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Send your ideas and comments to [scholars@cfah.org](mailto:scholars@cfah.org).

To contribute information, resources or announcements to Kellogg Connection, e-mail [kconnection@cfah.org](mailto:kconnection@cfah.org).

## SCHOLAR/FELLOW SOUNDING BOARD

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 experiences or advice to share?

Let us know! Email: [scholars@cfah.org](mailto:scholars@cfah.org)

### Congratulations to Kellogg Scholars and Fellows

**Dr. Roberta Downing**, Community Health Scholars Program alumna, has announced that in the past year she got married, and around January 20<sup>th</sup> of next year, the new couple will be expecting their first child!

**Dr. Mondy Mason**, Community Health Scholars Program alumna, is the lead faculty participant on a contract award to the Jiann-Ping Hsu College of Public Health at Georgia Southern University valued at nearly \$200,000 to provide evaluation services for "New Tools, New Visions 2," a three-year initiative funded by the W.K. Kellogg Foundation of Battle Creek, Michigan. The new initiative will focus on public health in four Georgia cities: Albany, Augusta, Fort Valley, and Savannah. Press release available at: <http://news.georgiasouthern.edu/press-release.php?nid=337>.

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## ANNOUNCEMENTS

**Kellogg Health Scholars Program 2009-2011 Call for Applications** has been issued. The deadline for submitting an application is **Wednesday, December 3, 2008 (11:59 p.m. Eastern)**. For more information on the program and how to apply, visit [www.kellogghealthscholars.org](http://www.kellogghealthscholars.org). Please share this information to qualified and interested individuals!

**SAVE THE DATE! Kellogg Health Scholars Program 2009 Networking Meeting** will be held on **June 3-5, 2009** in Washington, DC. Meeting details will be sent as soon as it is available.

As part of the **2008 APHA Annual Meeting**, Kellogg Health Scholars and alums will be presenting on Tuesday, October 28th, at 4:30 p.m. (4342.0 Kellogg Health Scholars Program <http://apha.confex.com/apha/136am/webprogram/Session23635.html>) sponsored by the Community-Based Public Health (CBPH) Caucus. The 2008 Session Planners for the CBPH Caucus were Kellogg scholar-alums Drs. Cheryl Brewster and Shevon Harvey. For more information about the Caucus, see the Spring 2008 Newsletter at <http://www.cbphcaucus.org>.

The **Kellogg Health Scholars Program, Multidisciplinary Track, Recommended and Supplemental Reading Lists** are now available online. The program staff thanks University California, San Francisco site director, Dr. Paula Braveman,

for updating the Recommended List and University of Pittsburgh site director, Dr. Stephen Thomas, for providing the Supplemental List. Visit [www.kellogghealthscholars.org](http://www.kellogghealthscholars.org), RESOURCES, or click [http://www.cfah.org/programs/healthscholars/Reading\\_Lists/index.cfm](http://www.cfah.org/programs/healthscholars/Reading_Lists/index.cfm) to download the lists.

***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 [dtorresen@cfah.org](mailto:dtorresen@cfah.org) or [mbjones@cfah.org](mailto:mbjones@cfah.org).*

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## SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet Kellogg Health Scholar Program alumna, **Mindi Spencer, PhD...**

Dr. Mindi Spencer received her Ph.D. in Life-Span Developmental Psychology from West Virginia University in 2006, with Graduate Certificates in Gerontology and Women's Studies. Her research focuses on the important and often ignored influence of cultural and psychosocial factors on health-related outcomes in older adulthood. During graduate school, she was involved in collaborative, published research on quality of life in Appalachia, rural aging, discrimination based on sexual orientation, and disability and health care access among American Indian elders. She received recognition for her work by selection as a Fellow of the American Psychological Association Minority Aging Network In Psychology, Grantmakers in Aging Fellow, AARP Scholar, and Health Disparities Scholar by the National Institutes of Health. As a Kellogg Health Scholar at the University of Pittsburgh, Dr. Spencer continued her work across two main lines of research. The first was an attempt to understand sociocultural stress and coping among American Indian and African American caregivers. For the second, she used epidemiologic data to understand racial variations in the tandem interaction of self-report and performance-based measures of physical functioning. Her ultimate goal is to ensure that the results of her research have relevance to long-term care policy and late-life disability prevention. Dr. Spencer will continue her work as an Assistant Professor in the Department of Health Promotion, Education, and Behavior at the University of South Carolina, with a joint appointment in the Institute for Southern Studies.

According to Dr. Spencer, "In a traditional postdoctoral fellowship, the goal is to receive scholarly training and leave with a new set of professional skills." She further states that "The greatest and most unique aspect of the Kellogg Health Scholars Program is that along with my core competencies, I now have a network of colleagues who I can connect with for the rest of my career. This cadre of dedicated scholars gives me hope that we are not alone in our commitment to eliminating health disparities – it is our collective effort which moves us one step closer to reaching this goal."

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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, click <http://www.cfah.org/workshops/login.asp>. Please use the same login and passcode information provided under a separate email in April.

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## FUNDING

### National Institutes of Health

#### Loan Repayment Programs (LRPs)

**Deadline: December 1, 2008**

Receive Up to \$35,000 Annually

The National Institutes of Health (NIH) will repay your outstanding student loans through its extramural Loan Repayment Programs (LRPs) if you are or will be conducting nonprofit biomedical or behavioral research and meet eligibility requirements. The application cycle for the extramural LRPs opened September 1 and includes programs for Clinical Research, Pediatric Research, Health Disparities Research, Contraception and Infertility Research, and Clinical Research for Individuals from Disadvantaged Backgrounds. Applications will be accepted online until 8:00 PM on December 1, 2008 at [www.lrp.nih.gov](http://www.lrp.nih.gov). Please share this e-mail with researchers in your organization who may benefit from this career-enhancing opportunity. The December 1 deadline will approach quickly. **BENEFITS:** New LRP contracts are awarded for a two-year period and repay up to \$35,000 of qualified educational debt annually. Tax offsets also are provided as an additional benefit. Participants may apply for competitive renewals which are issued for one or two years. Undergraduate, graduate, medical school, and other health professional school loans qualify for repayment. An NIH grant or other NIH funding is not required to apply for or participate in the LRPs. **ELIGIBILITY:** Applicants must possess a doctoral-level degree (except for the Contraception and Infertility Research LRP); be a U.S. citizen or permanent resident; devote 20 hours or more per week to conducting qualified research funded by a university, nonprofit organization, or federal, state, or local government entity; and have qualified educational loan debt equal to or exceeding 20 percent of their institutional base salary. **AWARDS:** Each year, some 1,600 research scientists benefit from the more than \$70 million NIH invests in their careers through the extramural LRPs. Twenty-six percent of awards are made to individuals within one to five years after receiving their doctoral degree. More than 75 percent of awards go to individuals within 10 years after receiving their doctoral degree. Approximately 40 percent of new applications and 70 percent of renewal applications are funded. **QUESTIONS?** Visit the LRP website at [www.lrp.nih.gov](http://www.lrp.nih.gov) for more information and to access the online application. For additional assistance, call or e-mail the DLR Information Center at (866) 849-4047 or [lrp@nih.gov](mailto:lrp@nih.gov).

### The Partnership for Equity (The Partnership) of The Community Foundation for the National Capital Region, Washington, DC

**Deadline: September 15, 2008 (by 5:00 p.m.)**

**SUMMARY:** The Partnership for Equity (The Partnership) of The Community Foundation for the National Capital Region is seeking applications from non-profit community-based organizations in the greater Washington region to build the capacity of organizations working in the field of social justice and racial equity. Grants are intended to further the work of local nonprofits working to create racially equitable change by simultaneously supporting senior-level leaders and the nonprofit they lead through general operating support for the organization, paired with intensive technical assistance and peer-to-peer networking for the individual leader. A total of \$390,000 will be available in this round of grantmaking. Up to 13 applications will be awarded grant funds, for a total of \$30,000 per grantee. Successful applicants will receive: \* A general operating grant. A one-year general operating grant of up to \$20,000 will be granted to successful organizations working in the field of social justice and racial equity. Up to thirteen grants will be issued in two payments of \$10,000 each. The general operating grant is intended to support the individual's ability to participate in the mandatory technical assistance portion of The Partnership's grantmaking program. \* A technical assistance grant. A one-year grant of up to \$10,000 will be issued to successful applicants to support specific leadership development technical assistance activities. These funds are intended to support the leadership development of the selected senior-level nonprofit leaders. \* Membership in the Partnership for Equity Network. Each selected nonprofit leader will gain access to the network of Partnership grantees through facilitated leadership development opportunities on a bi-monthly basis. Applications are due on September 15th, 2008 by 5:00 p.m. **BACKGROUND:** The Partnership is a consortium of local grantmaking institutions, public sector representatives, and local thought leaders housed at The Community Foundation for the National Capital Region that have joined together to support the development of individual leaders of color and nonprofit organizations working to advance social justice and racial equity. The Partnership seeks to empower those who due to race, ethnicity, or economic status lack access to opportunity. We support emerging leaders and organizations that serve this population to become more fully involved in the economic, social, and civic life of the community through advocacy, capacity building, organizing, research, and public awareness. 2009 Funding Guidelines and Request for Proposals -- Purpose and Values: The creation of The Partnership is based upon the following theories and assumptions: \* That effective social change strategies are based on the premise that those impacted are those best positioned to solve a problem, and that

empowering the community through increased knowledge and skill-building is key. \* That diversity in leadership, collaborative engagement across racial, ethnic, and class boundaries, and neighborhood-level leadership are key to creating change. However, our region is characterized by a long-term, chronic underinvestment in the leadership of communities of color. \* The lack of social and racial equity is a regional issue that requires a regional solution within the context of local realities and differences. The Partnership's approach reflects this fact through its regional scope and jurisdictional representation. \* The lack of social equity regionally is not felt by one neighborhood/community/ ethnic/racial group in isolation. The Partnership's approach seeks to define equitable solutions to impact the broader spectrum of low-income communities of color, including immigrant communities. \* That impact in the community can be best achieved through organizations with effective leaders, a strong and engaged Board, and active and credible ties to the community they serve. \* That effective organizations operate with a clear understanding of the dynamics of power, race, and class in relation to the community they serve and the issues they work in. \* That effective partnerships are based on trust, honest communications, transparency, a common vocabulary, a strong connection to outcomes, and a clear delineation of roles, responsibilities, and shared needs and challenges. DEFINITIONS --

For the purposes of this Request of Proposals, the following are definitions of key terms used: \* Racial Equity: A racially equitable society would be one in which the distribution of resources, opportunities, and burdens was not determined or predictable by race. In a racially equitable society, there are no statistical differences in key indicators-such as education, or health, or economic opportunity-based on race. Racial equity is not about particular groups; rather, it is about how race shapes the allocation of benefits and burdens among all groups within society, and illustrates why diversity and inclusiveness are important commitments-but ultimately not powerful enough to drive social change. \* Capacity Building: Any activity -such as strategic planning, board development, operational improvements, and technology upgrades-that strengthens the ability of a nonprofit to achieve greater performance and impact. Nonprofit organizational capacity encompasses a range of capabilities, knowledge, and resources that a nonprofit organization needs to be effective in achieving its mission. Organizational capacity is multifaceted and continually evolving, including adaptive capacity, leadership capacity, management capacity, and technical capacity. \* Leadership Capacity: The ability of all organizational leaders to inspire, prioritize, make decisions, provide direction, and innovate. Includes board development, executive leadership development, leadership transition planning and other activities.

APPLICATION PROCESS -- Eligibility Criteria: \* Applicants must have 501(c)(3) status or a tax-exempt fiscal agent. \* Eligible applicants are senior-level nonprofit leaders working in systems reform (as opposed to direct service work) in the fields of racial equity, advocacy, and community organizing and working with low income communities of color. Preference will be given to executive directors and nonprofit leaders of color. \* Applicants must demonstrate how their development as leaders will support their organizations' ability to affect systemic change for low-income communities of color. Preference will be given to those candidates who can demonstrate a focus on targeted policy change as a core outcome of their social change work. \* The applicant organization must be a locally-based group in the following jurisdictions: District of Columbia, Prince George's County, Montgomery County, Fairfax County, Arlington County, Loudoun County, and City of Alexandria. Local "chapters" of national organizations are not eligible to apply.

PROPOSAL SUBMISSION: All applicants should follow the attached proposal format. All proposals must be received by September 15, 2008 at 5:00 p.m. No exceptions will be made. Please e-mail complete proposals, including all attachments and budget information, so that it is received by the due date to: The Partnership for Equity, Attn: Luis Vivaldi, Program Associate, [lvivladi@cfncr.org](mailto:lvivladi@cfncr.org). The Partnership accepts online applications exclusively. No mailed or faxed proposals will be accepted. AWARD DECISIONS: \$390,000 is available to support projects this year. The Partnership's steering committee will make final award decisions and grants will be issued by November 2008.

FURTHER INFORMATION: We encourage applicants to contact staff if they have any questions or concerns regarding the request for proposals. Please contact Ben Murphy, Program Officer at

[bmurphy@cfncr.org](mailto:bmurphy@cfncr.org). THE PARTNERSHIP FOR EQUITY: Your proposal should include all information requested below. Please utilize the section headings presented in bold type to organize requested information. The narrative portion of the application should not exceed 10 pages and should be double-spaced. Please use a standard typeface no smaller than 12 points and no less than 1" margins. Please prepare and submit this proposal electronically. Acceptable formats are Microsoft Word or Adobe PDF. Each copy should include: introductory sheet, 10 page narrative, organizational capacity assessment (as defined below), other attachments (as indicated below) and budget information. Please refer to the definitions listed in the previous section for guidance on terms used in this request.

#### I. INTRODUCTORY SHEET

Please use this format to provide all of the requested information on a two-page introductory sheet. Information presented on the introductory sheet will be utilized to determine compliance with the defined eligibility criteria. Proposals that do not comply with eligibility criteria will not be considered for funding.

1. Organization name, address, and Director of lead agency
2. Nonprofit leader's contact name and title, and email/phone/fax
3. Tax exempt status
4. Total organizational budget (current year), and starting date of fiscal year
5. Organization's mission (summarize in 2-3 sentences)

6. Geographic area to be served
  7. Brief organizational description, specifying specific social justice and racial equity issues addressed by the organization, the specific strategy or strategies (including advocacy and community organizing) the organization uses to address the issue(s). (Suggested: 5-6 Sentences).
  8. In 3-5 sentences each, describe your organization's:
    - o Approach to the dynamics of race and power and how it addresses this dynamic.
    - o Connections to the community the organization aims to serve.
    - o History in dealing with the selected issue within the community.
    - o Approach to collaboration and alliances with key stakeholders and other community-based organizations.
    - o Approach to community empowerment and how the organization affects individual empowerment.
  9. Signature of the lead agency's Executive Director and Board Chair/President
- 2009 Request for Proposals

II. NARRATIVE (maximum of ten pages)

A. Introduction and background of organization. Please incorporate the following points:

1. Briefly describe your organization's mission and vision.
2. Briefly describe your organization's history, key milestones, and challenges:
  - \* Describe current programs and activities.
  - \* Describe the most significant challenge(s).
  - \* Describe the most important accomplishment(s) of the past year to three years .
3. Who is your constituency (be specific about demographics such as race/ethnicity, country of origin, socio-economic status, gender, and age)? How are they actively involved in your work and how do they/will they benefit from this project?
4. Has your organization formally discussed issues of race, power, privilege among its staff and/or board? What were the outcomes of that discussion?
5. Has your organization made a commitment to maintaining a leadership structure that is inclusive of the demographics of the organization's target population? If so, please describe, including the level to which this commitment has been formalized.
6. What specific social justice and racial equity issues does your organization address? Please describe the strategies your organization utilizes to tackle these issues. Explain, as clearly as possible, how the identified strategy (or strategies) are implemented?
7. What are the short- and long-term outcomes for your organization? What project objectives and activities will your organization, its partners and community members implement to achieve the short-term outcomes? Describe your specific activities/strategies using a timeline over the course of this request.

