encourages Research Conference Grant (R13) applications to conduct health disparities-related meetings, workshops, and symposia. The purpose of the Academic-Community Partnership Conference Series is to bring together academic institutions/organizations and community organizations to identify opportunities for addressing health disparities through the use of Community-Based Participatory Research (CBPR). Clarification/Update of Areas of Research Focus for PAR-12-102, Academic-Community Partnership Conference Series (R13) (NOT-HD-12-021) New Areas of Research Focus \* Preterm birth \* Infant mortality \* SIDS \* Uterine fibroid tumors \* Childhood, adolescent, and/or adult obesity \* Violence prevention \* Perinatal HBV and HIV/AIDS prevention \* HIV/AIDS

prevention \* Asthma \* Intellectual and developmental disabilities \* Pediatric injury prevention \* Medical rehabilitation (e.g., spinal cord injury, TBI, stroke) More than one area of research focus may be addressed only when scientifically appropriate. Health literacy and techniques for outreach and information dissemination may only be addressed in conjunction with one of the identified areas of research focus. Applicants are strongly encouraged to contact the Scientific/Research Contact listed in Section VII. Agency Contacts (Della White, PhD) of the FOA regarding the appropriateness of research focus for proposed projects. This may be done as part of the required process for requesting advanced permission to submit an application no later than four weeks before the receipt date. If you have questions or would like to schedule a time to discuss potential application, contact Della Brown White, PhD Health Scientist Administrator Division of Special Populations Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) 6100 Executive Blvd., Suite 5E03 Bethesda, MD 20892 Phone: (301) 435-2712 Fax: (301) 480-0393 E-mail: [white@nchd.nih.gov](mailto:white@nchd.nih.gov). Website: <http://www.nichd.nih.gov/about/org/dsp/>.

Sociological Initiatives Foundation  
Concept Proposals on Action Research Projects  
Deadline: August 15, 2012  
Amount : \$10,000-\$20,000

The Sociological Initiatives Foundation (SIF) is dedicated to the belief that research and action are inseparable. We invite concept proposals for projects that link an explicit research design to a concrete social action strategy. Projects should also have clear social change goals. SIF has funded projects in the areas of civic participation, community organizing, crime and law, education, health, housing, immigration, labor organizing, and language/linguistics and literacy.

Some examples of desired applicants are:

- academic-community partnerships
- advocacy or community groups that conduct research that can withstand challenge in academic and policy arenas
- academics that organize or link to a constituency through their research

A limited number of concept applicants will be invited to submit full proposals in the fall of 2012. Applicants chosen for funding will receive 60% of the funds immediately in January of 2013. They will receive the remaining 40% after 11 months, contingent upon submitting evidence that the project's 11 month milestones have been met. Our analysis of past grant recipients has shown that projects typically take two years, so applicants should think in terms of such a timeline. The Foundation will also track projects and may choose to invite select grant recipients to apply for a second round of funding to enhance a project showing significant accomplishments in the previous two years. Complete guidelines, information on past funded projects, and the on-line concept application are available at <http://bit.ly/LSILdM>.

Below is a list of grants awarded in 2011 to give you an idea of what the SIF has funded in the past:

Central New York Community Foundation f/b/o the Literacy Coalition of Onondaga County Syracuse, NY -- \$20,000 to evaluate a community literacy program for refugee families and identify what motivates participating parents to read to their children.

Farmworker Association of Florida, Inc., Apopk, FL -- \$20,000 for a study that quantifies farmworker wage loss due to natural disasters in Florida, a component of the Farmworkers Disaster Relief Project.

Florida Immigrant Advocacy Center, Miami FL -- \$20,000 to study the economic impact of Secure Communities on local governments, businesses, and families in Miami -Dade County.

Fuerza Laboral, Central Falls, RI -- \$20,000 for a study of wage theft in Rhode Island.

New Immigrant Community Empowerment, Jackson Heights, NY -- \$20,000 to document predatory and fraudulent consumer, financial, and immigration services and businesses targeting residents in Queens, NY.

Workers Defense Project, Austin, TX -- \$20,000 to study working conditions in the construction industry of Texas.

YMCA of the University of Illinois, Champaign, IL -- \$19,000 to document the perceptions of undocumented youth and youth of undocumented parents about policies that limit their educational advancement.

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## CALL FOR SUBMISSIONS

### Call for Submissions - *Health and Human Rights*

Special Issue: Proposed Framework Convention on Global Health

Deadline: August 20, 2012

Health and Human Rights, a peer-reviewed open access journal under the editorship of Partners in Health co-founder Paul Farmer, is published semi-annually, with new issues released in June and December. From 2012, selected papers in press are available prior to issue publication, thereby fast-tracking access to new research and enabling authors to cite their work. Submissions are welcomed at any time. Health and Human Rights will be publishing a special issue in June 2013 on a proposed Framework Convention on Global Health (FCGH). An FCGH would be based in the right to health and aimed at reducing national and global health inequities. It would ensure universal health coverage, establish a framework for sufficient and sustained funding, improve accountability, raise the priority of health in other legal regimes, and meet major challenges in global governance for health, such as poor coordination. For more information, please see the website for the Joint Action and Learning Initiative on National and Global Responsibilities for Health (JALI): <http://www.jalihealth.org>. Abstracts for proposed articles are due to [hhrjournal@hsph.harvard.edu](mailto:hhrjournal@hsph.harvard.edu) by August 20, 2012. Original articles (research, commentary, and analysis) suitable for scholarly peer review are invited (3,500-7,000 words). In addition to research papers, we seek manuscripts that emerge from and reflect on practical efforts for the realization of social and economic rights (up to 7,000 words). The form and style of these pieces is flexible, but they should be of genuine relevance to people engaged in related work. All papers will be peer reviewed. Guest editors for this special issue of Health and Human Rights will be Alicia Ely Yamin (FXB Center, Harvard School of Public Health), Mark Heywood (SECTION27), Adila Hassim (SECTION27), Lawrence Gostin (O'Neill Institute, Georgetown University Law Center), Gorik Ooms (Institute of Tropical Medicine, Antwerp), and Eric Friedman (O'Neill Institute, Georgetown University Law Center). For this special issue on the FCGH, Health and Human Rights welcomes articles that explore how the FCGH could advance realization of the right to health. We are particularly interested in articles on (1) how to more precisely define and measure central elements of the right to health, and social and

