



# Kellogg Health Scholars

Connecting Academe, Community, and Policy

In This Issue **KConnection**

February 2011

## Sounding Board **SOUNDING BOARD**

### Announcement **Congratulations Kellogg Scholars and Fellows**

**Spotlight** **Dr. Keon Gilbert**, Kellogg Health Scholars Program alumnus, published: **Keon L. Gilbert**; Sandra Crouse Quinn; Angela F. Ford; Stephen B. Thomas. (2011). [The Urban Context: A Place to](#)

**E-Workshops** [Eliminate Health Disparities and Build Organizational Capacity](#). *Journal of Prevention & Intervention in the Community*, 1540-7330, Volume 39, Issue 1, 2011, Pages 77-92.

#### Funding

#### Call For Submissi

**Dr. Dionne Godette**, Scholars in Health Disparities Program alumna, recently started her new job as Health Scientist Administration at the National Institute on Alcohol Abuse and Alcoholism's Division of Epidemiology & Prevention Research. In this position, Dr. Godette will be providing scientific leadership in one or more of the following areas: disparities in health conditions and care related to drinking, and drinking, sexual behavior, and violence.

#### Career Developm

#### Conferences ar

#### Events

**Dr. Vanessa Grubbs**, SHDP alumna, recently completed her nephrology fellowship and has joined the nephrology faculty at UCSF/San Francisco General Hospital.

#### Resources

#### Quick Links

#### Kellogg Health Scholars Program Websit

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**Dr. Darrell Hudson**, Kellogg Health Scholar, published the following articles: ■ **Hudson, D.L.**, Neighbors, H.W., Geronimus, A.T., & Jackson, J.S.(Accepted). The Relationship between Socioeconomic Position and Depression among a U.S. Nationally Representative Sample of African Americans. *Social Psychiatry and Psychiatric Epidemiology*; ■ Mezuk, B., Kershaw, K., Rafferty, J., **Hudson, D.**, Abdou, C., Lee, H., Eaton, W., Jackson, J. (2010). Reconsidering the role of social disadvantage in physical and mental health: Stressful life events, health behaviors, race, and depression. *American Journal of Epidemiology*, 172(11), 1238-1249; and ■ **Watkins, D. C.**, **Hudson, D. L.**, Caldwell, C. H., Siefert, K., Jackson, J. S. (*In Press*). Racial discrimination, mastery, and depressive symptoms among African American men. *Research on Social Work Practice*.

#### About this newsletter...

The **Kellogg Connectic** a monthly electronic newsletter that connects W.K. Kellogg programs: Kellogg Health Scholars in Health Disparities, Community Health Scholars, Kellogg Fellows in Health Policy Research and H. Jack C Congressional Health P Fellows.

**KConnection** is produc the Kellogg Health Schol Program, a program of t [Center for Advancing H \(CFAH\)](#).

Produced By: **Maria Briones-Jones**, Deputy Director, KHSP **Brandon Moore**

**Dr. Linda Randolph**, KHSP National Advisory Committee member, has been selected to serve on the Institute of Medicine's Committee on Determination of Essential Health Benefits for making recommendations to the Secretary HHS on the methods for determining and updating essential health benefits for qualified health plans to participate in the health exchanges authorized under the Patient Protection and Affordable Care Act.

**Dr. Renee Walker**, Kellogg Health Scholar, accepted an offer for a tenure-track Assistant Professor position at the University of Wisconsin-Milwaukee School of Public Health and will start her new position in August. Dr. Walker will be teaching courses in Community & Behavioral Health and Health Disparities. She will also continue her research agenda related to the social determinants of obesity with a focus on neighborhood health effects.

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## **ANNOUNCEMENTS**

**Save the Dates! Policy and Advocacy Skills: Translating Health Disparities and Community-Based Participatory Research into Policy. Two-part Presentation (March 15 and April 7.**

Director of New Media,  
CFAH

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

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disseminates state-of-the-  
science evidence about  
influence of behavioral,  
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[healthscholars@cfah.org](mailto:healthscholars@cfah.org)

**2011)**

The purpose of this two-part presentation is to provide basic policy/advocacy knowledge and skills to all KHSP participants, and to prepare attendees to the upcoming KHSP Annual Meeting for policy visits the afternoon of June 2.

**SESSION 1. "Advocacy 101: Policy/Advocacy Skills" and "Preparing for Community-Based Policy Visits" (Webinar)**

Tuesday March 15, 2011

Program begins at Noon Eastern (11 Central; 9 Pacific)

Sign-in begins at 11:30 Eastern (10:30 Central; 8:30 Pacific)

**SESSION 2. "Speaking and Writing for Policy Advocacy" and "Preparing for Thematic Policy Visits" (Conference Call)**

Thursday, April 7, 2011

12:30 p.m.-2:00 p.m. Eastern (11:30 Central; 9:30 Pacific)

\*Community-based visits are visits to the office of a Representative or Senator from the geographic area where the scholar/alum along with their community mentor is doing work. The focus is on the process of community-academic partnering to carry out these visits.

\*Thematic visits are policy-oriented visits to offices in the Congress, Executive Branch and/or advocacy groups. These visits are planned in consultation with Thematic Groups taking into account where significant policy issues are being discussed/decided.