B. Introduction and background of organizational leader. Please incorporate the following points:

1. Applicant Overview: Describe how you (the leader) became connected with the applicant organization, your connection to the community served by the organization, and other capacity building or leadership development opportunities you have undertaken. Include a copy of your resume.
2. Applicant Leadership Experience and Goals: Describe your career aspirations and a major success and failure that you have experienced in the course of your work at the organization, including specifics about how you handled both situations and lessons learned.
3. Applicant Learning Priorities: What skills or experience do you need to acquire in order to be a successful leader in your organization as well as support the organization's ability to achieve its mission? Please indicate the top one to three skill areas, based upon the list below, you would need to pursue to develop your leadership skills.
  - \* Build a productive organizational culture
  - \* Managing change - staff transitions, program growth, handling funding shortfalls, etc.
  - \* Building collaboration and partnerships
  - \* Negotiation and conflict resolution
  - \* Board development and management
  - \* Strategic planning
  - \* Fundraising
  - \* Financial Management
  - \* Human Resources, Inspiring and supervising others
  - \* Public speaking and communication
  - \* Advocacy and public policy
  - \* Program evaluation
  - \* Other - please describe any other skill not listed here

Identify the specific leadership development outcomes that will occur as a result of bolstering your skills and knowledge in the identified areas.

4. Please provide a short narrative, from the nonprofit board chair or president, on her/his perspective on how involvement in this opportunity could benefit both the nonprofit leader and the organization more broadly.

5. If available, please list the capacity building/technical assistance providers you/your organization envision working with to provide leadership development support for the nonprofit executive (NOTE: Applicant organizations need not have identified the provider for these services at the time of application. The Partnership for Equity maintains a database of preferred consultants that have been pre-screened. The applicant is encouraged to discuss potential capacity building/technical assistance providers with The Partnership staff during the application process. All potential providers must undergo a screening process, therefore selection of a provider that has not been pre-screened may result in a delay in grant receipt).

III. ATTACHMENTS/REQUIREMENTS

A. Nonprofit Capacity Assessment Tool

1. In order to provide a comprehensive review of proposals, The Partnership for Equity requires additional information on the applicant organization's capacity across several metrics. Applicant organizations are required to submit a completed Nonprofit Capacity Assessment Tool available for download as an attachment from The Partnership for Equity website at: <http://www.cfncr.org/site/c.iHL5J5PLKuG/b.3567619/>. This form is intended to be completed by the nonprofit leadership collectively (both staff and board leaders), and requires a signature from both the nonprofit executive and board chair/president.

B. Evaluation

1. Briefly describe the evaluation approach to assess the leadership development outcomes defined in Section B.
2. Who will be involved in evaluating the leadership development outcomes?
3. How will the evaluation results be used?

B. Agency Structure & Administration

1. Provide a list of your staff and board of directors with related racial/ethnic demographic information and describe your commitment to diversity of board and staff members.
2. Who will be involved in carrying out the plans outlined in this request? Include a brief paragraph summarizing the qualifications of key individuals involved.
3. If applicable, describe how the collaboration among project partners will be structured.

C. Finances

1. Most recent, completed full year organizational financial statement (expenses, revenue and balance sheet), audited, if available.
  1. Organization's current annual operating budget (see attached budget format).
  2. Projected operating budget for upcoming year (see attached budget format).
  3. Current project budget (see attached budget format).
  4. If applicable, proposed budget for technical assistance component.
5. List individually other funding sources for this project. Include amounts and indicate whether these have been received or are committed or projected.
6. Describe your plans for future fundraising.
7. A copy of your IRS 501(c)(3) letter.

IV. BUDGET

Please submit separate organizational and project budget information. If you already prepare organizational and project budgets that approximate this format, please feel free to submit them in their original forms. You may reproduce this form on your computer and/or submit separate pages for income and expenses.

Budget for the period: \_\_\_\_\_ to \_\_\_\_\_

EXPENSES INCOME

Item Amount FT/PT Source Amount

Salaries & wages \$ \_\_\_\_\_ Government grants & \$ \_\_\_\_\_

(breakdown by individual \$ \_\_\_\_\_ contracts (specify

position and indicate \$ \_\_\_\_\_ Foundations (specify) \$ \_\_\_\_\_

full or part-time) \$ \_\_\_\_\_ Corporations \$ \_\_\_\_\_

\_\_\_\_\_ Religious Institutions \$ \_\_\_\_\_

\_\_\_\_\_ United Way, Combined \$ \_\_\_\_\_

Fringe benefits & payroll Taxes \$ \_\_\_\_\_ Federal Campaign & other federated campaigns

Sub-Grants to Partner Orgs. \$ \_\_\_\_\_ Individual contributions \$ \_\_\_\_\_

Consultants & professional fees \$ \_\_\_\_\_ Fundraising events \$ \_\_\_\_\_

Travel \$ \_\_\_\_\_ & products

Equipment \$ \_\_\_\_\_ Membership income \$ \_\_\_\_\_

Supplies \$ \_\_\_\_\_ In-kind support \$ \_\_\_\_\_

Training \$ \_\_\_\_\_

Printing & copying \$ \_\_\_\_\_

Telephone & fax \$ \_\_\_\_\_ Other (earned income, \$ \_\_\_\_\_

consulting fees, etc.

Please specify)

Postage & delivery \$ \_\_\_\_\_

Rent & utilities \$ \_\_\_\_\_ \$ \_\_\_\_\_

In-kind expense \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other (specify) \$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL EXPENSE \$ \_\_\_\_\_ TOTAL INCOME \$ \_\_\_\_\_

BALANCE \$ \_\_\_\_\_

Checklist:

\* Email narrative, Nonprofit Capacity Assessment Tool, and all required attachments in Microsoft Word or Adobe PDF format to [livaldi@cfncr.org](mailto:livaldi@cfncr.org)

\* Used a standard typeface no smaller than 12 points and no less than 1" margins.

\* Complete cover sheet.

\* Due date for proposals is 5:00 p.m., September 15th, 2008

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## CALL FOR SUBMISSIONS

**Call for Papers – WE ACT for Environmental Justice’s 20<sup>th</sup> Anniversary Conference  
Advancing Climate Justice: Transforming the Economy, Public Health & Our Environment  
Fordham Law School’s Pope Auditorium  
New York, NY  
January 29-30, 2009**

**Deadline: September 1, 2008**

WE ACT for Environmental Justice along with cosponsors Fordham Law School Louis Stein Center for Law and Ethics, National Institute of Environmental Health Sciences (NIEHS), United States Centers for Disease Control and Prevention (CDC), the NIEHS Center for Environmental Health in Northern Manhattan, and the New York University Law School’s Environmental Law Society announce an international call for abstracts of papers to be presented at our 20<sup>th</sup> Anniversary Conference: Advancing Climate Justice: Transforming the Economy, Public Health & Our Environment on January 29 – 30, 2009 at Fordham Law School’s Pope Auditorium in New York City. Abstract submissions are invited for reports and papers to be published in the conference primer. Submissions can include work that is unpublished and original work that has been previously published. WE ACT for Environmental Justice (WE ACT) is a non-profit, community-based, environmental justice (EJ) organization dedicated to building community power to fight environmental racism and improve environmental health, protection and policy in communities of color. Over the past 20 years, the organization has become a leader in the nationwide movement for environmental justice, influencing the creation of federal, state and local policies affecting the environment and public health.

### SUBMISSION DEADLINES

- September 1, 2008                      Deadline for abstract submissions.
- October 6, 2008                        Notification of acceptance of abstracts.
- December 20, 2008                    Final submission of papers and reports to be published.

### TOPIC AREAS

Research can be submitted on any of the following broad topics:

- Climate justice and economics
- Climate justice and public health
- Climate justice case studies
- Any combination thereof

To assist with research formation and submission, a more detailed list of potential themes is included below. These themes all fall within one or more of the broad topic areas listed above. Papers, reports, presentations and posters are invited on any of the four (4) listed topic areas and any of the following named themes and topics, or a combination thereof:

1. Climate Change, Public Health and Environmental Justice:
  - Historic land use patterns;
  - Development and future land use opportunity in a climate changing world;
  - Public health in urban, suburban and/or rural EJ communities;
  - Public health response to “natural disasters”;

- Emergency preparedness;
  - Disaster preparedness around current climate changes in EJ communities;
  - Food shortages as a current and/or future public health crisis;
  - Access to health care in EJ communities;
  - Public assistance coverage and availability;
  - Public health implications of housing needs in a changing climate;
  - Disease vulnerability (respiratory diseases, vector-borne diseases, pest-borne diseases, disease migration, disease susceptibility, etc);
  - Mental health;
  - Public health implications of alternative fuel development;
  - International public health impacts;
  - Public health case studies: EJ and climate change in New Orleans, Myanmar;
  - Preparing communities for a future of climate instability and associated impacts; and
  - Education and outreach programs/efforts necessary to address climate instability.
2. Climate Change, the Economy and Environmental Justice:
- Broad economic impacts and opportunities created by climate change;
  - Resource shortages;
  - Efficiency measures (energy, water, etc);
  - Transitioning to a green economy;
  - Energy dependency;
  - Alternative energy sources;
  - Impacts on fixed-income residents;
  - Government subsidy initiatives;
  - Insurance access and availability;
  - Transportation opportunities and impacts;
  - International development;
  - Environmental preservation;
  - Sustainable communities (urban, rural and/or suburban);
  - Public policy and the climate change economy;
  - Economic impacts and opportunities of carbon reduction strategies (cap and trade, carbon tax, regulation, etc);
  - Adaptation responses;
  - Enhancement of the EJ community voice through policy; and
  - Building connections with other social justice movements to address global crisis of climate change in a collaborative manner.

ABSTRACT SUBMISSION GUIDELINES

1. Abstracts must be written in English.
2. Abstract text should not exceed 250 words and may not include images, charts or tables.
3. Abstracts can be submitted through email to [ogonnaya@weact.org](mailto:ogonnaya@weact.org) , fax (212-961-1015) or mail to:  
Scientific Advisory Group – Abstract Review Committee  
WE ACT for Environmental Justice  
271 W. 125<sup>th</sup> Street, Suite 308  
New York, NY 10027
4. Authors are strongly encouraged to use the on-line submission form.
5. All abstracts will receive an electronic receipt upon arrival. If a receipt fails to follow submission, abstracts should be re-submitted.
6. Authors will be notified of acceptance by October 6, 2008 via email.
7. Accepted oral and poster presentations must submit a draft of their paper by November 1, 2008, 12 am EDT. Final presentations to be included in the conference primer are due by December 20, 2008, 12 am EST.
8. Final versions of accepted papers and reports to be included in the conference primer must be submitted by December 20, 2008, 12 am EST.
9. An individual or organization may submit more than one abstract.
10. Abstracts are permitted on research, reports, posters or presentations that have been submitted and/or published elsewhere.
11. Primary consideration will be given to original research.
12. Abstracts must include a cover sheet providing the following information:
  - a. The title of the paper, presentation or poster;
  - b. The name(s) and title(s) of the submitting author(s);
  - c. A short biography of each author;

- d. The name of the sponsoring institution (if any);
- e. Contact information for each author (mailing address, e-mail address, phone number, fax number);
- f. Preferred format of the presentation (oral, poster, etc).

GENERAL RULES FOR PAPER SUBMISSIONS

1. All papers must be written in English.
2. Abstracts and papers will be reviewed by the Scientific Advisory Group.
3. Consideration will be based on content. Papers and presentations will be judged on the following criteria:
  - a. Relevance
  - b. Originality/Innovativeness
  - c. Clarity
  - d. Technical Quality
4. Deadline for final submission of papers to be published in the conference primer is December 20, 2008, 12 am EST.
5. All selected presenters and authors receiving publication in the conference primer must register as conference delegates and pay the registration fee.
6. For paper consideration, participants may submit a hard copy or electronic copy. Authors are encouraged to keep an original version of their submitted manuscripts.
7. The Conference Abstract Committee reserves the right to accept or refuse an abstract, to designate papers either as oral or poster presentation, and to choose a suitable session for the abstract.

PROCEEDINGS: The Conference Abstract Committee reserves the right to publish the abstract in the final conference primer, conference proceedings, or any other medium that is found to be suitable.

For further information, please feel free to contact Ogonnaya Dotson-Newman via phone at 212-961-1000 ext. 315 or email at [Ogonnaya@weact.org](mailto:Ogonnaya@weact.org).

**Call for Abstracts -- National Institutes of Health  
NIH Summit: The Science of Eliminating Health Disparities  
Gaylord National Resort and Convention Center  
National Harbor, MD  
December 16-18, 2008**

**Extended Deadline: September 15, 2008**

Corresponding authors will receive an e-mail notification regarding acceptance by late September 2008. Authors of outstanding poster submissions may receive the option to present their data during a plenary or concurrent session. Abstracts for poster presentations will be accepted in each of the following four categories:

- **Transformational Research** — research that takes an innovative, creative approach to advancing the understanding of the development and progression of diseases and disabilities that contribute to minority health and other health disparities, and has the potential to close an important health disparity gap
- **Transdisciplinary Research Infrastructure** — research infrastructure that builds nontraditional partnerships across disciplines to increase minority health and health disparity research training, career development, and institutional research capacity and infrastructure
- **Translational Community Outreach** — outreach that expands the latest research advances in minority health and health disparities quickly into communities, ensuring that the public, healthcare professionals, and research communities are informed and educated
- **Integrated Best Practices** — integrated models or programs that incorporate transformational research, transdisciplinary research infrastructure, and translational community outreach to reduce health disparities

Abstracts will be judged within each category according to the [Review Criteria](#). PRIVACY STATEMENT: Collection of this information is authorized under 42 USC 285(k). The primary use of this information is to identify the author(s) of the abstract you are submitting and their contact information. The information you supply will not be used for other purposes. Additional disclosures of the information may be made for a research purpose, when the Department has determined that the use or disclosure does not violate legal or policy limitations under which the record was provided, collected, or obtained. [Click here to submit an abstract.](#)

**Call for Nominations – NIH 2009 Council of Public Representatives (COPR)  
Deadline: September 26, 2008**

The Director of the National Institutes of Health (NIH) is seeking nominations to fill vacant appointments to the 2009 Council of Public Representatives (COPR) roster. Nominations are due Friday, September 26, 2008, and are available online at <http://copr.nih.gov/nomination.asp>. New members will be notified of their conditional appointments in time for the April 2009 COPR meeting. All nominees will be notified regarding the final appointees in the summer of 2009. BACKGROUND: The COPR advises the NIH Director on cross-cutting issues related to medical research and health issues of public interest that ultimately promote individual, family, and community health. Examples of broad issues

explored by the Council include community engagement in research, public trust in the research enterprise, enhancing public awareness and education about NIH, clinical trials recruitment issues, and aspects of the NIH Roadmap for Medical Research, such as reengineering the clinical research enterprise.

The COPR consists of up to 21 individuals who are selected from among the diverse communities that benefit from, and have an interest in, NIH research, programs, and activities. Members typically serve on the COPR for four years. To be considered for the COPR, nominees must have some interest in the work of NIH and must be in a position to communicate regularly with the broader public about COPR and NIH activities. Nominees must also be willing to fully participate in biannual COPR meetings, regular conference calls, and work group activities throughout the year. To request a nomination form by mail, contact the COPR Resource Staff by phone at (301) 650-8660, ext. 269, by fax at (301) 650-7172, or by e-mail at [COPR1@palladianpartners.com](mailto:COPR1@palladianpartners.com).

For more information, please visit the following Web sites:

Nomination instructions: <http://copr.nih.gov/nomination.asp>

Background on the COPR: <http://copr.nih.gov>

COPR fact sheet: <http://copr.nih.gov/factsheet.asp>

COPR member biographies: [http://copr.nih.gov/current\\_members.asp](http://copr.nih.gov/current_members.asp)

### **Call for Proposals – 11<sup>th</sup> Community-Campus Partnerships for Health (CCPH) Conference Milwaukee, WI**

**April 29-May 2, 2009**

**Deadline: October 10, 2008**

The call for proposals for CCPH's 11<sup>th</sup> Conference "Creating the Future We Want to Be: Transformation Through Partnerships," is now available by visiting our main page of the website (on the left hand side) at <http://www.ccph.info>. For complete information on submission criteria, guidelines and procedures please see this announcement. Be sure to mark your calendars for April 29-May 2, 2009 and plan now to join hundreds of your colleagues for 4 days of skill-building, networking and agenda-setting in Milwaukee, WI – CCPH's new home city! Proposals for pre-conference workshops, story sessions, skill-building workshops, film screening and discussion session, and posters are sought that relate to one or more of these sub-themes (see the complete call for proposals for specific examples). (1) Journeys of Transformation - proposals that demonstrate the transformational power of community-campus partnerships.