economic rights more broadly (e.g., maximum of available resources, highest attainable standard of health, core obligations, international assistance and cooperation), to create greater clarity on national and global right to health responsibilities; (2) the obligations that non-state actors, particularly transnational entities, should have under the right to health, and how these obligations should be enforced; (3) strategies (especially ones that are scalable) to build right to health knowledge among communities and enable people to effectively claim and secure the right for themselves, their communities, and the entire population; (4) successful strategies to improving national health equity, including improving health particularly among women and poor, disadvantaged, or otherwise marginalized populations; (5) how the right to health could inform national and international health financing obligations, including the process of setting the targets; (6) evidence of how a right to health approach can contribute to improved health outcomes; (7) how non-health legal regimes can undermine the right to health, and laws, strategies, and other measures that could prevent these harms; and (8) the appropriate role and responsibilities of global institutions in advancing the right to health. We encourage authors, where appropriate, to relate these issues to an FCGH: how they might be incorporated into the treaty, or inform advocacy for it. We are also interested in articles exploring obstacles to an FCGH and how to overcome them, as well as incentives, sanctions, and other strategies that would improve compliance with an FCGH. We especially welcome articles that propose innovative solutions and that offer analysis and recommendations on how aspects of the right to health might be re-conceived to more effectively secure the right and close health inequities. The editors also invite short letters, brief research or fieldwork summaries, and short opinion or perspective essays (up to 2,500 words) for publication as "Letters to the Editor." These might also include short country case studies on obstacles to realizing the right to health and how a global health treaty could help, as well as innovative approaches to addressing the right to health and community and national levels that the FCGH might promote or incorporate. These pieces might also be published separately on the Health and Human Rights blog at [hropenforum.org](http://hropenforum.org). For specific format details, please see "Author Guidelines <http://hhrjournal.org/author-guidelines.php>." Authors may also wish to consult a more complete list of JALI's research questions at: <http://www.jalihealth.org/research/index.html>. JALI has expressed interest in publishing on the JALI website selected articles that result from this call for submissions that space limitations or other constraints may prevent us from including in the June 2013 issue of Health and Human Rights. Please submit abstracts to [hhrjournal@hsph.harvard.edu](mailto:hhrjournal@hsph.harvard.edu) by August 20, 2012.

#### Call for Manuscripts - **Sustainability**

Special Issue: Measuring Socio-Economic Well-Being

Deadline: December 31, 2012

The following Special Issue will be published in Sustainability (ISSN 2071-1050, <http://www.mdpi.com/journal/sustainability>), and is now open to receive submissions of full research papers and comprehensive review articles for peer-review and possible publication:

Special Issue: Measuring Socio-Economic Well-Being; Website: <http://www.mdpi.com/si/sustainability/well-being>; Deadline for manuscript submissions: 31 December 2012. Guest Editor: Dr. Robert B. Richardson, Department of Community, Agriculture, Recreation and Resource Studies, Michigan State University, MI 48824-1222, USA, E-Mail: [rbcr@msu.edu](mailto:rbcr@msu.edu). The scholarship of sustainability, like sustainable development, is concerned with sustaining human well-being and quality of life, and as such, there is a growing interest in indicators of sustainability that incorporate measures of socio-economic welfare. Despite the fact that measures of economic production and national income such as gross domestic product (GDP) poorly depict socioeconomic well-being, they are still the most frequently tracked and commonly used indicators of welfare at nearly all spatial scales. GDP is a nearly universal indicator of socioeconomic wellbeing, despite its inclusion of welfare-reducing activities as positive and its failures to account for welfare-enhancing economic benefits of ecosystem services. It is essentially a gross measure of national income and spending - a tally of goods and services produced, regardless of their effect on well-being - and as such, it has been broadly criticized as a measure of welfare. Numerous quality of life indices and alternative economic indicators have been developed that consider the values of social capital, natural capital, and the

distribution of income. A burgeoning literature on subjective well-being and happiness has emerged to broaden the discourse on measurement. In addition, adaptive learning and participatory processes have been used to develop sustainability indicators with local communities. This Special Issue will focus on the measurement of social and economic welfare at regional, national, and local scales, including reviews, theoretical frameworks, and empirical research. You may send your manuscript now or up until the deadline. Submitted papers should not have been published previously, nor be under consideration for publication elsewhere. We also encourage authors to send us their tentative title and short abstract by e-mail for approval to the Editorial Office at [sustainability@mdpi.com](mailto:sustainability@mdpi.com). This Special Issue will be fully open access. Article Processing Charges are 500 CHF for well prepared manuscripts before 1 July 2012. For details see: <http://www.mdpi.com/about/apc/>. Please visit the Instructions for Authors before submitting a manuscript: <http://www.mdpi.com/journal/sustainability/instructions>.

Manuscripts should be submitted through the online manuscript submission and editorial system at <http://www.mdpi.com/user/manuscripts/upload/>. Sustainability (ISSN 2071-1050) is an international, peer-reviewed open access journal of environmental, cultural, economic and social sustainability. It provides an advanced forum for studies related to sustainability and sustainable development. Sustainability is published by MDPI online monthly. The journal Sustainability is indexed and abstracted, among others, by Chemical Abstracts, CAB Abstracts, RePEc (including EconPapers and IDEAS) and Google Scholar. In case of questions, please contact the Editorial Office at: [sustainability@mdpi.com](mailto:sustainability@mdpi.com).

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## CAREER DEVELOPMENT

Harvard School of Public Health, Center for Population and Development Studies

Two Openings

(1) Research Associate (Principal Analyst) in the Center's Research Computing Core

Deadline: July 31, 2012

The Center for Population and Development Studies at the Harvard School of Public Health in Cambridge, MA

seeks a Research Associate who will serve as a Principal Analyst in the Center's Research Core. The position involves providing statistical and data management programming support to several research projects. Focus will be on programming complex statistical and data manipulation algorithms that can become a part of a repertoire of programming tools available to researchers at the Center, including: multilevel modeling in neighborhood effects research, analyses of socially clustered data, and analysis of health trajectories from longitudinal cross-national surveys. The Research Associate should have a doctoral degree in a quantitative social or health field with very strong expertise in statistical programming in large data sets. Some post-doctoral research experience is preferred. A publication record in fields of social determinants of health, causal inference, or other topics in epidemiology or biostatistics is preferred. Experience in working with complex longitudinal data sets such as the HRS, SHARE, or Medicare as well as expertise in SAS, Stata and/or R with a broad range of expertise/comfort preferred would be advantageous. The Research Associate will work closely with faculty affiliates of the Center to co-author peer-reviewed journal articles and conduct conference/workshop presentations. She/he will be an active member of the Center, and contribute to its intellectual life by attending seminars, workshops and events hosted by the Center. In addition, the Research Associate will offer a small fraction of her/his time assisting others in the Center community in statistical research methods. The Research Associate will be involved in several research projects active in the Center at any given time. The research of the center spans a wide range of fascinating topics, including:

- cross-national comparisons of health and healthy aging, including disability and cardiovascular disease
- social policy impacts on health and health inequalities in the US and Europe
- neighborhoods, cardiovascular disease, and cognitive aging/dementia risk
- lifecourse determinants of older women's health
- worklife policies and employee health
- aging and health in low and middle income countries

For further information on HSPH Research Associate positions, please refer to the HSPH Research Scientist Track Grid at [www.hsph.harvard.edu/administrative-offices/faculty-affairs/research-scientist-appointments/](http://www.hsph.harvard.edu/administrative-offices/faculty-affairs/research-scientist-appointments/). Appointment will be for 2 years with possibility of renewal. Please forward your cover letter and c.v. by email attachment to Jocelyn Finlay at [jfinlay@hsph.harvard.edu](mailto:jfinlay@hsph.harvard.edu) by July 31, 2012. For details, visit [Research Associate \(Principal Analyst\) in the Center's Research Computing Core](#).

#### (2) Research Associate (Program Manager) for the INTREC Project

The Harvard Center for Population and Development Studies (HCPDS) is a University-wide initiative dedicated to interdisciplinary research focused primarily on population change, socioeconomic development, and public health. The Center is a partner in a newly launched consortium entitled INDEPTH Training and Research Centres of Excellence (INTREC), funded by the European Union. The overarching goal is to build sustainable capacity for research on health and its social determinants in low and middle income countries. INTREC activities will focus on Ghana, Kenya, South Africa, Tanzania, Indonesia, Vietnam, Bangladesh and India. Harvard's role is to develop, implement, evaluate and revise a set of training activities concerning social determinants of health, many delivered through an Internet-based platform that can be adopted by two newly-formed INTREC centres in Ghana and Indonesia. The HCPDS seeks a term-limited, full-time program manager to plan and deliver these training activities for researchers and other stakeholders. Primary duties include:

- Serve as a key point person for the Harvard component of the project and work with consortium partners to understand the training needs of the eight countries surveyed.
- Establish and adhere to a timeline for meeting INTREC deadlines.
- Work with Harvard faculty in developing a training curriculum.
- Choose the appropriate number of topics to be covered by the INTREC training activities.
- Work with a range of teaching assistant services and resources around Harvard to determine how the content can be developed into courses, workshops and other activities (i.e. in-class sessions, seminars, hands-on data workshops, internet-based courses, etc.).
- Draft syllabi, the detailed plan of each training activity, and teaching materials.
- Recruit trainees and potential future trainers.
- Manage the piloting of each training activity. Collect evaluations from both trainers and trainees and revise curriculum and methodology as needed.

Ph.D. or equivalent required. Knowledge of social determinants of health concepts preferred. Experience working with faculty as a teaching assistant. Superior communication skills required. Ability to manage and meet multiple deadlines. Enthusiasm for developing innovative modes of delivery of course material including internet based courses. Some teaching experience preferred. Should be available to travel to Germany with the Harvard team for a consortium meeting on October 18-19, 2012. Intermittent overseas travel to focus countries is likely. This is a full-time position that begins October 15, 2012 and ends January 31, 2015. Please email cover letter and resume/c.v. to: Laura Price, Program Director, Harvard Center for Population and Development Studies, [popcenter@hsph.harvard.edu](mailto:popcenter@hsph.harvard.edu). For details, visit [Research Associate \(Program Manager\) for the INTREC Project](#).

#### Health GAP (Global Access Project)

Director of U.S. Advocacy

Health GAP, a leading international advocacy organization comprised of AIDS, trade, and human rights activists, is seeking a Director of US Governmental Relations. For more information about Health GAP and our current campaigns, please refer to [www.healthgap.org](http://www.healthgap.org). The primary objective of the Director U.S. Advocacy is to devise and win new or reformed U.S. Government policies that will greatly facilitate and support the number of people receiving access to affordable HIV/AIDS treatment worldwide, including USG budgets, trade policies, and financing mechanisms for global health. This position is key to Health GAP's inside/outside strategy that combines smart policy work with grassroots organizing and creative direct action protest to win campaigns for access to treatment for people living in the Global South. The Director of U.S. Advocacy's principal responsibilities include:

- Developing and directing ongoing policy and campaign initiatives focusing on U.S. policy makers, including policy recommendations, policy analysis, draft legislation, and supportive materials, and coordinating overall campaign strategies relating to US government policies.
- Convening and coordinating several diverse coalitions of allies at national and grassroots levels in support of Health GAP campaign priorities.
- Helping translate direct action and creative grassroots pressure into political power to forward the urgency



of HIV treatment scale-up.

Forming and strengthening relations with relevant policy makers in all branches of government.  
Organizational responsibilities include:

- Contributing to overall advocacy strategy and campaign development
- Attending biweekly conference calls and working group meetings, and biannual strategy retreats;
- Submitting monthly workplans and reports and attending weekly staff calls, monthly in-person staff meetings and quarterly organizational retreats.
- Assisting with communications efforts, including action alerts and mobilization efforts
- Assisting with fundraising efforts and representing Health GAP's U.S. campaigns to stakeholders
- Health GAP is deeply committed to fostering and affirming an inclusive, multi-cultural, multi-ethnic environment for its staff, and core members. Applicants are requested to include in the cover letter a description of how they will assist Health GAP in creating this environment and to write about their commitment to global justice. People of color, people living with HIV/AIDS and immigrants from the global south are strongly encouraged to apply for this position. A proven track record of a commitment to global social justice is our paramount requirement for the position. We deeply value lived, personal experiences that will contribute to our organization's culture. In addition, it is expected that the candidate would have existing relationships with some key stakeholders in the Global AIDS movement and would be knowledgeable about some aspects of our campaign work. Health GAP is unique in that each of the staff work from home and the organization is non-hierarchical. However, we are seeking a candidate based primarily in Washington, DC or the immediate environs. Health GAP offers full health insurance, including basic dental and vision and three weeks vacation. Please send resume and cover letter to [jflynn@healthgap.org](mailto:jflynn@healthgap.org) immediately. Candidates will receive an email confirmation that their application was received. If you do not receive this application, please resend. Informational phone calls are welcomed and encouraged. Please direct your questions to Jennifer Flynn, Managing Director at (212) 537-0575 x 3.

MAC AIDS Foundation, the National coalition of STD Directors, and the National Alliance of State and Territorial AIDS Directors, Washington, DC  
Health Equity Fellows

This is an exciting opportunity to work with two national organizations that are critically involved in the STD/HIV work that occurs throughout the country. The Health Equity Fellowship is supported by funding from the MAC AIDS Foundation via a joint funding opportunity with the National Coalition of STD Directors (NCSDD) and the National Alliance of State & Territorial AIDS Directors (NASTAD). Both national organizations are the leading voices in the field of STD/HIV prevention. The Health Equity Fellow plays a leadership role in expanding the organization's capacity and priority of mounting a robust and coordinated response among health departments to address the STD/HIV crisis among Black and Latino gay men in the United States. The Health Equity Fellow works with key health department leadership, community stakeholders, federal partners and policymakers to dramatically scale-up innovative, effective and tailored prevention approaches, including counseling and testing, partner services, community mobilization, Internet and new media technology. The Health Equity Fellow will work closely with staff of both agencies to develop and inspire strategies, as well as recommend and execute action steps and hands-on technical assistance that will implement culturally competent, relevant and effective programming for Black and Latino gay men. The Health Equity Fellow will be highly motivated and work as part of a team as well as maintain and develop new projects and work with minimal direction. Demonstrated ability to execute projects in a timely manner is required.

Essential Functions:

Assist in the overall implementation of grant strategies including meeting and training course development for health department leaders, community stakeholders and medical providers.

Create and disseminate resources such as policy tools and webinars.

Assess state health department technical assistance and program development needs to strengthen state/local health department STD & HIV/AIDS programs for Black and Latino gay men.