(2) Sustaining partnerships and the outcomes they achieve - proposals that demonstrate how partnerships and the outcomes they achieve can be sustained over time. (3) Building capacity - proposals that demonstrate strategies for building capacity among all partners involved in a partnership. (4) Community-campus partnerships as a global movement - proposals that demonstrate community-campus partnerships from across the globe. We are especially interested in sessions that are proposed and sponsored by international networks of these partnerships. (5) Innovative and promising partnership practices - proposals that demonstrate innovative and promising practices in partnerships. (6) Community-based participatory research as a tool for social justice - proposals that demonstrate community-based participatory research (CBPR) as a tool for social justice. We welcome proposals that use a different term to describe work that has similar meaning (e.g., action research, empowerment research, community owned and managed research). (7) Interprofessional, interdisciplinary and/or intersectoral collaborations - proposals that demonstrate interprofessional, interdisciplinary and/or intersectoral collaborations. (8) Youth and student leadership - proposals that demonstrate the leadership roles played by youth and students in community-campus partnerships.

### **Request for Information – Agency for Healthcare Research and Quality (AHRQ)**

#### **Request for Planning Ideas for Development of an AHRQ Innovations Research Portfolio**

**Deadline: October 15, 2008**

This US federal agency request for planning ideas is an opportunity to propose community-based participatory approaches to research and mechanisms for engaging community partners, among other things. We are pleased to bring to your attention a new Request for Information (RFI) issued by the U.S. Department of Health and Human Services' Agency for Healthcare Research and Quality (AHRQ) called "Request for Planning Ideas for Development of an AHRQ Innovations Research Portfolio." The RFI can be found at: <http://ahrq.gov/fund/innovport.htm>. The goal of AHRQ's new Innovations Portfolio is to identify and support research that has the potential to accelerate improvements in the organization, delivery, and management of health care. These ideas will be novel and span a diverse array of disciplines. Research and activities supported under the Innovations Portfolio will reflect ideas substantially different from those already being pursued by AHRQ. Since this is an emerging research area for AHRQ, we are interested in your ideas on specific strategies to foster innovative approaches and programs. Comments and ideas may address new and emerging priority issues and areas that should be the focus of research in the Innovations Portfolio, mechanisms for identifying and engaging partners for this important work, or any related topic. If you have any questions about the notice, please contact Francis Chesley, Jr., MD., Director, Office of Extramural Research, Education, and Priority Populations, at [Francis.Chesley@ahrq.hhs.gov](mailto:Francis.Chesley@ahrq.hhs.gov) or (301) 427-1449.

**Call for Abstracts – 2009 American Academy of Health Behavior (AAHB) Meeting  
Hilton Head, South Carolina  
March 8-11, 2008**

**Deadline: October 17, 2008 at 11:59 p.m. Eastern**

Please consider submitting an abstract for presentation during a poster session at the 2009 American Academy of Health Behavior (AAHB) Meeting in Hilton Head, South Carolina, March 8-11, 2009. AAHB will be accepting submissions until October 17<sup>th</sup>, 2008 at 11:59 pm Eastern Time via the following website: <http://www.aahb.org/abstracts>. Non-Members are encouraged to submit abstracts. The disposition of the abstract will be notified by November 17<sup>th</sup>, 2008. If your abstract is accepted, it is expected that you or a co-author will register for the conference and present the poster. Please note that if your poster is accepted and fail to show for that session, the poster will not be displayed and your privileges for abstract review will be withdrawn for 2 years. We are interested in abstracts describing original community-based participatory research and programs, although conceptual abstracts are also welcome. If you have any questions about the abstract submission or review process, please contact Dr. Dong-Chul Seo at (812) 855-9379 or at [seo@indiana.edu](mailto:seo@indiana.edu).

**Call for Papers -- Race/Ethnicity: Multidisciplinary Global Contexts ([www.raceethnicity.org](http://www.raceethnicity.org))  
Race and the Global Politics of Health Inequity, Volume 3, Number 1 (Autumn 2009)**

**Deadline: December 31, 2008**

Please send manuscript submissions to Evon Mobley ([mobley.2@osu.edu](mailto:mobley.2@osu.edu)). See Style Guidelines ([www.raceethnicity.org/styleguide.html](http://www.raceethnicity.org/styleguide.html)) to prepare your document in accordance with the style guidelines of Race/Ethnicity. Submission of artwork for the cover that relates to the theme of the issue is welcome. See website at <http://www.raceethnicity.org/coverart.html> for submission guidelines. Health outcomes around the world vary dramatically across lines of race, ethnicity, gender, class, place, and nationality. At the national extremes, the residents of countries such as Japan, Singapore, and Andorra can expect to live more than four decades longer than those in Zimbabwe, Liberia, Swaziland and other Sub-Sahara nations. On average, black American males can expect to live nine years fewer than white Americans. We know that the distribution and quality of medicine and health care matter. However, we also know that at the population level factors such as social structure, economic inequality, and globalization have much greater influence on the population and sub-population variations we see. The first issue of Volume 3 explores the implication of race and ethnicity in health outcomes around the world, with special attention to the social, economic and political foundations of health inequity. We invite submissions that respond to questions that include, but are not limited to, the following:

- How and why do race, ethnicity, gender, class, place and nationality matter in shaping population health?
- In what ways does globalization shape health outcomes?
- What is the relationship between social, political, and/or economic inequalities and the distribution of health outcomes within and across countries and regions?
- What roles do multinational corporations play in the distribution of health outcomes within and across countries?
- What roles are played by governmental and intergovernmental policies, practices, and social ideologies around the production and distribution of medicine, food, weapons, patents, health care infrastructure, and so on?
- What kinds of reforms -- at the international, national, and sub-national levels -- would be needed to significantly reduce the rates of sickness and early death among the world's most marginalized populations?

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## CAREER DEVELOPMENT

### Applied Research Center Research Director

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

The Applied Research Center is hiring a competent, innovative and sophisticated Research Director. The Applied Research Center seeks a competent, innovative and sophisticated research director to lead our work in developing contemporary racial justice theory, conducting constituency research and highlighting solutions to racial inequity. ARC is a 25-year-old racial-justice think tank that works from Oakland, Chicago and New York. We aim to provide a hub and home for the diverse elements of the racial justice movement, which we see as part of a larger progressive movement. Our current programs include Strategic Research, Public Policy, Journalism, Media and Public Affairs, and Movement Building. ARC also publishes ColorLines, the national newsmagazine on race and politics. The position requires monthly travel and the location is flexible. **JOB REQUIREMENTS:** The Research Director will conceptualize, plan and implement short and long term research projects as a member of the organization's senior leadership; Coordinate with other program directors on joint projects, of which we have a substantial number; Supervise a research staff, contractors and volunteers; Support organizational fundraising efforts, including but not limited to conducting foundation visits, writing memos for

**Kellogg Health Scholars Program: Monthly Newsletter - KConnection**

proposals, making presentations at philanthropic conferences; Conduct and direct research as necessary, including advanced data analysis, public opinion research and qualitative research; Write appropriately for multiple public products, including scripts for multimedia products such as documentary video and online editorials; Represent the organization in professional and media settings; Additional duties as assigned by Executive Director. **QUALIFICATIONS, EXPERIENCE AND SKILLS:** At least 5 years experience in applied social science research or investigative journalism. Advanced degree helpful but the premium is on experience; Expertise in racial justice theory, history and current conditions affecting diverse communities, including Black, Asian, Latino, American Indian and Middle Eastern communities, both U.S. born and immigrant; Exceptional written and oral communication skills. Ability to write in multiple styles for lay and professional audiences. Ability to write quickly with high level of competence; Demonstrated ability to meet and coordinate team to meet frequent deadlines; Strong familiarity with progressive social change practices and landscapes, particularly in racial justice and related fields (poverty, criminal justice, immigration, education, health care); Familiarity with multimedia forms of presenting research, including power point, video and audio forms; A well-honed sense of humor; Comfort in diverse settings, from grassroots meetings to Congressional briefings; Ability to deal directly and constructively with conflict. **COMPENSATION:** Negotiable and competitive among progressive think tanks. Excellent benefits. Position is open until filled. To apply please send cover letter, resume and two writing samples (at least one non-academic and both not to exceed 5 pages total) to [mizen@arc.org](mailto:mizen@arc.org), 212.513.1367 (fax) or 32 Broadway, Suite 1801, New York, NY 10004.

**Centers for Disease Control and Prevention, Prevention Development and Evaluation Branch, Division of Violence Prevention**

**Behavioral Scientist/Epidemiologist**

**Deadline: September 26, 2008**

The Prevention Development and Evaluation Branch in the Division of Violence Prevention at the Centers for Disease Control and Prevention is seeking candidates for a Social/Behavioral/Health Scientist or Epidemiologist position. The Division supports intramural and extramural violence prevention research projects. Efforts include the prevention of youth violence, child maltreatment, sexual violence, intimate partner violence, and suicide. Individuals with research interests or experience in youth violence and community violence are preferred. Responsibilities focus on the development, implementation, and evaluation of violence prevention strategies, programs, and policies through independent and collaborative research. The scientist also provides consultation to grantees and other researchers with a focus on the primary prevention of violence. PhD or other terminal degree in psychology, sociology, criminology, epidemiology, public health or related field required. Competitive salary and benefits. Interested candidates should send a cover letter, statement of interest, and curriculum vitae to April Vance either by email ([AVance@cdc.gov](mailto:AVance@cdc.gov)) or by mail to: Division of Violence Prevention, MS F-63, 4770 Buford Highway, NE, Atlanta, GA 30341. Applicants invited to in-person interviews will be required to give a presentation. Applications received by September 26, 2008 will receive full consideration.

**Consumer Quality Initiatives, Inc., 132 Kemble Street, Roxbury, MA 02119, 617-427-0505**

**Senior Researcher**

[www.cqi-mass.org](http://www.cqi-mass.org)

*Consumer Quality Initiatives, Inc. (CQI) is a mental health consumer-driven research, evaluation and quality improvement organization based in Boston, Massachusetts. CQI utilizes a community-based Participatory Action Research framework, with an emphasis on protocols that are designed to impact policy and practice directly. CQI also consults locally and nationally on achieving significant involvement of consumers and family members in promoting mental health systems transformation and quality improvement.* The person hired for this position will have a lead role in the development of a rapidly growing non-profit organization, and assist in the development of a community-based mental health participatory action research center. This person will lead the continuing development of our program evaluation methodologies and practices, focusing largely on qualitative methods.

Key Responsibilities for this position will be to:

- Participate in and lead participatory action research and evaluation projects;
- Conduct research interviews and focus groups at various locations;
- Conduct both quantitative and qualitative analysis;
- Work with research partners to disseminate research findings;
- Meet with mental health providers, managed care and state agency representatives, and other funding sources/partners to discuss the scope and purpose of our work.
- Educate community members and staff on qualitative research methodologies
- Coordinate and schedule interviews; arrange for interviewer coverage in a portion of eastern Massachusetts and as needed;

Qualifications for this position are:

- Masters degree, PhD preferred
- Possession of excellent problem-solving and interpersonal skills;

- Ability to work independently and as part of a team;
- Strong organizational skills;
- Flexible and able to manage multiple responsibilities simultaneously
- Demonstrated knowledge and experience with qualitative methods
- Experience with Word & Excel; Access & SPSS helpful;
- Interest in promoting the collective voice of consumers and family members;
- Living with or in recovery from a mental illness; or having been a person in the life of someone with a mental illness;
- Ability to travel throughout Massachusetts, and occasionally outside of the state, for research related activities;

This person will report directly to the Executive Director. Salary will be commensurate with education and experience. CQI provides excellent benefits including health and dental insurance, Short Term Disability, paid vacation and holidays, and a retirement package. The person hired must be willing to travel within the state on a regular basis and have reliable transportation. Interested applicants should send a resume and cover letter by September 17 to Jonathan Delman, Executive Director. [jdelman@cqi-mass.org](mailto:jdelman@cqi-mass.org).

**Georgia Southern University, University System of Georgia, Jiann-Ping Hsu College of Public Health  
Community Health Education/Social Behavioral Sciences Faculty Position – Rank Open - Search #56647**

Georgia Southern University, an institution of the University System of Georgia, invites nominations and applications for a faculty position (open rank) in the Jiann-Ping Hsu College of Public Health. Georgia Southern University is classified by the Carnegie Foundation for the Advancement of Teaching as a Doctoral/Research University. Accredited by the Southern Association of Colleges and Schools, Georgia Southern offers 118 academic majors in a comprehensive array of baccalaureate degrees and selected master's and doctoral programs. The University has earned national accreditation in 62 program areas from 20 accrediting bodies. Academic programs are organized in eight colleges: Business Administration, Education, Health and Human Sciences, Information Technology, Liberal Arts and Social Sciences, the Jiann-Ping Hsu College of Public Health, the Allen E. Paulson College of Science and Technology, and the Jack N. Averitt College of Graduate Studies. The University awarded 2,968 degrees in 2007-2008. A residential university with a fall 2007 enrollment of 16,841 students, Georgia Southern is the largest university in the southern half of Georgia and one of the most comprehensive centers for public higher education in the state. One of the top choices in Georgia for new freshmen, including HOPE Scholars, Georgia Southern enrolls an increasingly selective student body representing the United States and more than 85 nations. The University continues to enhance its academic profile through higher admission standards, an expanded Honors Program, and scholarships for academically talented students. Georgia Southern University is committed to advancing the State of Georgia and the region through the benefits of higher education, offering baccalaureate through doctoral degrees, and a variety of outreach programs. The University fosters access to its educational programs, provides a comprehensive and fulfilling university experience, and enhances quality of life in the region through collaborative relationships supporting education, health care and human services, cultural experiences, scientific and technological advancement, athletics, and regional development. Georgia Southern's strategic plan includes advancing the University to the top tier of national rankings in its class. The 675-acre park-like campus continues an era of capital construction that has opened new facilities for colleges and academic programs, student recreation and development, university housing, athletics, and public service. The learning environment is enhanced by a museum of cultural and natural history, a botanical garden, a unique wildlife education center, a performing arts center, a new Center for Art and Theatre, and a continuing education and conference center. The University's Division I athletic teams compete in the Southern Conference. The campus is located in Statesboro, a safe, hospitable, and progressive Main Street community of 30,000, less than an hour from historic Savannah and beach resorts, and approximately 200 miles from Atlanta. On January 14, 2004, the Board of Regents established the first School of Public Health in the University System of Georgia. The establishment of the School was made possible by a generous gift from Dr. Karl E. Peace, in memory and honor of his wife, Dr. Jiann-Ping Hsu. The School was transitioned to the Jiann-Ping Hsu College of Public Health (JPHCOPH) effective January 1, 2006. Justification for selection of a College of Public Health at Georgia Southern University is directly related to the potential impact this institution will have among rural and underserved residents of the state. The JPHCOPH is continuing this sustained recruitment effort. We are seeking academics with strong teaching, research, and service credentials, individuals to help build a College that can be accredited by CEPH. Currently, the JPHCOPH offers the Master of Public Health (M.P.H.) degrees, with 5 emphasis areas in Biostatistics, Community Health, Environmental Health, Epidemiology, and Health Policy & Management, and the Master of Health Services Administration (M.H.S.A.). In addition, 3 Doctor of Public Health (Dr.P.H.) degrees in Community Health Education and Behavior, Biostatistics and Public Health Leadership were implemented in fall 2007. [Position Description](#). The successful applicant will teach graduate-level courses to students in the M.P.H. and Dr.P.H. programs; be actively involved in extramurally funded, multidisciplinary research; and provide service/outreach to the public health community. The successful candidate will be expected to provide academic and research advisement to students, promote and sustain transdisciplinary research, hold active leadership positions in professional associations, and serve on committees and participate in official

activities at the college and university levels. The position is a 9-month appointment, and the salary is competitive and commensurate with qualifications and experience. **Required Qualifications:** Doctorate (e.g., Ph.D., Ed.D., Dr.P.H., Sc.D.) in Social and Behavioral Sciences, Community Health Education, or other related field by August 1, 2009; Commitment to teaching, research, and service that is consistent with the College's vision and mission; Proven record of, or demonstrated potential for, securing extramural funding for research; Commitment to excellence in teaching and learning as evidenced by a presentation during the campus visit with students and faculty; Demonstrated commitment to service within the University, the profession and community; Ability to contribute to a positive work environment in the College and University; Minimum of 4 years university teaching experience at the assistant professor level is required for the rank of associate professor; Minimum of 5 years university teaching experience at the associate professor level is required for the rank of professor. **Preferred Qualifications:** Demonstrated commitment to research and service for elimination of health disparities, particularly with rural and underserved populations; Demonstrated record of securing extramurally funded research; Interest in working in diverse academic and professional communities; Graduate public health training from a CEPH accredited school or program; For rank above assistant professor, a record of substantive publications and external funding is required;. Screening of applications begins October 20, 2008, and continues until the position is filled. The position starting date is August 1, 2009. A complete application consists of a letter addressing the qualifications cited above; a curriculum vitae; and the names, addresses, telephone numbers, and email addresses of at least 3 professional references. Other documentation may be requested. Applications and nominations should be sent to: Mond Mason, Ph.D., MPH, Assistant Professor and Search Chair, Community Health Education/Social Behavioral Sciences Search #56647, Jiann-Ping Hsu College of Public Health, Georgia Southern University, P. O. Box 8015, Statesboro GA 30460-8015. Electronic mail: [mondmason@georgiasouthern.edu](mailto:mondmason@georgiasouthern.edu) Telephone: 912-478-2674. More information about the institution is available through <http://www.georgiasouthern.edu>, <http://jphcoph.georgiasouthern.edu>, or at <http://chronicle.com/jobs/profiles/911.htm>. Georgia Southern University seeks individuals who are committed to excellence in teaching, scholarship, and professional service within the University and beyond. All finalists are required to submit to a background investigation. The names of applicants and nominees, vitae, and other non-evaluative information may be subject to public inspection under the Georgia Open Records Act. Georgia Southern University is an Affirmative Action, Equal Opportunity institution. Individuals who need reasonable accommodations under the ADA to participate in the search process should contact the Associate Provost.

**Hunter College City of University of New York  
Postdoctoral Fellowship**

**Deadline: September 10, 2008**

A postdoctoral fellowship focused on the impact of corporate practices on health is available at the Hunter College Program in Urban Public Health. This two year position (starting in October 2008 through June 2010) will prepare fellow for research, teaching, and intervention on the topic of how corporate practices influence population health. Applicants are expected to have a doctorate in public health, public policy, health communications, economics or a related field; at least two years research experience investigating the mechanisms and processes by which corporate decisions in the food, tobacco, automobile, firearms, pharmaceutical or automobile industries affect health; experience administering and managing funded research or intervention projects; and strong writing and research skills; quantitative skills a strong plus as is experience in community interventions. Fellowship pays \$52-55,000 a year depending on experience.

Responsibilities include:

- \* Managing a diverse portfolio of research and intervention projects on health impact of corporate practices
- \* Assisting in preparation of scientific and policy reports
- \* Developing proposals for funding for additional projects
- \* Organizing meetings and facilitating communication with investigators in other institutions
- \* Options for teaching public health courses

Additional details at [http://www.rfcunyc.org/hr/pvn/cgi-bin/show\\_job.asp?pv=REA-707](http://www.rfcunyc.org/hr/pvn/cgi-bin/show_job.asp?pv=REA-707). Applicants should send letter of application, cv, 2-3 short writing samples and names and contact information for 3 references to Nicholas Freudenberg, DrPH, Distinguished Professor of Public Health, Hunter College City University of New York at [nfreuden@hunter.cuny.edu](mailto:nfreuden@hunter.cuny.edu) by September 10th.

**Indiana University, Department of Applied Health Science, Public Health  
Director of the Center for Minority Health, Associate/Full Professor (Tenure eligible)  
Deadline: October 31, 2008**

Indiana University, Department of Applied Health Science, Public Health (tenure eligible), with emphasis on Health Disparities, Director of the Center for Minority Health, Associate/Full Professor. The doctoral degree in health education/health behavior, community psychology, medicine, or a related field is required for this position with an emphasis on health disparities among underrepresented population Groups. MPH degree in a related field also desirable.

Must have an active and collaborative research record in an area specific to health disparities, specifically among underrepresented population groups. A demonstrated record is necessary in acquiring grants and contracts in line with health disparities research, a strong publication record in peer reviewed journals, and a demonstrated ability to collaborate across disciplines. Direct the Center for Minority Health, an established Center within the Department and School.

- Mentor junior faculty members;
- Teach courses related to the candidate's expertise;
- Serve on departmental, school, and university committees;
- Remain actively involved in professional organizations and other activities of national prominence.

Deadline is October 31, 2008, or until a suitable candidate is identified. Send letter of application which includes a brief statement of professional objectives, complete curriculum vitae, and a list of at least six references. Only finalists will be asked to contact references to obtain support letters. Applications should be addressed to: Dr. Nancy Ellis, Chair, Search and Screen Committee, Department of Applied Health Science, HPER 116, Indiana University, Bloomington, IN 47405, Telephone: (812) 855-9441 or (812) 855-3627, E-mail: [ellisn@indiana.edu](mailto:ellisn@indiana.edu). The HPER website is located at: <http://www.hper.indiana.edu>.

#### **Kaiser Permanente Center for Health Research**

##### **Merwyn (Mitch) R. Greenlick Endowed Scientist for Health Disparities**

The Endowed Scientist will direct and sustain a research program to help eliminate health disparities and improve health in underserved and disadvantaged populations. The successful candidate will design and obtain funding for a significant research agenda that will advance knowledge in ways to eliminate health disparities in the U.S. health care system. If you would like more information about the position, please feel free to contact Dr. Whitlock directly at (503) 335-6787 or email: [Evelyn.P.Whitlock@kpchr.org](mailto:Evelyn.P.Whitlock@kpchr.org).

#### **Louisiana State University Health Sciences Center, School of Public Health, New Orleans, LA**

##### **Assistant/Associate Professor Faculty Position in Behavioral and Community Health Sciences**

The Behavioral and Community Health Sciences Program seeks applicants for a full-time tenure-track position. This position is open to applicants at either the Assistant or Associate level. The LSU Health Sciences Center School of Public Health has active research, service and surveillance programs associated with its Behavioral, Biostatistics, Epidemiology, Environmental, and Health Policy programs. The Behavioral and Community Health Sciences Program hosts a variety of extramurally funded research and service delivery programs that address a broad range of pressing public health issues with a strong emphasis on minority health issues. These include childhood obesity, diabetes risk, environmental factors influencing physical activity; risky behaviors among HIV-positive individuals, cancer control and prevention and cessation of tobacco use. At the Assistant/Associate level, we are particularly interested in applicants with research interests in the areas of health communication and/or health education in minority health and health disparities. Scientists with well developed programs of research in related areas of behavioral and community health will be considered. The successful candidates will be expected to create/sustain an independent extramurally-funded research program, contribute to the educational mission of the School through teaching and advising graduate students and participate in public health practice. Minimum requirements include: a doctorate in public health or a related behavioral or social science; a proven record of, or high potential for excellence in cutting-edge research; teaching experience in behavioral and community health sciences; a record of peer-reviewed publications; and strong verbal and written communication skills. Rank will be commensurate with experience. Interested candidates should submit a cover letter describing their research and teaching experience and list three references, along with their curriculum vitae either electronically or by mail to: Leonard Jack, Jr., PhD, MSc, Chair, BCHS Faculty Search Committee, LSUHSC School of Public Health, 1615 Poydras Street, Suite 1547, New Orleans, LA 70112, [ljack@lsuhsc.edu](mailto:ljack@lsuhsc.edu).

#### **Michigan State University, Department of Psychology Faculty Position (Tenure-track, Assistant Professor level)**

The Department of Psychology at Michigan State University is seeking an **outstanding community psychologist** for a tenure track position at the Assistant Professor level. As a field, Community Psychology is dedicated to community-based research and action that attends to multiple levels of analysis and focuses on issues of prevention, empowerment and/or social/systems change. The Ecological/Community Psychology program at Michigan State University has a long record of excellence and we seek an individual committed to community research, action, and undergraduate and graduate education. Successful applicants for this position will be expected to establish an independent research program and to contribute to both undergraduate and graduate instructional programs. Send 3 letters of recommendation, copies of recent published papers or preprints, a vita, teaching statement, and brief description of a three-year research program to:

Professor William Davidson, Department of Psychology, Michigan State University, East Lansing, MI 48824. Review of applications will begin October 1, 2008 and continue until the position is filled. Minority and women candidates are especially encouraged to apply. MSU is an EO/AA employer.

**National Cancer Institute, Rockville, MD**

**Health Science Analyst**

Salary Range: 48,108.00 - 90,698.00 USD per year

Open Period: Wednesday, August 27, 2008 to Thursday, September 11, 2008

Series & Grade: GS-0601-09/12

Position Information: Full-Time Permanent

Promotion Potential: 12

Who May Be Considered: This vacancy is open to current permanent Title 5 Federal employees and status candidates. Title 42 employees without reinstatement eligibility are not eligible. The vacancy is being concurrently advertised under delegated examining under announcement NCI-08-282254-DE. Candidates who wish to be considered under both MUST apply to both vacancies. PHS Commissioned Officers interested in performing the duties of this position should also apply online in order to receive consideration. Job Summary: If you are a motivated, intelligent individual with experience analyzing scientific issues in cancer research and advising management, AND you want to play a significant role in a dynamic organization, then consider joining the NCI Office of Science Planning and Assessment (OSPA)! Our office is responsible for developing and coordinating the National Cancer Institute's (NCI) scientific planning and evaluation activities. NCI offers career enhancing opportunities through challenging work assignments, exciting special projects, and exceptional professional training. For more information, visit <http://cancer.gov/>. At NIH, the employer of choice, the possibilities are endless...Top 5 Reasons to work for NIH: · NIH Mission; · Challenging Work; · Career Advancement Opportunities; · Sense of Achievement; · Exceptional Benefits Packages. New to the Government Application Process? We want to be sure you have an opportunity to be considered, so please review the information on the 'Qualifications and Evaluations' tab and follow the instructions=20listed on the 'How to Apply' tab. Key Requirements: Please carefully read and follow the instructions for HOW TO APPLY. U.S. Citizenship. Federal employees must achieve time in grade to qualify. Background and/or Security Investigation required. Major Duties:

As a Health Science Analyst, the successful candidate is responsible for analyzing issues that cut across the mission of the entire Institute, covering a variety of scientific and clinical issues associated with the NCI biomedical research program areas. The successful candidate conduct analyses and assist in preparing scientific reports for NCI senior staff and for the NIH Office of the Director. Participates in the NCI annual planning process and assists in developing reports and formal plans that may include portions of the Institute's Bypass Budget, serve as milestones in the annual planning process, and are prepared to structure and coordinate information from the National Cancer Advisory Board, Committees, and consultants. These documents serve as resource materials, implementation plans, and assessment of the state of knowledge and define interrelationships of programs; inform the NIH, the Congress and the Administration of needs for accomplishing long-range goals and research strategies of the NCI; and, inform the biomedical research community about the NCI's accomplishments. The successful candidate also prepares a range of other types of recurring and special documents and position papers containing substantive scientific information and other program data and related fiscal data. These documents may identify problem areas, trends, areas of imbalance, and/or new program needs; measure progress toward meeting objectives; determine the soundness of proposed objectives; outline options and the feasibility of alternate approaches. Participates in special projects on an ad hoc basis. Qualifications: In order to meet the minimum qualification requirements for this position, candidates must possess and describe the following: For GS-601/Health Science: Basic Requirements: Degree: Successful completion of a degree with a major study in an academic field related to the health sciences or allied sciences appropriate to the work of this position. In addition to meeting the basic requirements, applicants must have one year of specialized experience equivalent to at least the next lower grade level. Specialized experience is experience, paid or unpaid, that has given you the particular knowledge, skills, and abilities required to successfully perform the duties of the position. Typically we would find this experience in work within this field or a field that is closely related. For example, For the GS-9: reviewed and assisted in preparing scientific reports for senior staff; participated in portions of assignments involving researching and gathering information to be used in various reports and formal plans. For the GS-11: interpreted scientific literature or applied knowledge of biomedical research to the analysis of scientific data; assisted in initiating a program related project that required coordination with individuals such as researchers, expert advisors, advocacy groups, etc. For the GS-12: reported on projects designed to plan, implement and assess scientific research studies; participated in management studies in which analytical methods and techniques were employed to assess and evaluate biomedical research programs. OR Education - GS-9: In addition to meeting the basic requirement - 2 years of progressively higher level graduate education leading to a master's degree or master's or equivalent graduate degree. GS-11: In addition to meeting the basic requirement - 3 years of progressively higher level graduate education leading to a Ph.D. degree or Ph.D. or equivalent doctoral degree. Note: a combination of appropriate education and specialized experience may be combined to meet the qualifications for this position. This position has an education requirement. You must submit a copy of your transcripts (or a list of your courses including titles, credit hours completed and grades) to document that you have met the education requirement. Unofficial transcripts will be accepted in the application package. Official transcripts will be required prior to beginning employment. Most colleges and universities offer unofficial transcripts online – please check your school website to obtain a copy quickly. If you have never been on an appointment in this occupational series, you must submit your transcripts as indicated above.

If you are currently or were previously on an appointment in this occupational series, you do not need to submit transcripts at the time of application. Instead, you should submit an SF-50 showing that you were on an appointment in this occupational series. Foreign Education: Time in grade and all other requirements must be met within 30 days of the closing date of this announcement. This position is subject to a background investigation. How You Will Be Evaluated: You will be evaluated to determine if you meet the minimum qualifications required; and on the extent to which your application shows that you possess the knowledges, skills, and abilities (KSAs) associated with this position as defined below. We encourage you to submit a narrative response to the KSA's. Responding to the KSA's provides you an opportunity to indicate why you are the best candidate for the job and why NIH should consider you for employment. Share with us your qualities that will set you apart from other applicants. A numeric rating will be assigned to each applicant based on the information provided by the closing date. DIRECTIONS FOR COMPLETING KSA's: Consider what experience in your background indicates you possess each knowledge, skill or ability. Provide clear, concise examples for each. Relate your experience to the position for which you are applying. Use examples which show the depth of knowledge, level or skill, or degree of ability you have. You may refer to paid or volunteer work, education or training, hobbies, or any other applicable experience. You may consider the format below: (1) Example- what specific duties you performed and the beginning and ending dates of your experience. (2) Outcome- what you accomplished or gained from the experience. (3) Demonstrate or provide examples to support the KSA's. Please address the following KSAs for this position: KSA #1. Knowledge of biomedical research. KSA #2. Ability to plan, implement and complete projects in a team setting. KSA #3. Ability to communicate orally. KSA #4. Ability to communicate in writing. To ensure that your application is complete, please utilize the space in the job specific questionnaire section to provide your narrative responses to the KSA's. Alternatively, you may use the Additional Information field on the USAJOBS Resume Builder to submit this information, as well.

Screening Questions:

1. Please elaborate on your knowledge of biomedical research.
2. Please elaborate on your ability to plan, implement and complete projects in a team setting.
3. Please elaborate on your ability to communicate orally.
4. Please elaborate on your ability to communicate in writing.
5. I certify that I possess the experience and/or the education as listed in the qualifications section of this vacancy announcement. · Yes · No
6. Please indicate at which grade level(s) you wish to be considered.
7. I understand that my application package consists of 1) my USAJOBS resume, 2) the responses to this questionnaire, and 3) my supporting documentation (if applicable), and failure to submit any part of the application may result in loss of consideration. · Yes · No

Benefits: Location, location, location. The OSPA, NCI is located in Rockville, Maryland, just a short distance from the main NIH campus and a stone's throw from downtown Washington DC. Surrounded by world class eateries and shopping areas, a career at NIH has many great benefits in addition to its location. Some of the great benefits that an employee MAY be eligible to receive are: · Flexible/Compressed work schedule; · Free parking; · Paid Holidays, Vacation and Sick Time; · Teleworking opportunities · Convenience: A Metro stop at White Flint; · On site fitness center; · Transit Subsidies; · On site credit union; · Cultural events; · Scientific lectures; · A variety of employee clubs such as Toastmasters, karate, and sailing. In addition to the benefits listed above, the following links will navigate you to the federal government's generous benefit packages such as annual, sick, and holiday leave, health insurance, and a Thrift Savings Plan with matching contributions. For more information, check out New Employee Benefits and OPM's Employee Benefits Information. Mission: Possible. Our mission is more than just a paragraph; it's everywhere you look. NIH is home to the world's premier biomedical research hospital. You don't have to be a scientist to improve the health of the nation. NIH: Improving Health through Discovery. Other Information: The materials you send with your application will not be returned. We are unable to pay relocation expenses. A one-year probationary period may be required upon selection/placement. NIH may repay certain outstanding Federally-insured student loans to facilitate the recruitment and retention of highly qualified people. Recipients will be determined on a case-by-case basis based on organizational need, specific case justification, and budget limitations. Helping you through the process. At NIH we are striving to make the application process as easy and efficient as possible. With that in mind, the resume and corresponding responses of successful candidates may be shared with other Institutes/Centers of NIH with opportunities like the one you are applying to and additional selections may be made. We recommend you still apply directly to the jobs that interest you, but we want you to know we are working for you. If for some reason you don't want your application shared with other Institutes/Centers, just notify the point of contact for this posting and we'll make sure your application stays solely with this posting. Additional selections may be made through this vacancy announcement. Holding ourselves to a higher standard. The National Institutes of Health inspires public confidence in science by maintaining high ethical principles. In addition to the Federal government's code of ethics, we have our own agency specific standards – check them out at the NIH Ethics web site. Equal Opportunity Employment. Equality is held as one of the most important values here at NIH. Selection for this - and any other - position will be based solely on merit. NIH does not discriminate on the premises of race, color, religion, sex, national origin, politics, marital status, sexual orientation, physical or mental disability, age or membership or non-

membership in an employee organization. Who we are, what we do, and why it matters. The National Institutes of Health (NIH) is the premiere biomedical research center for the nation and the world. The 27 Institutes and Centers at NIH employ approximately 18,000 employees doing a vast array of jobs, all supporting efforts for a healthy nation. For more information on the NIH mission, goals, and Institutes and Centers, please visit NIH Overview. To find out more about working at NIH, visit Life at NIH. The National Institutes of Health participates in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). E-Verify helps employers determine employment eligibility of new hires and the validity of their Social Security numbers. How To Apply: To be considered for this position, you are required to submit the information listed below online at USAJOBS before midnight Eastern Time on the closing date of the announcement. If you are unable to apply online, please contact the HR Specialist listed at the bottom of the announcement for application instructions.