Perform other duties as assigned.

Minimum Requirements:

1. Skills/Knowledge

Working knowledge of health department programs including STD/HIV counseling and testing, behavioral interventions, partner services and other core health department programs.

Knowledge of social determinants of health and STD/HIV prevention issues affecting black and Latino gay men.

Demonstrated ability to implement culturally competent and relevant programs.

Ability to lead and work in teams.

Proficiency in Microsoft office applications.

Skills in public speaking and delivery of technical assistance.

2. Experience/Education

Bachelor's degree or higher in public policy, public health or related fields; or any equivalent combination of training, education and experience that demonstrates the ability to perform the duties of the position.

3. Environment and Scheduling

Interest in working with an STD/HIV public health organization

Interest in working within a diverse work environment

Willing to travel as needed

This position is full-time for one year, with start and end dates to be determined at hire. During or following the fellowship period, the incumbent may be considered for other open positions, based on demonstrated competency in achieving results within the fellowship position. Reports To: Director of Training & Education, Health Equity Promotion. **Applying:** To apply for this position please send your resume, cover letter and a brief writing sample to Dana Cropper Williams at [dcropper@ncsddc.org](mailto:dcropper@ncsddc.org). No phone calls, please

National Cancer Institute  
Cancer Prevention Fellowship Program

Deadline: August 25, 2012

The National Cancer Institute (NCI) Cancer Prevention Fellowship Program (CPFP) is now accepting applications for Cancer Prevention Fellows. The deadline this year is August 25, 2012. Please share this unique postdoctoral training opportunity in the fields of cancer prevention and control with your contacts across the biomedical, health and related disciplines.

*As part of the program fellows receive:* \* The opportunity to obtain an M.P.H. degree at an accredited university during the first year, followed by mentored research with investigators at the NCI. Research opportunities exist across the spectrum of cancer prevention research, including: epidemiology, biostatistics, clinical services, laboratory, nutritional, and social and behavioral sciences.

\* Competitive stipends, paid health insurance, reimbursement for moving expenses, and a travel allowance to attend scholarly meetings or training.

The typical duration in the CPFP is 4 years (year 1: master's degree; years 2-4: NCI Summer Curriculum in Cancer Prevention and mentored research).

*Applicants should meet the following eligibility criteria:* \* Possess an M.D., Ph.D., J.D., or other doctoral degree in a related discipline or must be enrolled in an accredited doctoral degree program and fulfill all degree requirements by June 2013.

\* Be a citizen or permanent resident in the United States at the time of application.

\* Have no more than five years relevant postdoctoral experience.

To learn more about eligibility requirements and application details, please visit our website

<https://cpfp.cancer.gov/fellowship> <<http://cl.publicaster.com/ClickThru.aspx?pubids=8576%7c35%7c878%7c754&digest=tOmSAov%2buDjyrZpQ8ncxiA&sysid=1> or contact [cpfpcoordinator@mail.nih.gov](mailto:cpfpcoordinator@mail.nih.gov). Additional program details can also be found in the comprehensive Cancer Prevention Fellowship Program Catalog <http://cl.publicaster.com/ClickThru.aspx?pubids=8576%7c36%7c878%7c754&digest=ki5hYXk89rJk9CWfer1Lg&sysid=1>.

Patient-Centered Outcomes Research Institute (PCORI)

Several Openings

<http://www.pcori.org/employment/>

The Patient-Centered Outcomes Research Institute (PCORI) is authorized by Congress to conduct research to provide information about the best available evidence to help patients and their health care providers make more informed decisions. PCORI's research is intended to give patients a better understanding of the prevention, treatment and care options available, and the science that supports those options.

Physicians for Human Rights

Director for Communications

Physicians for Human Rights (PHR) is seeking a strategic, innovative and experienced Director of Communications to provide vision, leadership and direction for PHR's communications. The Director will lead a dynamic team of professional staff and consultants to develop and integrate organization-wide communications, marketing, and brand-building to promote PHR and its mission, communicate its research findings and policy agenda, enhance the organization's visibility and image among key stakeholders and help grow its global constituency. PHR's main headquarters is located in Cambridge, MA and also has an office in Washington DC. The Director of Communications will manage staff in PHR's Cambridge office but can be located in either PHR office in Cambridge, MA or Washington, DC. For more information, visit

<http://physiciansforhumanrights.org/about/jobs/director-of-communications.html>.

Robert Wood Johnson Foundation

Program Officer (Quality/Equality), Research and Evaluation

Deadline: August 15, 2012 The program officer (PO) will work with the Quality/Equality Team whose goal is to lift the overall quality of health care in targeted communities, reduce racial and ethnic disparities and provide models for national replication. The PO will work collaboratively with the Quality/Equality Team

<http://www.rwjf.org/qualityequality/index.jsp> and its national program called Aligning Forces for Quality <http://www.rwjf.org/qualityequality/af4q/> (AF4Q). AF4Q supports the development of multi-stakeholder alliances in select communities and the use by these alliances of interventions in public reporting of quality data, quality improvement and consumer engagement to improve the health care, and ultimately the health, of the people in these communities. Research and analytic expertise in health services research, quality of care, costs of care and/or access to care is required. The program officers in the Research and Evaluation (R&E) Unit are professional staff responsible for creating, developing, implementing and managing the research and evaluation aspects of the Foundation's initiatives to improve health and health care. Their primary responsibility is to work with Vice President of Research and Evaluation and the team directors, team members and executive staff to design and implement research and evaluation strategies that generate impact congruent with the specific objectives of the teams and the Foundation. They are also responsible for Unit-level responsibilities such as promoting learning from research and evaluation on the Team and within the Foundation. They are also responsible for the development and management of performance measurement systems (i.e. indicators), and the supply of publications and research for the RWJF website to disseminate findings from research, evaluation and policy investments.

**Essential Duties: Program Development and Monitoring:** · Initiates and contributes to the design, implementation, and oversight of research and evaluation initiatives. May lead committees and work groups to design and manage program areas to achieve key team objectives. Serves as a partner with team director and other staff in identifying strategic objectives and direction.

· Works with internal staff, consultants, other funders and external organizations to plan, develop and respond to requests for funding. Screens and assesses prospective research and evaluation project proposals, works with applicants to refine plans and project budgets.

· Drafts preliminary summaries of the project and develops recommendations for teams, program staff, Foundation management and Board approval. Assures the quality of documents for projects being recommended for approval.

· Participates in meetings, conducts site visits, and reviews grantee submissions as part of overall responsibility for developing and managing existing grants and programs. Prepares oral and written summaries of grant

activities.

- Monitors programmatic aspects of funded projects and programs. Works with Grants Administrators in assessing financial status of funded programs over time.
- Leads the development of the research and evaluation part of the team's strategic plan.
- Leads the development and monitoring of team's performance indicators.