1. Your resume
2. Your responses to the questionnaire that follows the online resume submission which can include narrative responses to the KSA's listed on the Qualifications and Evaluations tab.
3. Applicable supporting documentation (including your SF-50, any veteran's preference, CTAP/ICTAP, Schedule A documentation or other information requested in the announcement) either by attaching your documents with your resume on USAJOBS (see instructions below), e-mail or FAX. Choose only one method of submitting supporting documents. To ensure that staff can match application materials with your resume and question responses, please include your name, the vacancy announcement number, and a daytime telephone number on all supporting documentation.

Instructions for Applying Online:

1. Log on to USAJOBS to access your existing resumes or to create a new one. See Tips for USAJOBS Resumes. You may also attach up to 5 documents to your application(s). There is a drop down list of documents that you can attach in the My Profile section. Be sure to check this announcement to see what types of documentation, if any, is requested.
2. Return to the Vacancy Announcement and click the Apply Online button at the bottom of the announcement.
3. Choose which resume you wish to submit by selecting it in your resume list. Next, select which Attachments you would like to submit (if you have uploaded them to My Portfolio) and click 'Apply for this Position Now!'
4. When you are finished submitting your resume and documents, you will be prompted by a questionnaire to respond to the KSAs online. Complete all questions on the questionnaire.
5. When you are finished with the questionnaire, you may submit your supporting documentation by fax or e-mail if you haven't submitted them online already to the person listed at the bottom of the announcement.
6. If you have questions or require reasonable accommodation during the application process, please contact the HR staff member listed below at least 24 hours prior to the closing date. If you have difficulties with hearing and are seeking assistance, please call a relay operator at 1-800-735-2258 or visit Maryland Relay or AT&T Relay.
7. If you run into any technical difficulty during the online application process, please contact the USAJOBS helpdesk. Please indicate the lowest grade level you are willing to accept. If not indicated, we will consider you for all grade levels for which you qualify.

Please submit a copy of your Notification of Personnel Action, SF-50, or equivalent showing your full performance level or career ladder to the HR Specialist listed on the bottom of this announcement. You may obtain a copy of your SF-50 from your Human Resources Office or, if you are an HHS employee, from eOPF. If you have separated from Federal Government employment, you may obtain a copy of your SF-50 via: Federal Records Center, National Archives and Records Administration, 111 Winnebago Street, St. Louis, MO 63118-4126 or [CPR.CENTER@NARA.GOV](mailto:CPR.CENTER@NARA.GOV), or visit the National Archives website. Information on reinstatement eligibility for former Federal Employees

Special Consideration: Certain veterans and displaced federal employees may be eligible for special consideration. Please refer to the following links for additional information and documentation requirements. Veterans' Employment Opportunities Act (VEOA). CTAP/ICTAP . Schedule A Appointments for the Disabled. This position has an education requirement. Please submit a copy of your transcripts with your application. See the 'Education' section on the 'Qualifications and Evaluations' tab for more information. Contact Information: Carol Mohler, Phone: 301 435-5723, Fax: 301 496-6168, Email: [mohlerc@mail.nih.gov](mailto:mohlerc@mail.nih.gov). Or write: Department Of Health And Human Services, 2115 E. Jefferson Street, 1B125, Rockville, MD 20852 , US , Fax: 301 496-6168. What To Expect Next: Within 10 – 15 business days of the closing date you may check the status of your application online. If you were rated eligible, it will indicate whether or not your application rated within the best qualified group and whether or not your application was referred to the selecting official for consideration. Applicants may check the status of applications by accessing MYUSAJOBS. · Enter your user name and password. · Click on 'Applications' in the section above My Resumes to reach the USAJOBS online application history screen. · Locate the appropriate announcement/position and review the information in the next to last column to see your status. The United States Government does not discriminate in employment on the basis of race, color, religion, sex, national origin, political affiliation, sexual orientation, marital status, disability, age, membership in an employee organization, or other non-merit factor. Federal agencies must provide reasonable accommodation to applicants with disabilities where appropriate. Applicants requiring reasonable accommodation for any part of the application and hiring process should contact the hiring agency directly. Determinations on requests for reasonable accommodation will be made on a case-by-case basis. Send Mail to: Department Of Health And Human Services, 2115 E. Jefferson Street,

1B125, Rockville, MD 20852, US, Fax: 301 496-6168. For questions about this job: Carol Mohler, Phone: 301 435-5723, Fax: 301 496-6168, Email: [mohlerc@mail.nih.gov](mailto:mohlerc@mail.nih.gov), USAJOBS Control Number: 1308912.

**Network for Multicultural Research on Health and Healthcare  
Healthcare Quality Scholars Program**

**Proposal Deadline: September 15, 2008**

The Network for Multicultural Research on Health and Healthcare promotes health services research on health care quality issues affecting Latino and American Indian populations. The Network is funded by the Robert Wood Johnson Foundation and works to expand the number of new researchers developing careers in this field. The rapid expansion of multicultural populations in the U.S., combined with the heterogeneity of these groups, increases the need for more information to help reduce health care disparities. The Network invites applications to its 2009 Healthcare Quality Scholars Program. The invitation is open to junior faculty (e.g., assistant/research titles) holding a part-time or full-time position in the U.S. Our program supports secondary data analyses on intra-group determinants (social-cultural factors, ethnic subgroups, language preference, demographic factors, etc.) of health care quality using major national and regional survey data sets (e.g. PEW HISPANIC, CHIS, NHIS, NHANES, etc.). The Network recruits five scholars each year. The five scholars selected through this solicitation will be financially supported for 10 months through a stipend of \$22,530. This stipend will support expenses incurred for the completion of the research analysis, manuscript(s) and travel expenses to attend the annual Network meeting at UCLA. Mentoring will be provided by senior investigators from the Network for each scholar. (See complete list of senior investigators in our website at: <http://multiculturalhealthcare.net/>). In addition, the Network will provide statistical support for the scholars if they require it. Healthcare Quality Scholars Responsibilities are to: 1) Submit an abstract (no more than 250 words) and a project timeline for your research project for approval within two weeks after receiving an acceptance letter. The timeline should reflect the funding period (from January 15th, 2008 to November 16th, 2009). 2) Meet milestones to demonstrate work progress resulting in a minimum of one peer-reviewed manuscript during the funding period. 3) Participate in monthly Web-supported meetings and the Network UCLA meeting in the summer. 4) Submit at least one first-authored manuscript from the funded research project to the Network for review before the Network UCLA meeting. 5) Submit manuscript to peer-reviewed journal(s) within one month of the Network meeting. Proposal submission process: In order to expedite the selection of candidates for the Healthcare Quality Scholars program, we required that you submit a one-page proposal by September 15th, 2008. This one-page proposal should include: a) Introduction & statement of the problem; b) Research hypotheses including outcomes (dependent variables), predictors and covariates (control/nuisance variables); c) Analysis techniques (e.g., 2x2 tables, logistic regression, etc.), and d) Significance of the study. In addition, please submit a cover letter and a C.V. We will notify you of review results by October 1st, 2008 and successful candidates will be asked to submit a full proposal to be considered for the final selection. The deadline for submission of full proposals will be November 3rd, 2008. The full proposal should expand the previously submitted one-page proposal to a three-page prospectus not including references. All applications should be submitted in Microsoft Word format by email to the Network Project Coordinator, Lorena Porras-Javier, at [lporras@mednet.ucla.edu](mailto:lporras@mednet.ucla.edu). Final candidates will be informed of decisions around December 1st, 2008. Start date of support will be January 15, 2009 and will terminate November 16, 2009. Should you have any questions about this process please contact Project Coordinator, Lorena Porras-Javier. An acknowledgement of receipt will be sent to you by e-mail. If you do not receive an acknowledgement please assume that your proposal and accompanied documents were not received.

**Oakland University, Rochester, MI  
Assistant Professor**

Description: A tenure-track Assistant Professor is sought for a position in the Wellness, Health Promotion, and Injury Prevention Program within the School of Health Sciences available August 15, 2009. The successful candidate will have academic teaching strengths in wellness, health promotion, and/or injury prevention. Areas of specialization sought are wide and include health behavior and health education; health promotion programming; cross-cultural issues and health disparities; health and risk communication; program evaluation and data analysis; nutrition; prevention of unintentional and intentional injury; and/or contemporary issues in health. The candidate is expected to initiate and maintain a program of research, scholarship, and community service. Requirements: A doctoral degree in public health, health education, health promotion, community health, wellness, or a related field is required. Interested candidates should submit by regular U.S. mail: (a) detailed letter of application; (b) curriculum vita; and (c) names, addresses, e-mail addresses, and telephone numbers of 3 professional references to: Patricia A. Wren, PhD, MPH, Chair, WHP Search Committee, School of Health Sciences, Oakland University, Rochester, MI 48309-4482. In October, Dr. Wren will be available in San Diego, CA at the American Public Health Association's CareerMart to collect application materials and to discuss the position with interested candidates. Please contact her in advance if you desire a specific appointment time. The position is available August 15, 2009. Applications are encouraged by December 1, 2008 but will be accepted until the position is filled. For questions, call (248) 370-4540 or e-mail [wren@oakland.edu](mailto:wren@oakland.edu).

**Oregon Public Health Division, Oregon Department of Human Services, Portland, OR  
Maternal & Child Health Senior Researcher (Research Analyst 4)**

**Deadline: September 22, 2008**

\$3962 - \$5799 MONTHLY

ANNOUNCEMENT NUMBER: LEHS8825

CLASSIFICATION NUMBER: C1118

APPLICATION PROCESS: Obtain application materials, job, and benefits information by accessing the State of Oregon Jobs Page at: <http://www.oregon.gov/DHS/jobs/>.

DUTIES AND RESPONSIBILITIES: The purpose of this position is to work closely with the Maternal & Child Health (MCH) Assessment and Evaluation Manager to lead the development of the new MCH Assessment and Evaluation unit. This includes providing support to MCH management and staff on assessment, epidemiology and evaluation of the many aspects of MCH issues and programs. This position mentors and leads research and program staff in the MCH section, and across the Office of Family Health, to assure high quality assessment and evaluation. MAJOR DUTIES INCLUDE: (1) Program Evaluation -- Works closely with the MCH Assessment and Evaluation Manager, staff and stakeholders in the development of the unit's evaluation plans, including but not limited to, surveillance and special studies and provides oversight to other research analysts and program staff in the implementation of these plans. Identifies and prioritizes program evaluation needs, including system-wide, project-specific, and coalition or partner supported evaluation projects. Designs study methods, data collection tools, and analysis plans. Provides oversight to the work of other staff engaged in compiling and analyzing information and data. Seeks alternative sources of data as needed to address program planning and evaluation needs. Prepares reports, summarizes data and confers with the management team and policy makers on the significance of the information to program planning, evaluation and policy development. (2) Assessment, Research Planning, Design, and Analysis -- Works closely with the MCH Assessment and Evaluation Manager and MCH Medical Epidemiologist in the development of the unit's assessment and research agenda. Serves as lead for research analysts and manages the planning, implementation and evaluation of major research and complex data analysis projects from conception through presentation & publication. Identifies appropriate grant opportunities that support the research agenda. Develops grant proposals, including justification, research plan, analysis plan and budget. Provides guidance and consultation in research design, analytical techniques, concepts, methodologies and studies to other research analysts and project staff. Provides leadership in the development of survey instruments and/ or data files to establish data sets for analysis and study. Develops procedures to improve the quality of data and to verify the results of research. Provides a range of analytic duties to ensure production and appropriate use of high quality data, including using advanced statistical software packages to analyze weighted data and interpret findings. Prepares and co-authors written reports, publications, and oral presentations which include charts, graphs and tables that explain/demonstrate study findings, including recommendations and reports to outside funders.

**Pennsylvania State University, Health of Immigrant Children, Youth and Families  
Assistant or Associate Professor (Two Tenure-Track Positions)**

The College of Health and Human Development, <http://www.hhdev.psu.edu/>, at the Pennsylvania State University seeks candidates with interests in immigrant children, youth and families for two (2) tenure-track positions at the assistant or associate professor rank to begin Fall 2009. Individuals with expertise in health and behavior, health policy or public health with research focused on immigrant children, youth, and families are encouraged to apply. Consideration of candidates will begin immediately and continue until the positions are filled.

- (1) The Department of Biobehavioral Health, <http://bbh.hhdev.psu.edu/>, seeks candidates with an ongoing research program that focuses on the health and behavior of immigrant children and youth in their family or community contexts. Research should be translational and integrative, and focus on mechanisms and processes for improving the physical and/or mental health of immigrant children and their families. The focus of the research might include cardiovascular health, obesity, stress coping mechanisms, health impacts of acculturation, and health promotion interventions focused on children and youth, families, or communities. An earned doctorate in health, social, or behavioral science, or a medical degree, and evidence of strong scholarly accomplishments, are required. Applicants should have a strong interdisciplinary orientation and a willingness to engage in collaborative research and outreach activities.
- (2) The Department of Health Policy and Administration, <http://www.hhdev.psu.edu/hpa/>, seeks candidates with expertise in health policy or public health related to immigrant children, youth and families as it relates to physical and/or mental health of children and/or youth. Priority will be given to those with a research emphasis on the link between disadvantage and children's health and well-being and on the potential for public policy and public health to address health disparities and the health care needs of children and youth from immigrant families. Potential candidates would be those who (1) have a demonstrated ability to conduct children's health services research in a multi-disciplinary context of social/behavioral and medical scientists; (2) have interests in teaching health policy and/or public health related to children, youth and families in a similarly multi-disciplinary context; and (3) have established or have the ability to establish professional prominence in this area, including a successful track

record of securing funding for such research. The successful candidate must have completed all the requirements for the doctoral degree when employed.

For detailed application information on these positions and others in the College, go to our web site at:

<http://www.hhdev.psu.edu/faculty/search/index.html>. To apply, send letter of application, curriculum vitae and supporting information (e.g., reprints, preprints, names of three professional references including their contact information) to: HR Manager - Immigrant Positions, The Pennsylvania State University, 201 Henderson Building, University Park, PA 16802. Successful applicants expected to conduct interdisciplinary research, teach, and advise students in doctoral, masters and/or bachelors degree programs. Faculty members encouraged to collaborate within the College and the University as part of their involvement in Penn State's Children Youth and Families Consortium (CYFC).