Learning and Dissemination:

- Works with staff and consultants to assess, evaluate, and disseminate results of programs and projects. Works with staff to develop measures of impact for major programs and activities.
- Works with staff and consultants to harvest lessons from previous and current grantmaking, and to actively disseminate results and lessons to other staff, grantees and the field.
- Collaborates with team directors and team members, particularly Communications staff, to develop plans for and disseminate team-based products, including content featured on rwjf.org.
- Develops plans and content for the RWJF website in collaboration with team members and other R&E staff.
- Use social networking tools to monitor important fields and to communicate lessons from RWJF's work.

*Team Functioning:* · Responsible for actively participating in team activities and improving team functioning, including compliance with team norms and providing support and back-up for team members.

Grantmaking Processes:

- Is responsible for understanding, implementing and following the grant making processes and policies of RWJF.
- Analyzes and evaluates all aspects of team-wide and project-specific proposals including strength of the activity, value for dollars requested and the organization's health and stability. In supporting recommendations and in monitoring financial status, PO works in collaboration with grants administrators and other program and financial personnel in the Foundation.

Foundation and Field Contributions:

- Represents the Foundation publicly regarding program direction, program funding, and grantmaking results. Responds to public inquiries about the application process.
- Participates in conferences, seminars, and other professional development activities to maintain and enhance expertise and professional status. May conduct individual research related to the Foundation's priorities. Keeps up with the latest developments in their fields.
- Oversees and manages the support staff with whom they work.
- Contributes to and participates in internal Foundation groups and teams and carries out other responsibilities assigned by executive staff.
- Participates in Foundation-wide projects related.
- Initiates, develops and participates in efforts of the Foundation to evaluate itself through the scorecard and related efforts.
- Supports the vice president, R&E in accomplishing annual unit-wide goals and priorities.
- Performs other projects and responsibilities, as assigned.

Experience and Qualifications: · Completion of Ph.D. or experience equivalent to a Ph.D. degree in health services research, evaluation, public health, public policy, economics, psychology or related fields; or research experience equivalent to an advanced degree and three (3) or more years of relevant research and/or evaluation experience post doctorate.

- Excellent project management skills and ability to translate research and evaluation findings for use by internal and external stakeholders.
- Experience working on highly collaborative teams as well as exhibit leadership potential in areas of health services research, quality, costs and access to health care as a field of study.
- Experience handling multiple priorities effectively; must be adept at organizing time efficiently; high tolerance for ambiguity; ability to understand and work effectively with team members in the Foundation's organizational structure.
- Strong skills in research and evaluation methods; research skills, including use of Internet and databases; strong analytic skills. Survey research skills desired.
- Strong written and verbal communication skills are essential to success in this position; able to synthesize material and focus quickly on the essence of an issue; to identify major opportunities in a specific area; to see the big picture. Willingness to use social networking tools to further RWJF's work.
- Strong oral presentation skills.
- Strong people management skills.
- Personally motivated to support the Foundation's mission and goals; creative, flexible; able to work independently and in teams to think imaginatively about opportunities; to create and respond to novel and innovative approaches to addressing an issue; to inspire others to work towards achieving team goals.
- Demonstrated strong interpersonal skills; collegial, energetic, able to develop productive relationships with colleagues, grantees, consultants, external funders, and others who contribute to program development and management.
- Demonstrated maturity and sound judgment; ability to make decisions, justify recommendations, and be responsive and clear.
- Ability to travel - including for site visits and representing the Foundation at outside meetings.

The Alameda County Public Health Department, Oakland, CA

Policy Associate - Place Matters

100% FTE

Salary commensurate with experience

August 2012

Terms: This is an 18 month contract position with an option to renew and the possibility of converting to a permanent County position based on funding. The Alameda County Public Health Department (ACPHD) is seeking a Local Policy Associate who is dedicated to social and economic justice to join its Place Matters team that strives to improve health through local policy change in criminal justice, economics, education, housing, land use and transportation. The Policy Associate will act as point person on local housing and economics issues.

Program Overview:

Place Matters is a core component of ACPHD's efforts to advance health and social equity - to create an Alameda County where everyone has the same opportunity for long, healthy lives, regardless of race, income and



neighborhood where they live. Place Matters advances equitable policies at the local level - city, county, regional - in collaboration with grassroots organizations and across government agencies from a variety of sectors. Place Matters proactively advances a Local Policy Agenda and responds to emerging policy issues at the request of grassroots and government partners. As it collaborates to advance equitable local policy, Place Matters is committed to building the capacity of staff throughout ACPHD to contribute to policy efforts as part of their core programmatic work. The initiative is also committed to increasing awareness of intersections between multiple social issues and health equity, as well as increasing systemic consideration of the potential health equity impacts of policy decisions. Our current Place Matters activities include (this is not a complete list): a Health Impact Assessment examining how access to buses affect health; a partnership with community groups and the City of Oakland to improve code enforcement to better respond to and prevent chronic diseases such as asthma; and developing policies that would expand access to non-predatory financial products in areas of need throughout the County. For more information about Place Matters: <http://www.acphd.org/social-and-health-equity/policy-change/place-matters.aspx>

**Position Overview:**

The Local Policy Associate is responsible for supporting Place Matters' overall growth, and specifically for co-coordinating the Housing Workgroup and Economic Workgroup. Each workgroup is comprised of staff as well as government and community partners. In addition to advancing the Local Policy Agenda and responding to emerging policy issues, part of the work coordinating these workgroups includes building participant capacity to meaningfully engage in policy change. The Local Policy Associate contributes to and leads research, policy analysis, and policy advocacy that will advance Place Matters' policy goals, both in terms of short-term policy activities and long-term policy goals. This may include working on reports, generating written and oral testimonies, and work with traditional and social media. The Local Policy Associate reports to the Local Policy Manager.

Ideal Candidate Qualities and Experience:

- Political astuteness and experience working in a political environment
- Cultural humility and experience working a multi-cultural environment
- Facilitation, meeting management, and team leadership experience
- Demonstrated experience using data for change, including written and oral translation of technical information into action
- Demonstrated experience coordinating programs, projects or campaigns
- Demonstrated experience relationship building, including working in collaborations
- Policy analysis and advocacy experience
- Demonstrated commitment to social justice
- Experience in economics and housing policy a plus
- Familiarity with local policy environment a plus

Minimum Qualifications:

- Education: equivalent to graduation from an accredited four year college or university, with focus in public policy, public health, social welfare, urban planning, or similar degree preferred
- Experience: equivalent to three years of full-time work, including policy analysis and advocacy and/or research, and program planning, implementation and coordination (Possession of a Master's degree may be substituted for two years of the required experience.

**To Apply:** Please send a resume and cover letter describing your interest and experience to Alexandra Desautels at [Alexandra.Desautels@acgov.org](mailto:Alexandra.Desautels@acgov.org) (email preferred) by July 2nd. You can also fax it to Alexandra Desautels' attention at 510-268-7012 or mail it to:

Alexandra Desautels  
Alameda County Public Health Department  
1000 Broadway, 5th Floor  
Oakland, CA 94607

This position is open until filled. Interviews will be scheduled on a rolling basis.

U.S. Department of Health and Human Services  
HHS Innovation Fellows Program

Deadline: July 20, 2012

Are you interested in solving the nation's most critical health care problems? The Health and Human Services Department (HHS) is looking for external experts and entrepreneurs to work on innovative projects through the HHS Innovation Fellows Program. The Innovation Fellows Program <http://www.hhs.gov/open/initiatives/innovationfellows/index.html> aims to bring external ideas and expertise to HHS's own innovation process and rapidly create, develop, engage, and accelerate innovation. The Innovations Fellows Program marries innovative opportunities and federal staff to innovative external experts. The benefits for both parties are two-fold, the internal innovators receive expertise on an innovative project and external innovators receive a unique experience in government, solving some of the most critical issues this nation faces. To learn more about this fellowship opportunity please visit: <http://www.healthit.gov/buzz-blog/health-innovation/innovation-opportunity-announced-hhs-innovation-fellows-program/>.

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## CONFERENCES AND EVENTS

Adler School's Institute  
Social Exclusion 2012 Global Conference  
September 19-20, 2012

Chicago, IL USA More than half of the world's population lives in urban areas. That figure is projected to grow to more than 60 percent by 2050. Although cities possess conditions that promote good mental health, they embody conditions, such as poverty, conflict, and social isolation that can harm mental health, as well. On

September 19-20, 2012, at the Chicago Marriott Downtown, the Adler School of Professional Psychology and its Institute on Social Exclusion will host professionals in government, the academy and philanthropy to discuss the ways in cities impact the mental health outcomes of urban residents, and to share information about emerging tools, practices, and processes for ensuring that those impacts narrow mental health inequities and promote positive mental health and well-being. Michael G. Marmot, Ph.D., a leading scholar on global health inequalities, will give the keynote presentation. Marmot is director of the University College London Institute of Health Equity (Marmot Institute), and chair of the European Review on the Social Determinants of Health and the Health Divide. His pioneering work over the last 35 years advances understanding of the social causation of health inequalities. Plenary presenters will be:

\* Sarah Curtis, D.Phil., is a Professor of Health and Risk at the University of Durham in the United Kingdom. Curtis is an internationally recognized specialist in the geography of health who focuses on the geographical dimensions of health and health care inequalities. Her scholarship addresses how and why varying geographical settings relate to human health inequalities.

\* Kwame McKenzie, M.D. is the Director of the Social Aetiology of Mental Illness Training Centre at the Centre for Addiction and Mental Health and University of Toronto in Canada. His work focuses on the social causes of mental health problems, multi-cultural mental health, and social equity and health research. He is an expert on the social causes of psychosis, social capital, and the impact of racism on mental health.

For details and conference registration, visit <http://www.adler.edu/conference>.

Black Caucus of Public Health Workers and the Society for the Analysis of African American Public Health Issues

Pre-conference Meeting at the American Public Health Association Annual Meeting

"Health Disparities Across the Lifespan: Addressing Gender-Specific Health Inequities Among the African Diaspora"

October 27, 2012

San Francisco

The Black Caucus of Public Health Workers (BCHW) and the Society for the Analysis of African American Public Health Issues (SAAPHI) would like to cordially invite you to participate in the 2012 BCHW/SAAPHI pre-conference meeting held October 27, 2012 in San Francisco, CA. BCHW and SAAPHI, affiliates of the American Public Health Association (APHA), are national public health organizations comprising researchers, physicians and health advocates dedicated to improving the overall health of African Americans. Both organizations promote and utilize scientific research to inform scientific knowledge, program development and policy decisions. To pre-register go to: <http://www.eventbrite.com/event/1998610899>.

"Health Disparities Across the Lifespan: Addressing Gender-Specific Health Inequities Among the African Diaspora"

7:00-8:00 Registration Opens

8:00-8:05 Presidents' Welcome

Selena Smith, MPA- BCHW President

Rebecca Hasson, PhD- SAAPHI President

8:05-10:00 "Maternal and Infant Health"

Richard David, MD- University of Illinois at Chicago

Wenonah Valentine, MBA-iDREAM for Racial Health Equity

Moderated by: Diane Rowley, PhD, MPH- University of North Carolina at Chapel Hill

10:00-10:15 Break

10:15-11:30 "Childhood Obesity in our African-American Communities"

Shiriki Kumanyika, PhD, MPH- University of Pennsylvania/African American Collaborative Obesity Research Network

Mildred Thompson, MSW- PolicyLink

Moderated by: Tiffany Gary-Webb, PhD- Columbia University

11:30-1:00 Lunch

View trailer for "The Gospel of Healing" with film director Paul V. Grant

Thematic poster session

1:00-2:35 "Health Equity Across the Lifespan"

Adewale Troutman, MD, MPH, CPH-University of South Florida/APHA President-Elect

Linda Ray Murray, MD, MPH- Cook County Department of Public Health/APHA Immediate Past President

2:35-2:50 Break

2:50-4:00 "The Skin You're In: Why African Americans Live Sicker and Die Younger"

Thomas LaVeist, PhD- John Hopkin University

Introduction by Amani Nuru-Jeter, PhD, MPH- University of California Berkeley

4:00-5:15 SAAPHI Scientific Symposium

Denise Smith- Morehouse School of Medicine

Rachel Hardeman, MPH- University of Minnesota

Dara Mendez, PhD, MPH- University of Pittsburgh

Ndidi Amutah, PhD, MPH, CHES- Morgan State University

Moderated by Rian Hasson, MD- Brigham and

Women's Hospital and Keshia Baptiste-Roberts, PhD, MPH- Penn State University

5:30 Closing Remarks

6:00-8:30 Reception co-sponsored by RWJF New Connections

Kellogg Fellows Leadership Alliance

Forum 2012

Leading Communities in the 21<sup>st</sup> Century: Resilience, Transformation, Transcendence

For more information and to register: <http://www.kfla.org/programs/?p=p&c=275>.

Society for Community Research and Action

14<sup>th</sup> Biennial Conference

"Communal Thriving: PURSUING MEANING, JUSTICE AND WELL-BEING  
June 6-9, 2013  
Coral Gables, FL

The Society for Community Research and Action (Division 27 of the American Psychological Association) invites you to its 14th Biennial Conference, June 6th-9th, 2013, in Coral Gables, Florida, hosted by the School of Education and Human Development at the University of Miami. More details and the call for proposals will be coming soon! The theme of the conference is "Communal Thriving: PURSUING MEANING, JUSTICE AND WELL-BEING." Details: <http://bit.ly/Kn8PcT>.

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## RESOURCES

### Publications

Better Health: An analysis of public policy and programming focusing on the determinants of health and health outcomes that are effective in achieving the healthiest populations

<http://bit.ly/KBUd9B>

Carles Muntaner, University of Toronto, Bloomberg Faculty of Nursing; Edwin Ng, University of Toronto, Dalla Lana School of Public Health; Haejoo Chung, Korea University, Department of Healthcare Management Canadian Health Services Research Foundation CNA/CHSRF series of reports to inform the CNA National Expert Commission, *The Health of Our Nation - The Future of Our Health System: Paper 1, 2012*

To advance the role of nursing in reducing health inequalities, this paper conducts a scoping review to assess the empirical association between social determinants and health outcomes and to identify public policies and political activities that reduce health inequalities.