#### **Purdue University, West Lafayette, IN**

##### **Director of Public Health (12-month tenure-track position)**

Mid-full career candidates are encouraged to apply for a newly created 12 month tenure track position of Director of Public Health at Purdue University. The Department of Health and Kinesiology currently offers a new M.P.H. degree which the Director will guide through the accreditation process. Currently we have 7 public health tenure-track faculty members who will collaborate in building the public health program. The Director will also be expected to work with numerous faculty and staff from other Departments, Schools and Centers on the Purdue campus, in addition to faculty and administrators from other state-funded institutions to build an exemplary and unique public health program that meets Indiana's public health educational, research and engagement goals. This position is for an individual with leadership skills in the development and administration of interdisciplinary programs, an excellent record of achievement in nationally funded research, and extensive teaching and mentoring experience at the graduate level in one or more of the Core Areas of Public Health: Biostatistics, Environmental Health Sciences, Epidemiology, Health Policy & Management, Social & Behavioral Sciences. If you have any questions, please contact Jerry Hyner, our current acting director of public health, at [hyner@purdue.edu](mailto:hyner@purdue.edu). Also, please send the names and contact info for any candidates you think would be up to the challenge to any of the following individuals:

Haslyn Hunte ([hunte@purdue.edu](mailto:hunte@purdue.edu))

Gerry C Hyner ([hyner@purdue.edu](mailto:hyner@purdue.edu))

Kim Lehman ([klehnen@purdue.edu](mailto:klehnen@purdue.edu))

Applications and nominations will be reviewed as soon as they are received. The position will remain open until a suitable candidate is appointed. Interested applicants should send a recent vita, a letter describing relevant qualifications and vision, and the names and the full contact information for three references to: Search Committee Chair, Purdue University, Department of Health & Kinesiology, Lambert Building, 800 W. Stadium Ave., West Lafayette, Indiana. 47907-2046.

#### **Tennessee State University, Department of Health Administration and Health Sciences, Nashville, Tennessee**

##### **Director, Public Health Programs**

**Deadline: September 30, 2008**

Months per year: Fiscal (12 months)

Salary TBA

Job Description: Tennessee State University is recruiting a Director for new public health programs, with an MPH and a PhD in development. This is a tenure-track position at the Associate Professor or Full Professor rank. The Director's responsibilities include development and implementation of the public health programs, recruitment of students and faculty, mentoring students, management of the program budget, and developing and maintaining strong and positive relationships with professionals in the healthcare community in Middle Tennessee and beyond. Minimum Qualifications/Experience: Earned doctorate in Public Health or a closely related field, strong evidence of academic leadership, graduate teaching experience, a history of scholarly productivity, a proven record of grantsmanship, experience with accreditation, and a commitment to community outreach. The candidate should have experience in collaborative and multidisciplinary teaching and research; Preference will be given to candidates with experience in research on cultural competency in healthcare. Special Instructions to Applicants: Review of applicants to begin October 1, 2008. Job Open Date 06-26-2008; Job Close Date 09-30-2008; Job Category Faculty. Benefits: Tennessee State University offers an excellent benefits package. Regular full-time employees are eligible to participate in a major medical/health plan, dental plan and disability plan; and accrue sick and/or vacation leave. In addition, several educational programs are available for employees of the University. Link to announcement and job application system: <https://jobs.tnstate.edu/applicants/jsp/shared/frameset/frameset.jsp?time=1219852831474>.

#### **Touro College, New York City**

Assistant/Associate Professor

POSITION DESCRIPTION: Touro College is seeking faculty to participate in the development of its new Masters of Public Health program in Community Public Health with a strong emphasis on health disparities.

The position requires teaching, student advisement, curriculum development, research, and scholarship. Specific responsibilities include teaching introductory courses in social and behavioral determinants of health, community needs assessments, program planning and evaluation, and developing courses in areas of candidate's specialization. The position offers the opportunity for interdisciplinary work and collaboration with faculty in the schools of Health Sciences, Osteopathic Medicine, Pharmacy, Social Work, and Education and Psychology. Touro College is an independent institution of higher and professional education with an articulated mission of social justice, intellectual pursuit, and service to humanity, especially on behalf of underserved groups. Touro College does not discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities. **QUALIFICATIONS:** Applicants must have a doctoral degree in public health or a related discipline. Area of specialization is open. We encourage applicants with interests and experience in community public health, community based research, public health advocacy, and in working with students from diverse backgrounds. Touro College does not discriminate on the basis of race, color, national origin, sex, disability, age, sexual orientation or any other characteristic protected by law in employment, or in its admission, treatment or access to its educational programs or activities. **TO APPLY:** Candidates should submit a cover letter indicating teaching philosophy, research interests, and two professional references; a curriculum vitae; a writing sample; and one syllabus or course proposal related to the candidate's area of specialization. Material should be submitted to: Audrey Jacobson, MD, MPH, MA, Professor, Health Studies, 43 West 23rd Street, New York, New York 10010.

### **Tuskegee University, National Center for Bioethics in Research and Health Care**

#### **Faculty Position in Philosophy and Bioethics**

The Tuskegee University National Center for Bioethics in Research and Health Care has an opening for a **two-year replacement position** in bioethics or practical and professional ethics. The Center, which has a team of 12 faculty and staff, is the nation's first center devoted to exploring the core moral issues which underlie research and medical treatment of African Americans and other underserved people. The successful candidate will conduct research, teach courses, and publish in peer reviewed journals, do ethical review and consultation for a Cancer Partnership, and contribute service to the university and community. Teaching may include courses in bioethics, health care ethics, and practical ethics such as business ethics, medical ethics, research ethics, health disparities and policy, and engineering ethics. This position is a good opportunity for an entry-level person or anyone interested in gaining wide experience teaching and researching and publishing in a bioethics center that emphasizes social justice issues, and is actively involved in addressing health disparities. **QUALIFICATIONS:** 1) A doctoral degree in philosophy or a master's degree in bioethics combined with an advanced degree in a relevant field such as humanities, sociology, public health, and law; 2) Demonstrated ability to teach as well as a publication record commensurate with years of experience; 3) Ability to work in minority and multi-cultural environments, academic and in non-academic situations with professionals in history, medicine, allied health sciences, political science, literature, arts, religious studies. Candidates from underrepresented minority backgrounds are strongly encouraged to apply. Preference will be given to candidates with interests/experience in any combination of the following: Ethics Bowl coaching, community-based participatory research, cultural competence, health disparities, ethics consultation. **APPLICATION PROCESS:** Applications will be accepted until position is filled. Applicants should send the following preferably in PDF format: 1) a letter describing areas of expertise, research interests, and career goals, 2) a current curriculum vita, and 3) 3 letters of professional reference with contact information (including email addresses) to: Dr. Stephen Sodeke, Interim Director, Tuskegee University National Center for Bioethics in Research and Health Care, Bioethics Building 44-107, Tuskegee, AL 36088. Email Address: [sodeke@tuskegee.edu](mailto:sodeke@tuskegee.edu).

### **University of Bern/Institute of Social and Preventive Medicine (ISPM), Faculty of Medicine, Berne, Switzerland**

#### **Assistant / Associate Professor in Medical Sociology / Social Epidemiology**

#### **Deadline: October 24, 2008**

Applicants are expected to have a promising academic record and teaching experience in one or several of the following areas: social epidemiology, medical sociology or other social science disciplines in public health. Experience in theory-guided empirical research as well as advanced competencies for the analysis of empirical data is essential. Previous work on social resources and capabilities for health and health behaviours would be an advantage. The successful candidate will build up competitive research activities on social inequalities in prevention and health promotion, supervise PhD and MPH students and contribute to postgraduate teaching in the Swiss School of Public Health. Applicants should have a University degree and a PhD or equivalent training in a field relevant to Public Health. Salary is commensurate with qualifications. The position is supported by the Swiss School of Public Health+. Initial appointment is for four years with the possibility of qualifying for a permanent position. Starting date is approximately January 1, 2009. If you are looking for an exciting position in a highly motivated, interdisciplinary team, please send your CV with publication list, details of current grants, extramural funding and one copy each of your three most relevant publications to The Dean's Office, University of Bern, Faculty of Medicine, Murtenstrasse 11, CH-3010 Bern and or electronically to [info@meddek.unibe.ch](mailto:info@meddek.unibe.ch). The deadline for applications is October 24, 2008. For further information please contact Professor Thomas Abel, Tel. +41 31 631 35 12; e-mail [abel@ispm.unibe.ch](mailto:abel@ispm.unibe.ch). With a view towards increasing the proportion of female professors, the

University of Bern specifically encourages female candidates to apply. The Faculty of Medicine at the University of Bern is one of five medical faculties in Switzerland. The Faculty's Institute of Social and Preventive Medicine (ISPM) provides under-graduate and post-graduate education and carries out research in a range of disciplines relevant to Public Health. ISPM offers a lively, interdisciplinary environment with excellent computing and library facilities.

**University of Utah, Institute for Public and International Affairs (IPA)**

**Senior Position - Health Public Policy**

**Deadline: October 20, 2008**

<http://www.ipia.utah.edu/>

**Responsibilities:** The College of Social and Behavioral Science (CSBS) at the University of Utah has launched an Institute of Public and International Affairs (IPIA) that houses a variety of research, teaching, and outreach activities related to politics, public policy, governance, security, and international affairs. The University of Utah is seeking an accomplished senior scholar with expertise in health public policy, preferably in an international context, who would be tenured as an associate or full professor in an academic department in CSBS and hold a senior appointment in IPIA. It is likely that the successful candidate will be tenured in the department of economics, psychology or anthropology, but tenure is possible in any department in CSBS. An auxiliary appointment with a program in the university's Health Science Center, such as public health, internal medicine, gerontology or nursing, would be encouraged. The successful candidate will be expected to lead and/or participate in inter-disciplinary research projects and contribute to public policy teaching that will advance the IPIA's public policy emphasis, and provide leadership in building the IPIA's regional, national and international reputation. **Qualifications:** We seek applications from individuals who conduct research directly related to health public policy analysis and/or policy decision-making whose work would build on existing health science and health public policy strengths at the university, including population-based health. We encourage applications from individuals who like working in a multi-disciplinary environment. The successful candidate must have an earned Ph.D. or equivalent, be knowledgeable about current health public policy issues, have effective interpersonal and team process skills, and an established, nationally visible, extramurally funded research program. Application Deadline and Start Date -- Applications should be received by October 20, 2008. The search committee may consider applications received after this time until the position is filled. This is a new position with an expected starting date of approximately July 1, 2009. Additional Information and Contact Person -- Current information about IPIA may be found at <http://www.ipia.utah.edu/>. Inquiries should be made to the IPIA Health Public Policy Search Committee, c/o Megan Breinholt, [megan.breinholt@ipia.utah.edu](mailto:megan.breinholt@ipia.utah.edu) Applications should include a letter of interest, CV, a sample of published work, and contact information for three references. Applications should be mailed to:

Professor Harvey Miller, Chair, IPIA Search Committee, University of Utah, 260 S Central Campus Dr Rm 214, Salt Lake City, Utah 84112. The University of Utah values candidates who have experience working in settings with students from diverse backgrounds, and possess a strong commitment to improving access to higher education for historically underrepresented students.

**Wellesley College, Women's Studies Department**

**Assistant Professor in Gender and Global Health (Tenure-track)**

**Deadline: November 15, 2008**

The Women's Studies Department at Wellesley College invites applications for a tenure-track, assistant professor position in Gender and Global Health. We seek applicants with a PhD or expected degree by June 2009, especially in the social sciences whose research agenda focuses on the intersectionality of gender, race, class and its effect on health, health inequalities, and politics in a global perspective. The successful applicant will be expected to teach courses at all levels of the curriculum that have a U.S. and international focus, as well as "Introduction to Women's Studies." Evidence of successful teaching, commitment to the liberal arts at a women's undergraduate college, and potential for significant scholarly publications is essential. Teaching load is 2 courses per semester. Candidates should submit C.V., personal statement describing research and teaching interests, a syllabus or course proposals, one publication, and three letters of reference through our online application system at <https://career.wellesley.edu>. The position begins in September 2009 and the application deadline is November 15, 2008.

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## CONFERENCES AND EVENTS

**National Institutes of Health**

**2nd Annual NIH Conference on the Science of Dissemination and Implementation: Building Research Capacity to Bridge the Gap From Science to Service**

**Natcher Conference Center, NIH**

**Bethesda, Maryland**

**January 28-29, 2009**

**Proposal Deadline: September 26, 2008**

**Registration Deadline: December 1, 2008**

Website: <http://conferences.thehillgroup.com/obssr/di2008/index.html>

**Sponsored by** NIH Office of Behavioral and Social Sciences Research (OBSSR) in collaboration with National Cancer Institute (NCI)- National Institute on Drug Abuse (NIDA) - National Institute of Mental Health (NIMH) - National Heart Lung and Blood Institute (NHLBI) -National Institute of Dental and Craniofacial Research (NIDCR) - National Center for Research Resources (NCRR) - Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD) - Fogarty International Center (FIC)

“.....Although the field of dissemination and implementation research is steadily growing, leaders acknowledge the limited capacity within the research and practice community to conduct the necessary studies. In this spirit, the National Institutes of Health invites you to the second annual Conference on the Science of Dissemination and Implementation, Building Research Capacity to Bridge the Gap from Science to Service. This year’s conference will provide interactive forums for the development and growth of the field, with a particular focus on ways in which research capacity can be enhanced. Researchers working in the field and/or interested in identifying opportunities and obstacles for dissemination and implementation research are encouraged to attend this meeting. The goal of the conference is for the research community to exchange ideas, explore contemporary topics and identify concepts, methods and strategies to build research and organizational capacity for dissemination and implementation science. ....” As defined within the NIH program announcements and for the purposes of this conference we are defining dissemination and implementation as follows: *Dissemination* is the targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated evidence-based interventions. Research on dissemination addresses how information about health promotion and care interventions are created, packaged, transmitted, and interpreted among a variety of important stakeholder groups. *Implementation* is the use of strategies to adopt and integrate evidence-based health interventions and change practice patterns within specific settings. Research on implementation addresses the level to which health interventions can fit within real-world public health and clinical service systems. All innovative and stimulating topics relevant to dissemination and implementation research will be considered for oral/poster presentations and think tanks. However, the following domains are particularly encouraged, to enhance the conference focus on building research capacity: *Research studies examining:*

- Development and testing of theoretical models for dissemination and implementation processes.
- New and innovative methodologies for studying dissemination and implementation processes and strategies. This could include systems science methodologies such as agent based modeling, systems dynamics simulation as well more commonly-employed observational and experimental approaches to impact and process evaluation.
- New measures for key dissemination and implementation constructs (e.g. context, organizational culture, outcomes monitoring and evaluation, turnover, leadership) and studies of the impacts of these factors on implementation processes, outcomes and sustainability.
- Capacity of specific settings (primary care, schools, community health settings, international settings, etc.) to incorporate dissemination or implementation efforts within current organizational arrangements.
- Development of research-practice- policy partnerships as a model for implementing evidence based practices and studying implementation.
- Innovative methods for training providers to deliver effective interventions.
- Development of strategies to enhance sustainability of effective practices.
- Longitudinal studies of factors that contribute to the sustainability of research-based improvements in public health and clinical practice.
- Use of technology as a platform for the delivery of effective interventions (e.g., web-based, electronic medical record).
- Technological advances in data collection methodology.
- Use of technology to support scaling up of interventions.
- Use of quality improvement methods to improve implementation of effective practices.
- Training models and/or curriculum development designed to increase and sustain the dissemination and implementation science workforce (e.g., interdisciplinary training programs in dissemination/implementation science).
- Models for increasing institutional support in academic settings for conducting dissemination and implementation research (e.g., research cores, centers).
- Implementation science with an international, global health perspective, particularly strategies to increase implementation science in low-and middle- income countries.

**National Institutes of Health**

**Methodological and Conceptual Issues in Conducting Research on Racial/Ethnic Discrimination in Health Care Delivery**

**Natcher Conference Center**

**Room E1-E2**

**NIH Main Campus**

**Bethesda, MD**

**8:00 a.m.-5:00 p.m.**

**September 29, 2008**

**Deadline: September 19, 2008**

This workshop is being sponsored by the National Cancer Institute (NCI) in collaboration with the National Heart, Lung, and Blood Institute, National Institute of Mental Health, National Institute of Diabetes and Digestive and Kidney Diseases, and the National Institute on Drug Abuse. The purpose of the workshop is to stimulate interest, improve methodological approaches, and encourage submission of high-quality research grant applications that examine the role of racial/ethnic discrimination in the receipt of health care and health disparities. The specific objectives of the technical workshop are:

- o To examine the current state of and identify gaps in the research related to the role that racial/ethnic discrimination plays in the receipt of health care in the U.S.
- o To generate a research agenda that identifies research questions that are high priority, feasible, and relevant to research on the role of racial/ethnic discrimination in health care delivery.
- o To improve the technical and grant-writing skills of applicants and thus increase the likelihood of funding success.
- o To encourage the development of an interdisciplinary community of scholars interested in and conducting research on this topic.

The workshop will be videocast live at Natcher Auditorium, and an archived videocast and podcast will be made available to the general public to view at its convenience. The workshop coincides with the recent reissue of PA 08-083 (R01), PA 08-084 (R21), and PA-08-085 (R03) titled *The Effect of Racial/Ethnic Discrimination/ Bias on Health Care Delivery*. There is no registration fee for the Workshop. To register, please visit the workshop Web site at <http://www.cancermeetings.org/HCD>. Please be sure to indicate whether you will be attending in person or via videocast on the registration form. The registration deadline is Friday, September 19, 2008..

Inquiries: Dr. Vickie L. Shavers, Applied Research Program, Division of Cancer Control and Population Sciences, National Cancer Institute, Voice: (301) 594-1725 Fax (301) 435-3710, E-mail: [shaversv@mail.nih.gov](mailto:shaversv@mail.nih.gov).

**National Institutes of Health**

**Grant Writing Workshop (in conjunction with the NIH Summit: The Science of Eliminating Health Disparities)**

**NIH Grant Process and Review**

**Gaylord National Resort and Convention Center**

**National Harbor, MD**

**December 15, 2008**

Workshop purpose: Mastering the NIH Grants Process and Research/Training Mechanisms—A Roadmap Toward Successfully Funded NIH Applications. For more information and to register, <http://www.blsm meetings.net/2008healthdisparitiessummit/reg.cfm>.

**National Institutes of Health**

**NIH Summit: The Science of Eliminating Health Disparities**

**Gaylord National Resort and Convention Center**

**National Harbor, MD**

**December 16-18, 2008**

NCMHD, with the support of its NIH Institute/Center partners, is convening the first NIH Research Summit on *The Science of Eliminating Health Disparities* to:

- Showcase the collective contribution of the NIH in the development of new knowledge in the Science of Eliminating Health Disparities
- Highlight the progress of the NIH minority health and health disparities research activities to improve prevention, diagnostic, and treatment methods
- Increase awareness and understanding of disparities in health
- Showcase best-practice models in research, capacity-building, outreach, and integrated strategies to find solutions to health disparities
- Provide an exciting forum for participants to learn and network with the nation's multidisciplinary health disparities experts
- Identify gaps in health disparities research
- Allow participants to make recommendations that will shape the NIH health disparities strategic plan

- Establish a framework for ongoing dialogue and creation of innovative and unique partnerships to address disparities in health in all affected communities

#### WHO SHOULD ATTEND

The summit is expected to attract more than 3,000 participants from various disciplines and sectors. It is for anyone interested in best-practice models and strategies with the potential to transform current approaches to health disparities, strengthen the research enterprise, and enhance the translation of research findings, communication, and information dissemination to the affected populations and healthcare professionals.

- Scientists
- Healthcare professionals
- Health policy leaders
- Health educators
- Community advocates
- Media
- Anyone serving populations affected by health disparities
- Anyone interested in being a part of the solution to eliminate health disparities

#### TRACKS

We will have tracks in each of the priority areas of the NIH Strategic Plan on Health Disparities and several additional tracks that will be targeted to special, interested audiences:

- **Transformational Research Track** — This track will allow experts to share research that takes an innovative, creative approach to advancing the understanding of the development and progression of diseases and disabilities that contribute to minority health and other health disparities, and has the potential to close an important health disparity gap.
- **Transdisciplinary Research Infrastructure Track** — This track will showcase research infrastructure that builds important traditional and nontraditional partnerships across disciplines to increase minority health and health disparities research training, career development, and institutional research capacity and infrastructure.
- **Translational Community Outreach Track** — This track will explore outreach that expands the latest research advances in minority health and health disparities quickly into communities, ensuring that the public, healthcare professionals, and research communities are informed and educated.
- **Integrated Best Practices Track** — This track will highlight integrated models or programs that incorporate transformational research, transdisciplinary research infrastructure, and translational community outreach to reduce health disparities.
- **Funding Track** — Funding a health disparities research program is important and challenging. This track is targeted to junior investigators or others who are looking to diversify their research sources of funding. Federal and nonfederal agencies will provide information on their health disparities research portfolio, present opportunities for funding, and answer questions from participants.
- **Clinician/Consumer Track** — This track is targeted to frontline clinicians and/or consumers who are looking for evidence-based health disparities reducing interventions that are "ready to use" immediately within their communities of need.

For more information and to register, <http://www.blsmeetings.net/2008healthdisparitiessummit/index.cfm>.

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## RESOURCES

### Publications

#### **Black AIDS Institute**

[Left Behind - Black America: A Neglected Priority in the Global AIDS Epidemic](#)

According to a recent report, the AIDS epidemic among African Americans in some parts of the United States is as severe as in parts of Africa. [Left Behind - Black America: A Neglected Priority in the Global AIDS Epidemic](#), published by the Black AIDS Institute, finds that although one in eight Americans is African American, one in every two people living with HIV in the United States is African-American. Updated in August 2008, The Center for Disease Control and Prevention's [Fact Sheet: HIV/AIDS among African Americans](#), contains the latest statistics on how HIV/AIDS has affected the African American community.

### Environmental Health Perspectives

The newest edition of the Environmental Health Perspectives, Volume 116, Number 8, August 2008, is online at:

<http://www.ehponline.org/docs/2008/116-8/toc.html>

Environmental Health Perspectives (EHP) is a monthly journal of peer-reviewed research and news on the impact of the environment on human health. EHP is published by the National Institute of Environmental Health Sciences, NIH and its content is free online. A few of the articles of interest:

Reviews

HEALTH POLICY | Integrating Human Health into Environmental Impact Assessment: An Unrealized Opportunity for Environmental Health and Justice

CANCER | Pentachlorophenol and Cancer Risk: Focusing the Lens on Specific Chlorophenols and Contaminants Research

RISK CHARACTERIZATION | Road Proximity Increases Risk of Skeletal Abnormalities in Wood Frogs from National Wildlife Refuges in Alaska

BIOMONITORS | Diet and Nondiet Predictors of Urinary 3-Phenoxybenzoic Acid in NHANES 1999–2002

RESPIRATORY DISEASE | Effects of Exposure to 0.06 ppm Ozone on FEV1 in Humans: A Secondary Analysis of Existing Data

EPIDEMIOLOGY | Estimating Community Drug Abuse by Wastewater Analysis

CARDIOVASCULAR DISEASE | Adverse Cardiovascular Effects with Acute Particulate Matter and Ozone Exposures: Interstrain Variation in Mice

BIOMONITORS | Computational Toxicology of Chloroform: Reverse Dosimetry Using Bayesian Inference, Markov Chain Monte Carlo Simulation, and Human Biomonitoring Data

GENE EXPRESSION | Genomic Profiling Reveals an Alternate Mechanism for Hepatic Tumor Promotion by Perfluorooctanoic Acid in Rainbow Trout

ENVIRONMENTAL MEDICINE

RISK ASSESSMENT | Protective Effects of B Vitamins and Antioxidants on the Risk of Arsenic-Related Skin Lesions in Bangladesh

CHILDREN'S HEALTH

ASTHMA | Ambient Ozone Concentrations Cause Increased Hospitalizations for Asthma in Children: An 18-Year Study in Southern California

REPRODUCTIVE HEALTH | Maternal and Gestational Risk Factors for Hypospadias

RESPIRATORY DISEASE | Interactions between Glutathione S-Transferase P1, Tumor Necrosis Factor, and Traffic-Related Air Pollution for Development of Childhood Allergic Disease

CHILD DEVELOPMENT | Relation between Cord Blood Mercury Levels and Early Child Development in a World Trade Center Cohort

FETAL DEVELOPMENT | Prenatal Phenol and Phthalate Exposures and Birth Outcomes

MINI-MONOGRAPH

EPIDEMIOLOGY | Design Issues in Small-Area Studies of Environment and Health

EPIDEMIOLOGY | Methodologic Issues and Approaches to Spatial Epidemiology

EPIDEMIOLOGY | Use of Space–Time Models to Investigate the Stability of Patterns of Disease

EPIDEMIOLOGY | Comparison of Different Methods for Spatial Analysis of Cancer Data in Utah

EPIDEMIOLOGY | Community- and Individual-Level Socioeconomic Status and Breast Cancer Risk: Multilevel Modeling on Cape Cod, Massachusetts

### Government Accountability Office

#### [Medicare and Medicaid: CMS and State Efforts to Interact with the Indian Health Service and Indian Tribes](#)

A new report, released by the **Government Accountability Office**, explains how increased coordination between the Centers for Medicaid and Medicare Services (CMS) and the Indian Health Service (IHS) could improve the quality of health care provided to American Indians and Alaska Natives. [Medicare and Medicaid: CMS and State Efforts to Interact with the Indian Health Service and Indian Tribes](#) also examines problems experienced in public health insurance enrollment and makes recommendations for improving communication of policy change between CMS and IHS.

### Johns Hopkins Bloomberg School of Public Health

#### [Will All Americans Become Overweight or Obese? Estimating the Progression and Cost of the US Obesity Epidemic](#)

A new report published in the journal *Obesity* suggests that, if current trends continue, more than 86 percent of American adults could be overweight or obese by 2030. Led by researchers at **Johns Hopkins Bloomberg School of Public Health**, [Will All Americans Become Overweight or Obese? Estimating the Progression and Cost of the US Obesity Epidemic](#), states that obesity and overweight trends are likely to be most prevalent in 2030 among non-Hispanic black

women and Mexican-American men, with obesity rates for the populations measuring 96.9 percent and 91.1 percent, respectively.

### **Poverty Policy: A Compendium of Cash Transfer Proposals**

**Theodore R. Marmor, Editor**

Publication Date: August 29, 2008

[http://www.transactionpub.com/cgi-](http://www.transactionpub.com/cgi-bin/transactionpublishers.storefront/48a6cb5f002e7552ea6ec0a80aa50709/Product/View/0&2D202&2D36170&2D5)

[bin/transactionpublishers.storefront/48a6cb5f002e7552ea6ec0a80aa50709/Product/View/0&2D202&2D36170&2D5](http://www.transactionpublishers.storefront/48a6cb5f002e7552ea6ec0a80aa50709/Product/View/0&2D202&2D36170&2D5)

<http://tinyurl.com/6fbz22>

Cash transfers are but one form of income supplementation, and a fuller presentation of antipoverty proposals would include both transfers in-kind (such as food, housing, and medical care) and human investment programs aimed at increasing the earning capacity of individuals. Much discussion has centered on how to reduce poverty by getting more cash income in the hands of poor people. This collection brings together in one accessible volume the most widely discussed plans for reducing financial poverty in the United States through cash transfers. Those who have tried to follow the American debate over cash transfers will undoubtedly have been struck by the confusing ways in which proposals are described and compared. Proposed beneficiaries sometimes provide the basis of comparison, as with proposals of old-age pensions or child allowances. In other cases, plans are described and compared as negative income taxes or welfare reforms by virtue of the administrative changes they imply or the mechanism for reducing benefits with respect to increased income. In this book, the proposals have been thoughtfully grouped to facilitate comparison. Specifically, they have been grouped according to the social problems which they are intended to solve, the advantage being that discussion of means is not so likely to submerge awareness of the ends intended. Arranged in this way, the proposals in this volume are primarily directed at the problems of welfare and poverty, and at the inequities in the tax system's treatment of poor persons. These categories are not, of course, mutually exclusive; the problems are interrelated and the solutions to anyone affect the others indirectly. Organized in a manageable and comprehensive way, this volume presents some of the widely diverse cash transfer proposals that grew out of reformist debates. This collection will be of interest to a wide array of from scholars of public policy and politics to economics and economic theory. Theodore R. Marmor is professor of public policy and management and professor of political science at Yale School of Management. He currently sits on the editorial board of both the *Journal of Comparative Policy Analysis: Research and Practice* and *Journal of Health, Politics, Policy, and Law* as well as on the international advisory board of the London School of Economics (Health and Social Care). He is an author or co-author of numerous books and author of over a hundred scholarly articles.

### **Practising Public Scholarship: Experiences and Possibilities Beyond the Academy**

**Edited by: Katharyne Mitchell (University of Washington)**

[http://www.blackwellpublishing.com/more\\_reviews.asp?ref=9781405189125&site=1](http://www.blackwellpublishing.com/more_reviews.asp?ref=9781405189125&site=1)

Series: Antipode Book Series

Reviews: "The role of the scholar/activist has never been more important than it is now. *Practising Public Scholarship* is one of the best books on what it really means to be a public intellectual to be published in years. It deserves a very wide readership." Michael W. Apple, John Bascom Professor of Curriculum and Instruction and Educational Policy Studies, University of Wisconsin, Madison

"At a time of collapsing visions and privatized politics, academics who connect their scholarly work with social issues and work to translate personal concerns into public considerations, not only contribute to a society that at the very least should be capable of questioning itself, but also provide an instance of politics in which matters of knowledge, justice, and democracy become mutually determining. *Practising Public Scholarship* is an extraordinary testimony not only to the courage of engaged intellectuals, but also the importance of education as a crucial democratic public sphere. Everyone should read this book in order to get a glimpse of the promise of not only public scholarship and civic courage, but of democracy itself." Henry A. Giroux, Global Television Network Chair, McMaster University

### **Prevention Institute and Trust for America's Health**

[Restructuring Government to Address Social Determinants of Health](#)

In early 2008, the **Prevention Institute** and **Trust for America's Health** convened government officials, community advocates, and researchers to discuss the federal government's role in addressing underlying determinants of health. This conversation resulted in [Restructuring Government to Address Social Determinants of Health](#), a report that outlines the elements and structures within government needed to achieve a broader community approach to health.

Tackling Health Inequities (Editorials)

Davey Smith G, Krieger N.

*BMJ* 2008;337:a1526, doi: 10.1136/bmj.a1526 (Published 3 September 2008)

WHO report calls for global action to ensure health equity within and between countries. Finally, an official report on health inequity has been published that has the honesty and courage to say that "social injustice is killing people on a grand scale."<sup>1</sup> The report of the World Health Organization's Commission on Social Determinants of Health synthesises evidence from a large and disparate range of sources, while recognising that what constitutes evidence is itself contested and not value free.<sup>2</sup> It presents a wealth of data to show the unquestionable link between economic, social, and bodily wellbeing—within and across countries. In the case of life expectancy, these embodied facts of social inequity<sup>3</sup> can span the equivalent of a lifetime: women born in Botswana can anticipate living an average of 43 years, half that of the 86 years for women in Japan; between the poorest and most affluent parts of Glasgow life expectancy in men ranges from 54 to 82 years. Many official reports have documented social inequalities in health over the past 170 years, from Chadwick<sup>4</sup> to Sachs.<sup>5</sup> Yet, in contrast to these reports, which subtly (and not so subtly) emphasised the detrimental effects of poor health induced by poverty on economic performance,<sup>6</sup> the commission firmly draws the arrow of causality from impoverished environments to ill health, something that is clear to most of the world's population (if not to some economists). The ability of this report to make these conclusions rests on its unprecedented broad scope—unlike many other reports that have focused on one country or on groups of countries at similar economic levels, the commission has produced a global picture of economic and social deprivation that makes it impossible not to recognise the importance of economic redistribution, health care, and the direct material consequences of poverty and social inequality across the life course on health.

Once it is acknowledged that poverty, exploitation, oppression, and injustice damage health, the question is clearly what should be done and by whom? The commission offers three overarching recommendations (table 1). Firstly, improving the conditions of daily living from before birth to old age will alleviate the health consequences of inequality. Secondly, although the commission accepts that it "was beyond the[ir] remit, and competence . . . to design a new international economic order that balances the needs of social and economic development of the whole global population, health equity, and the urgency of dealing with global warming," it appropriately identifies the inequitable distribution of power, money, and resources as underlying poor health. Finally, to galvanise action and ensure accountability, it recommends global, national, and local monitoring of health inequities; the assessment of the impact of policies aimed at the alleviation of these inequalities; and the training of all health professionals in the social determinants of health.

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Table 1. WHO Commission on Social Determinants of Health's recommendations

Main recommendations Subthemes

\*Improve the conditions of daily life— Equity from the start; healthy places, healthy people; the circumstances in which people a fair employment and decent work; social protection re born, grow, live, work, and die across the life course; universal health care.

\*Tackle the inequitable distribution of Health equity in all policies, systems, and programmes: power, money, and resources—the fair financing; market responsibility; gender equity; structural drivers of the above political empowerment—inclusion and voice; conditions of daily life—globally, good global governance nationally, and locally.