Guided by the CSDH's conceptual framework, which emphasizes the "causes of the causes" to reduce social inequalities in health, this paper moves beyond the consideration of immediate causes such as medical treatments or lifestyle choices.

Three questions are addressed:

- What is the current scope of knowledge from Canadian research on SDOH, conceptualized as income, housing, food insecurity and social exclusion?
- What is the role of nursing in reducing health inequalities within Canada's political and economic contexts?
- Which policy recommendations have the potential to narrow health inequalities?

Scoping review methods consisted of five steps.

First, the electronic database PubMed was searched using these keywords: "income" or "food insecurity" or "housing" or "social exclusion" and "population health" or "health inequalities" and "Aboriginal Peoples" or "First Nations" or "Métis" or "Inuit" and "Canada".

Second, we screened potentially relevant studies and included them if the studies presented empirical findings and tested at least one SDOH measure.

Third, we charted descriptive and empirical data using a coding template.

Fourth, studies grouped by theme were coded as positive (social determinant of health is positively associated with health), negative (social determinant is inversely associated with health), mixed (social determinant is inconsistently related to health) or no impact (relation between social determinant and health is not significant).

Effect size metrics were also extracted to compare the strength of associations between social determinants and health-related outcomes.

Fifth, we searched government reports, international commissions and cost-benefit analyses to augment and inform our policy recommendations...."

Community IRBs & Research Review Boards: Shaping the Future of Community-Engaged Research

<http://bit.ly/MPHXob>

How can communities ensure they have a say in what research is conducted, how and by whom? The new report, "Community IRBs & Research Review Boards: Shaping the Future of Community-Engaged Research," highlights 9 community-based research review mechanisms, identifies cross-cutting points and critical issues, and suggests next steps. Published by Community-Campus Partnerships for Health, The Bronx Health Link and Albert Einstein School of Medicine, the report seeks to highlight the diverse approaches that communities can take when reviewing proposed research, some voluntary and advisory, others required and binding. The report was supported in part by a National Institutes of Health CTSA Community Engagement Supplement Award to the Albert Einstein-Montefiore Institute for Clinical and Translational Research Award # 3UL1RR025750-0452.

Community-Defined Solutions for Latino Mental Health Care Disparities  
California Reducing Disparities Project Latino Strategic Planning Workgroup Population Report

[http://www.kellogghealthscholars.org/news/1074604\\_bookwlink\\_reduce.pdf](http://www.kellogghealthscholars.org/news/1074604_bookwlink_reduce.pdf)

On behalf of the California Department of Mental Health (CDMH), we are pleased to present the research results of the California Reducing Disparities Project (CRDP): Latino Strategic Planning Workgroup (SPW). This Executive Summary offers a brief background of the CRDP Project, followed by an overview of the research purpose, mental health status of Latinos, key findings, community-identified strategies for improving mental health treatment, and strategic directions and recommendations for reducing health disparities in Latinos. This project examined mental health disparities for the Latino population. Our aim was to develop and implement the appropriate process for identifying community-defined, strength-based promising practices, models, resources, and approaches that may be used as strategies to reduce disparities in mental health. To accomplish this goal, we adopted a set of topics from the California Department of Mental Health (2009). We also adopted the

community-based participatory research (CBPR) framework from Minkler and Wallerstein (2008) to ensure a continuum of community involvement that over time builds and strengthens partnerships to achieve greater community engagement (McCloskey et al., 2011). Our overall findings suggest that racial and ethnic minority groups in the U.S. fare far worse than their white counterparts across a range of health indicators (Smedley, Stith, and Nelson, 2003). Non-white racial and ethnic groups now constitute more than one third of the population in the United States (Humes, Jones, and Ramirez, 2011), and as the nation's population continues to become increasingly diverse, the passing of the health care reform law (Andrulis, Siddiqui, Purtle and Duchon, 2010) becomes a critical piece of legislation in advancing health equity for racially, ethnically, and sexually diverse populations.

Organizing for Social Change: Midwest Academy Manual for Activists

Kim Bobo, Jackie Kendall, and Steve Max. 4th ed. The Forum Press, 2010. 401p index ISBN: 9780984275212 [Organizing for Social Change 4th Edition](#) is a comprehensive manual of essential tools for direct action organizing. The book outlines specific steps, lists and charts to help organizers move through the phases of a campaign, includes a solid index to help readers zero in on a specific topic or problem, and a great list of resources with updates reflecting changes in contexts and technologies. It provides clear and concise information, from tactics to the mechanics on what it takes to make social change: recruitment, tactics, public speaking, using the media and building powerful organizations. *Learn to think strategically, act effectively and get results!* **AVAILABLE DIRECTLY FROM THE PUBLISHER--DISCOUNTS FOR BULK ORDERS!** [TheForumPress@cs.com](mailto:TheForumPress@cs.com), 714-545-3114. Also available on Amazon.com, B&N.com, PUBLIC AFFAIRS | ISBN: 9780984275212 | \$39.95 | Discounts for Bulk Orders

Peer-Leader Training to Improve the Health of Veterans: The POWER Curriculum

POWER Partnership

<http://bit.ly/MUOEsm>

This product resulted from the POWER (Posts Working for Veterans Health) Partnership a government-funded project to train members of local veteran service organizations to lead health-focused activities and to model healthy behaviors for their peers, many of whom are experiencing chronic health conditions. The POWER Curriculum contains three main categories of materials:

The initial 8-hour training session. In this session new peer leaders acquire a foundation of information and resources to plan and conduct health-focused activities.

Mini-training sessions. This series of follow-up, 90-minute training sessions cover 12 health topics and provide peer leaders with supportive resources and information.

Monitoring and evaluation. POWER tools and reports are provided to support on-going evaluation of the processes and products of peer leader training.

This product is a comprehensive curriculum for health-focused, small-group peer leaders. This product will have a wide range of audiences, from a health education team wanting to deliver a longitudinal, sustained health program, to individuals with minimal health experience looking to organize a single health promotion session.

Place Matters for Health in Orleans Parish: Ensuring Opportunities for Good Health for All

Joint Center for Political and Economic Studies, Orleans Parish PLACE MATTERS Team  
<http://www.jointcenter.org/research/place-matters-for-health-in-orleans-parish-ensuring-opportunities-for-good-health-for-all>

PLACE MATTERS for health in important ways, according to a growing body of research. Differences in neighborhood conditions powerfully predict who is healthy, who is sick, and who lives longer. And because of patterns of residential segregation, these differences are the fundamental causes of health inequities among different racial, ethnic, and socioeconomic groups. The Joint Center for Political and Economic Studies and the Orleans Parish PLACE MATTERS team are very pleased to add to the existing knowledge base with this report, *Place Matters for Health in Orleans Parish: Ensuring Opportunities for Good Health for All*. The report, supported by a grant from the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health and written in conjunction with the Center on Human Needs at the Virginia Commonwealth University and the Virginia Network for Geospatial Health Research, provides a comprehensive analysis of the range of social, economic, and environmental conditions in Orleans Parish and documents their relationship to the health status of the Parish's residents. The study finds that social, economic, and environmental conditions in low-income and non-white neighborhoods make it more difficult for people in these neighborhoods to live healthy lives. Among the study's key findings are that life expectancy in the Parish varies by as much as 25 years depending on the zip code. Zip codes with the lowest life expectancy tend to have a higher percentage of people of color and low-income residents. Community-level risk factors, such as high concentrations of people living in poverty, overcrowded households, households without a vehicle, and vacant housing are among the factors that predict health inequalities in the Parish. The overall pattern in this report - and those of others that the Joint Center has conducted with other PLACE MATTERS communities - suggests that we need to tackle the structures and systems that create and perpetuate inequality to fully close racial and ethnic health gaps.

Why Women Still Can't Have It All

Anne-Marie Slaughter, *The Atlantic*

<http://www.theatlantic.com/magazine/archive/2012/07/why-women-still-can-8217-t-have-it-all/9020/#.T-QYzOvC978.email>

It's time to stop fooling ourselves, says a woman who left a position of power: the women who have managed to be both mothers and top professionals are superhuman, rich, or self-employed. If we truly believe in equal opportunity for all women, here's what has to change.

10 best resources for . . . evidence-informed health policy making Kaelan A Moat <sup>1,2,3\*</sup> and

John N Lavis <sup>2,3,4,5,6</sup>

Website: <http://bit.ly/MJQSJf>

PDF at: <http://bit.ly/O00tOc>

<sup>1</sup>Health Policy PhD Program, McMaster University, Hamilton, Canada, <sup>2</sup>Program in Policy Decision-making, McMaster University,

Hamilton, Canada, <sup>3</sup>Centre for Health Economics and Policy Analysis, McMaster University, Hamilton, Canada, <sup>4</sup>McMaster Health Forum, McMaster University, Hamilton, Canada, <sup>5</sup>Department of Clinical Epidemiology and Biostatistics, McMaster University, Hamilton, Canada and <sup>6</sup>Department of Political Science, McMaster University, Hamilton, Canada

Health Policy and Planning - June 20, 2012

Published by Oxford University Press in association with The London School of Hygiene and Tropical Medicine

"..... linking research to policy requires both a comprehensive understanding of the policy-making process-including the influence of institutions, interests, ideas and external events-and an awareness of a number of established strategic approaches that are available to support the use of relevant research evidence in the formulation of health policies.

To help guide this understanding, a framework has been developed to identify and organize key elements that can help one understand ways to support the use of evidence in the policy-making process (Lavis et al. 2006). These elements are:

- Climate: how those who fund research, universities, researchers and users of research support or place value on efforts to link research to action;
- Production of research: how priority setting ensures that users' needs are identified and how scoping reviews, systematic reviews and single studies are undertaken to address these needs;
- Push efforts: how strategies are used to support action based on the messages arising from research;
- Efforts to facilitate user pull: how 'one stop shopping' is provided for optimally packaged, high-quality reviews either alone or as part of a national electronic library for health; how these reviews are profiled during 'teachable moments such as intense media coverage; and how rapid response units meet users' needs for the best research;
- User-pull efforts: how users assess their capacity to use research and how structures and processes are changed to support the use of research;
- Exchange efforts: how deliberative processes and meaningful partnerships between researchers and users help them to jointly ask and answer relevant questions.

This paper employs the elements of the framework to identify and outline the 10 most useful and publicly available resources from a range of diverse sources, and in a variety of formats (a mix of reports and articles, plus a database and listserv), that can help facilitate a better understanding of supporting the use of research evidence in the health policy process. Although this is by no means intended to serve as an exhaustive or definitive inventory, taken as a whole, each of the included resources provides an excellent way with which to build a comprehensive understanding of the various facets of supporting evidence informed health policy....."

#### Website

National Association of County and City Public Health Officials

Roots of Health Inequity

<http://rootsofhealthinequity.org/>

In 2009, the National Association of County and City Public Health Officials received a two-year grant from the National Center for Minority Health and Health Disparities at the National Institutes of Health to create an educational website that helps public health practitioners recognize and act more effectively on the social injustices at the root of health inequity. *The Roots of Health Inequity is an online learning collaborative. The site offers a starting place for those who want to address systemic differences in health and wellness that are, actionable, unfair, and unjust. As a participant in the learning collaborative you will have a chance to explore concepts and strategies by working through five critical questions:*

(1) Where Do We Start?

Explore the relationship among changing the culture of our organizations, engaging community members, and negotiating with political pressures strategically (UNIT 1: Where Do We Start?). This unit provides Continuing Education by participating in specified activities.

(2) What Are "Frames" and How Do They Influence Public Health Practice?

Consider how "mental models" or "frames" influence public health work. Discuss how values, assumptions, and interests affect the capacity for addressing health inequities (UNIT 2: Perspectives on Framing).

(3) What Can History Teach Us about the Role of Public Health and Public Health Practitioners?

Explore the transformation of public health during the last 150 years, including the forces that advanced or limited the field (UNIT 3: Public Health History).

(4) What Are the Root Causes of Health Inequities?

Examine the importance of class structure, racism, and gender inequity in the development of health inequities (Unit 4: Root Causes).

(5) What Are the Principles of Social Justice?

Explore the principles of social justice and ways to influence the institutions and agencies that generate health inequity. (Unit 5: Social Justice).

#### Others

World Health Organization

Update on New Tool being Developed on Social Determinants of Health ACTION:SDH

[www.actionsdh.org](http://www.actionsdh.org) .

This tool is being brought to the public health community by the World Health Organization with the aim of providing public health, and other practitioners on the social determinants of health, with a one-stop portal, it was



launched at the World Conference on Social Determinants of Health in October 2011. ACTION:SDH houses knowledge on the social determinants according to the five action areas of the Rio Political Declaration on Social Determinants of Health that was ratified by the 65th World Health Assembly (WHR 65.8) in May 2012. During the first half of 2012, several contributors have strengthened the content of the ACTION:SDH portal through adding web pages on implementation (e.g. legislation in Norway), describing tools used (e.g. Government of Québec), and organizing discussion forums (e.g. current forums sponsored by the Government of Québec, Canada, focus on the upcoming 12<sup>th</sup> International Conference on Health Impact Assessment). Public health practitioners are encouraged to visit the web site and to share experiences of how to address health determinants and to promote health equity.

Some links:

[http://www.actionsdh.org/Contents/Action/Governance/Building\\_governance/Health\\_in\\_All\\_Policies\\_approach3.aspx](http://www.actionsdh.org/Contents/Action/Governance/Building_governance/Health_in_All_Policies_approach3.aspx)  
[http://www.actionsdh.org/Contents/Sector\\_Linkages/Education3/Education\\_health\\_development.aspx](http://www.actionsdh.org/Contents/Sector_Linkages/Education3/Education_health_development.aspx)  
[http://www.actionsdh.org/Contents/Action/Governance/Public\\_health\\_legislation/Norway.aspx](http://www.actionsdh.org/Contents/Action/Governance/Public_health_legislation/Norway.aspx)

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