\*Measure the problem, evaluate action, The social determinants of health expand the knowledge base, develop — monitoring, research, and training a workforce that is trained in the social determinants of health, and raise public awareness about the social determinants of health.

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Wisely advocating a "both and" rather than a divisive "either or" approach, the commission calls for "bottom-up" and "top-down" action, both within and outside the health sector. Declaring that "health is not a tradable commodity," it boldly asserts that "certain goods and services such as basic human and societal needs—access to clean water, for example—and health care" must be "made available universally regardless of ability to pay." The report's inclusion of both social and health system policies as social determinants of health follows others<sup>7</sup> in moving on from debates that narrowly pit one against the other. Throughout, the report usefully provides diverse concrete examples showing how health equity can be advanced by intersectoral action from grassroots organisations, national and local government, multilateral agencies (including WHO itself), the private sector, and research and teaching institutions. Observing that governments obviously are "not always benign," the commission underscores the "clear links between a 'rights' approach to health and the social determinants approach to health equity." Highlighting the harmful effects of gender inequity, discrimination, and social exclusion on health (including the health of indigenous populations), it calls for democratic and participatory approaches as the essential glue for integrating multisectoral multiagency activity and making sure this work has an effect. Indeed, as advocated 65 years ago by Morris, the leading health inequalities researcher of the 20th century,<sup>8</sup> the need to include community based, participatory approaches to evaluation and monitoring—often seen to be the domain of "experts"—is as crucial as grassroots involvement. Equally telling, the commission eviscerates the platitude that economic growth and reliance on markets are sufficient for improving health.<sup>9</sup> 10 Pointing to the harmful health consequences of the "market oriented economic policies" pursued since the 1980s that have led to a "significant reduction in the role of the state and levels of public spending and investment," the report provides evidence that equity oriented growth can produce the health gains of development without the adverse effects of growth that favours the "interests of a rich and powerful minority over the interests of a disempowered majority." As the report clearly notes, although markets can "bring health benefits in the

form of new technologies, goods and services, and improved standard of living," this is not the full story, because "the marketplace can also generate negative conditions for health, in the form of economic inequalities, resource depletion, environmental pollution, unhealthy working conditions, and the circulation of dangerous and unhealthy goods," such as tobacco. The commission accordingly forcefully argues that work on health inequities is blocked not by a lack of resources, but by a lack of political will. Noting that the budget of the Gates foundation has at times exceeded WHO's core budget; that the annual cost of bringing the 40% of the world's population currently living below \$2 (£0.55; {euro}0.68) a day up to this level would be \$300 billion—less than 1% of the gross national income of the high income countries; and that many countries spend more on the military than on health, the report makes it clear the problem is not money itself but rather how "money is used for fair distribution of goods and services and building institutions within low income countries." To return to the question of what is to be done the report clarifies that just as cynicism and inaction are not an option, neither is there one master plan to be dictated from above. Instead, health professionals have clear and plentiful work to do within the many systems in which we work, together with every other sector of society. By placing health equity as a crucial goal and as the standard for accountability, and by recognising that social justice is the foundation of public health,<sup>11</sup> we stand a better chance at rectifying current inequities and playing our part in establishing a more just and sustainable world.

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### Trust for America's Health and the Robert Wood Johnson Foundation

#### **F as in Fat: How Obesity Policies are Failing in America**

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

Just a heads up that tomorrow, August 19th, Trust for America's Health and the Robert Wood Johnson Foundation will be releasing the 5<sup>th</sup> annual version of *F as in Fat: How Obesity Policies Are Failing in America* report. The report will highlight obesity rates and rankings for each state, a review of national and state obesity policies, and concrete recommendations on ways America can combat growing obesity crisis. The report's top recommendation calls on the federal government to convene partners from state and local governments, businesses, communities, and schools to create and implement a realistic, comprehensive *National Strategy to Combat Obesity*.

### WHO Commission on the Social Determinants of Health: Closing the gap in a generation

[http://www.who.int/social\\_determinants/final\\_report/en/index.html](http://www.who.int/social_determinants/final_report/en/index.html)

The report is available to download in all six UN languages i.e. English, French, Spanish, Chinese, Russian and Arabic.

Press release

28 August 2008

Inequities are killing people on a "grand scale" reports WHO's Commission

28 August 2008 | GENEVA -- A child born in a Glasgow, Scotland suburb can expect a life 28 years shorter than another living only 13 kilometres away. A girl in Lesotho is likely to live 42 years less than another in Japan. In Sweden, the risk of a woman dying during pregnancy and childbirth is 1 in 17 400; in Afghanistan, the odds are 1 in 8. Biology does not explain any of this. Instead, the differences between - and within - countries result from the social environment where people are born, live, grow, work and age. MORE ABOUT THE COMMISSION These "social determinants of health" have been the focus of a three-year investigation by an eminent group of policy makers, academics, former heads of state and former ministers of health. Together, they comprise the World Health Organization's Commission on the Social Determinants of Health. Today, the Commission presents its findings to the WHO Director-General Dr Margaret Chan. "(The) toxic combination of bad policies, economics, and politics is, in large measure responsible for the fact that a majority of people in the world do not enjoy the good health that is biologically possible," the Commissioners write in Closing the Gap in a Generation: Health Equity through Action on the Social Determinants of Health. "Social injustice is killing people on a grand scale."

"Health inequity really is a matter of life and death," said Dr Chan today while welcoming the Report and congratulating the Commission. "But health systems will not naturally gravitate towards equity. Unprecedented leadership is needed that compels all actors, including those beyond the health sector, to examine their impact on health. Primary health care, which integrates health in all of government's policies, is the best framework for doing so."

Sir Michael Marmot, Commission Chair said: "Central to the Commission's recommendations is creating the conditions for people to be empowered, to have freedom to lead flourishing lives. Nowhere is lack of empowerment more obvious than in the plight of women in many parts of the world. Health suffers as a result. Following our recommendations would dramatically improve the health and life chances of billions of people."

INEQUITIES WITHIN COUNTRIES -- Health inequities – unfair, unjust and avoidable causes of ill health – have long been measured between countries but the Commission documents "health gradients" within countries as well. For example:

\* Life expectancy for Indigenous Australian males is shorter by 17 years than all other Australian males.

\* Maternal mortality is 3–4 times higher among the poor compared to the rich in Indonesia. The difference in adult mortality between least and most deprived neighbourhoods in the UK is more than 2.5 times.

\* Child mortality in the slums of Nairobi is 2.5 times higher than in other parts of the city. A baby born to a Bolivian mother with no education has 10% chance of dying, while one born to a woman with at least secondary education has a 0.4% chance.

\* In the United States, 886 202 deaths would have been averted between 1991 and 2000 if mortality rates between white and African Americans were equalized. (This contrasts to 176 633 lives saved in the US by medical advances in the same period.)

\* In Uganda the death rate of children under 5 years in the richest fifth of households is 106 per 1000 live births but in the poorest fifth of households in Uganda it is even worse – 192 deaths per 1000 live births – that is nearly a fifth of all babies born alive to the poorest households destined to die before they reach their fifth birthday. Set this against an average death rate for under fives in high income countries of 7 deaths per 1000.

The Commission found evidence that demonstrates in general the poor are worse off than those less deprived, but they also found that the less deprived are in turn worse than those with average incomes, and so on. This slope linking income and health is the social gradient, and is seen everywhere – not just in developing countries, but all countries, including the richest. The slope may be more or less steep in different countries, but the phenomenon is universal.

WEALTH IS NOT NECESSARILY A DETERMINANT -- Economic growth is raising incomes in many countries but increasing national wealth alone does not necessarily increase national health. Without equitable distribution of benefits, national growth can even exacerbate inequities. While there has been enormous increase in global wealth, technology and living standards in recent years, the key question is how it is used for fair distribution of services and institution-building especially in low-income countries. In 1980, the richest countries with 10% of the population had a gross national income 60 times that of the poorest countries with 10% of the world's population. After 25 years of globalization, this difference increased to 122, reports the Commission. Worse, in the last 15 years, the poorest quintile in many low-income countries have shown a declining share in national consumption. Wealth alone does not have to determine the health of a nation's population. Some low-income countries such as Cuba, Costa Rica, China, state of Kerala in India and Sri Lanka have achieved levels of good health despite relatively low national incomes. But, the Commission points out, wealth can be wisely used. Nordic countries, for example, have followed policies that encouraged equality of benefits and services, full employment, gender equity and low levels of social exclusion. This, said the Commission, is an outstanding example of what needs to be done everywhere. SOLUTIONS FROM BEYOND THE HEALTH SECTOR -- Much of the work to redress health inequities lies beyond the health sector. According to the Commission's report, "Water-borne diseases are not caused by a lack of antibiotics but by dirty water, and by the political, social, and economic forces that fail to make clean water available to all; heart disease is caused not by a lack of coronary care units but by lives people lead, which are shaped by the environments in which they live; obesity is not caused by moral failure on the part of individuals but by the excess availability of high-fat and high-sugar foods." Consequently, the health sector – globally and nationally – needs

to focus attention on addressing the root causes of inequities in health. "We rely too much on medical interventions as a way of increasing life expectancy" explained Sir Michael. "A more effective way of increasing life expectancy and improving health would be for every government policy and programme to be assessed for its impact on health and health equity; to make health and health equity a marker for government performance." RECOMMENDATIONS -- Based on this compelling evidence, the Commission makes three overarching recommendations to tackle the "corrosive effects of inequality of life chances":

\* Improve daily living conditions, including the circumstances in which people are born, grow, live, work and age. \* Tackle the inequitable distribution of power, money and resources – the structural drivers of those conditions – globally, nationally and locally. \* Measure and understand the problem and assess the impact of action. RECOMMENDATIONS FOR DAILY LIVING -- Improving daily living conditions begins at the start of life. The Commission recommends that countries set up an interagency mechanism to ensure effective collaboration and coherent policy between all sectors for early childhood development, and aim to provide early childhood services to all of their young citizens. Investing in early childhood development provides one of the best ways to reduce health inequities. Evidence shows that investment in the education of women pays for itself many times over. Billions of people live without adequate shelter and clean water. The Commission's report pays particular attention to the increasing numbers of people who live in urban slums, and the impact of urban governance on health. The Commission joins other voices in calling for a renewed effort to ensure water, sanitation and electricity for all, as well as better urban planning to address the epidemic of chronic disease. Health systems also have an important role to play. While the Commission report shows how the health sector cannot reduce health inequities on its own, providing universal coverage and ensuring a focus on equity throughout health systems are important steps. The report also highlights how over 100 million people are impoverished due to paying for health care – a key contributor to health inequity. The Commission thus calls for health systems to be based on principles of equity, disease prevention and health promotion with universal coverage, based on primary health care. DISTRIBUTION OF RESOURCES -- Enacting the recommendations of the Commission to improve daily living conditions will also require tackling the inequitable distribution of resources. This requires far-reaching and systematic action. The report foregrounds a range of recommendations aimed at ensuring fair financing, corporate social responsibility, gender equity and better governance. These include using health equity as an indicator of government performance and overall social development, the widespread use of health equity impact assessments, ensuring that rich countries honour their commitment to provide 0.7% of their GNP as aid, strengthening legislation to prohibit discrimination by gender and improving the capacity for all groups in society to participate in policy-making with space for civil society to work unencumbered to promote and protect political and social rights. At the global level, the Commission recommends that health equity should be a core development goal and that a social determinants of health framework should be used to monitor progress. The Commission also highlights how implementing any of the above recommendations requires measurement of the existing problem of health inequity (where in many countries adequate data does not exist) and then monitoring the impact on health equity of the proposed interventions. To do this will require firstly investing in basic vital registration systems which have seen limited progress in the last thirty years. There is also a great need for training of policy-makers, health workers and workers in other sectors to understand the need for and how to act on the social determinants of health. While more research is needed, enough is known for policy makers to initiate action. The feasibility of action is indicated in the change that is already occurring. Egypt has shown a remarkable drop in child mortality from 235 to 33 per 1000 in 30 years. Greece and Portugal reduced their child mortality from 50 per 1000 births to levels nearly as low as Japan, Sweden, and Iceland. Cuba achieved more than 99% coverage of its child development services in 2000. But trends showing improved health are not foreordained. In fact, without attention health can decline rapidly. IS IT FEASIBLE? The Commission has already inspired and supported action in many parts of the world. Brazil, Canada, Chile, Iran, Kenya, Mozambique, Sri Lanka, Sweden, and the UK have become 'country partners' on the basis of their commitment to make progress on the social determinants of health equity and are already developing policies across governments to tackle them. These examples show that change is possible through political will. There is a long way to go, but the direction is set, say the Commissioners, the path clear. WHO will now make the report available to Member States which will determine how the health agency is to respond.

## **Websites**

### **[www.healthycity.org](http://www.healthycity.org)**

For those in the Los Angeles area, this is a fantastic web-based GIS interface for looking up health and demographic data. The goals of the Healthy City Project are to improve the accessibility of services to low-income, underserved families and to help develop sensible public policies based on sound data that will improve the quality of life for all communities in Los Angeles. The Healthy City Project pursues these goals with two strategies: 1) Producing and constantly maintaining the flagship HealthyCity.org site, and 2) Using innovative data analysis and GIS mapping techniques to support policy, research, and planning efforts for collaborating organizations. What Is HealthyCity.org?

HealthyCity.org is an online community service and policy research tool for all of Los Angeles County. Healthy City provides unprecedented access to the largest database of community resources and localized demographic and health

data on a cutting-edge GIS mapping platform. HealthyCity.org allows: \*Social Service providers to be instantly connected to thousands of services and resources throughout the region. \*Community leaders and policy makers to instantly view the demographic, economic, and health status of a community, and to evaluate how resources are distributed to address their community's needs. Healthy City: Best in Class -- Healthy City has been recognized as a national model for using online GIS mapping to strengthen regional social service sectors and to advocate for policy that benefits high-need communities. Since its first launch in October 2003, the site has made a significant impact on public policy making and resource planning in Los Angeles County, and serves an ever-expanding user base with a growing set of tools. Some note-worthy statistics about Healthy City: \*20,000 resource points; \*800 demographic variables; \*30,000 computers used the system in 2007; \*120,000 visits in 2007. Healthy City 3.0 -- The new Healthy City 3.0 offers significant improvements in the user-friendliness, range of the data, and features on the site. In addition, users can now view and map data in more innovative ways, as well as connect with other users to form collaborations and share information. The Healthy City Partnership -- Healthy City's continued success is a direct outcome of the collaborative support and vision of the Healthy City Partnership. With the support of some of the most forward-thinking institutions in Los Angeles County, Healthy City has demonstrated how data-driven planning can shift local policy and resource planning away from the traditional influences of politics and toward more needs-based approaches. The strategic thinking and open-minded interaction of the individuals that sit on the Partnership allow Healthy City to continue to fulfill its mission. Policy Support -- Healthy City has contributed our data analysis and GIS mapping capabilities towards technical assistance and policy research for many organizations. Over the past few years, Healthy City has: \*Informed the policy dialogue in various service sectors from preschool to public safety. \*Created community needs assessments, community-engaged mapping, resource planning, and policy making tools. \*Shaped neighborhood outreach and organizing. \*Assisted planners from community-based organizations, governmental agencies, and philanthropic institutions better plan the distribution of resources in underserved areas.

### **Integrated Health Interview Series (IHIS)**

<http://www.ihis.us/ihis/>

The Integrated Health Interview Series (IHIS) is a harmonized set of data and documentation based on material originally included in the public use files of the U.S. National Health Interview Survey (NHIS) and distributed for free over the internet. IHIS currently consists of more than 1000 integrated variables selected from more than 2000 variables included in the core survey household and person files for 1969-2006, the sample adult/sample child files for 1997-2006, and the Access to Care supplements for 1993-96. As a user note on linking explains, researchers can now easily link IHIS data to data from the original public use files of the NHIS. This allows researchers to incorporate NHIS variables and supplements that are not yet part of IHIS into their research. NHIS is the principal source of information on the health of the U.S. population, covering such topics as general health status, the distribution of acute and chronic illness, functional limitation, access to and use of medical services, and insurance coverage. The IHIS facilitates cross-time comparisons of these invaluable survey data by coding variables identically across time. With IHIS microdata (information about individual persons and households), researchers can use their desired set of variables to create tabulations and multivariate analyses tailored to their particular research questions. The IHIS provides detailed documentation covering comparability issues and on-line codes and frequencies for each harmonized variable. IHIS data are distributed via an interactive data extraction system to anyone who agrees to use the data responsibly.

### **Other**

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