**American Academy of Health Behavior (AAHB) and the Kellogg Health Scholars Program 12-month Mentoring Program**

The American Academy of Health Behavior (AAHB) and the Kellogg Health Scholars Program are pleased to announce the KHSP finalists who will participate in a 12-month mentoring program, with funding provided in part by the National Center for Minority Health and Health Disparities (1R13MD005702-0). Seven mentees were selected from a competitive pool of junior level health behavior researchers and paired with senior behavioral scientists who are members of AAHB. The purpose of the program is to mentor junior investigators in the production of high-quality scholarly products that address minority health concerns and health disparities using CBPR. Mentee-mentor pairs will meet face-to-face in Hilton Head South Carolina at the upcoming 11th Annual Scientific Meeting of the AAHB, The Art and Science of Community-Based Participatory Research (CBPR): Methods, Measures, and Evidence for Health Behavior Change, March 20-23, 2011.

Congratulations to the finalists!

Mentee: Dr. Shevon Harvey, University of Illinois Urbana Champaign

Mentor: Dr. Andrea Gielen, Johns Hopkins SPH

Mentee: Dr. Dawnavan Davis, University of Chicago, Dept of Medicine

Mentor: Dr. Cheryl Holt, University of Maryland SPH

Mentee: Dr. Latrice Pichon, University of Memphis SPH

Mentor: Dr. Janice Bowie, Johns Hopkins SPH

Mentee: Dr. Shedra Snipes, Penn State University

Mentor: Dr. Collins Airhihenbuwa, Penn State University

Mentee: Dr. Shalon Irving, Morgan State University - KHSP

Mentor: Dr. Scott Rhodes, Wake Forest Univ. School of Medicine

Mentee: Dr. Dawn Richardson, University of Michigan - KHSP

Mentor: Dr. Ken McLeroy, Texas A&M School of Rural Public Health

Mentee: Dr. Louis Graham, University of Michigan - KHSP

Mentor: Dr. David Seal, Medical College of Wisconsin

Program Co-Directors:

Dr. Lisa Benz Scott, Stony Brook University Health Sciences Center;

Dr. David Seal, Medical College of Wisconsin

Program Coordinator: Dr. Jessica Rath, Legacy Foundation and University of Maryland

KHSP Program Lead: Renee Bayer, University of Michigan SPH

Application Reviewers: Drs. Lisa Benz Scott, Stony Brook University Health Sciences Center;

Leonard Jack, Xavier University of Louisiana; Jennie Kronenfeld, Arizona State University; Jessica Rath, University of Maryland; and Renee Bayer, University of Michigan SPH.

**Mark Your Calendars! The 2010 Kellogg Health Scholars Program Annual Meeting** will be held **June 1 through June 3** in Washington, DC. Details to follow.

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## SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet Kellogg Health Scholars Program alumna, **Tricia Miranda, PhD...**

Dr. Patricia Y. Miranda is Assistant Professor of Health Policy and Administration at The Pennsylvania State University. Tricia received her PhD and MPH from the University of Michigan School of Public Health, and was a Kellogg Health Scholar Postdoctoral Fellow at The University of Texas M. D. Anderson Cancer Center, Center for Research on Minority Health. Tricia's research interests focus on cancer prevention among vulnerable populations, specifically disparities in cancer screening affecting immigrant and Latino populations. Her research reflects the shifting demographics of the United States, examines how policies and screening guidelines may differentially impact vulnerable populations, and engages affected populations in a community-based participatory research approach to create recommendations for future interventions and policy efforts at local, regional and national levels. Current recommendations being explored are the role of place (e.g. neighborhoods) in understanding the access of immigrant and Latino populations to cancer screening services; the complexities of proxy measures of acculturation in helping/hindering our understanding of research in cancer prevention and control; and methods of engaging policymakers as members of a community to create multilevel interventions for reducing health disparities. Most recently, Tricia and her colleagues further examined the underserved breast cancer prevention needs within Latino populations, specifically among the Mexican-origin population, describing how these women may disproportionately face higher rates of breast cancer mortality without further investigation of a higher risk of premenopausal breast cancer, or a focus on the social determinants of their low rates of screening. These findings have been accepted in the journals *Cancer* and *Breast Cancer Research and Treatment*, and resulted in an award as Outstanding New Community Public Health Professional, presented to Tricia by the Latino Caucus for Public Health at a dinner at the annual meetings of the American Public Health Association in Denver, CO this past November.

Tricia credits her research opportunities to her mentors and the KHSP fellowship, and sees the work she completed through her fellowship as a call to action targeting the still-fastest growing population group in the U.S. that remains largely underserved. She also feels that without the fellowship's focus on addressing how policies affect health disparities, she would not have discovered the current work she's passionate about.

Experience with the KHSP fellowship also introduced Tricia to her current faculty position at Penn State. She believes that the extended network scholars join during their fellowship is key to the greater goals of achieving health equity through the elimination of health disparities. She shares, "The KHSP program cultivates a diverse group of scholars for changing the current research landscape to one that targets those most vulnerable. That many of us originate from these same vulnerable populations speaks to the true potential of those many others out there who simply need the opportunity. We were fortunate that KHSP was there to foster ours."

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## Archived KHSP E-Workshops

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

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

**To listen to the archived presentations and download materials**, visit the KHSP members area at <http://www.kellogghealthscholars.org/members/login.cfm>. For login and passcode information, please contact Brandon Moore ([bmoore@cfah.org](mailto:bmoore@cfah.org)) or Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)).

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## FUNDING

### **American Cancer Society**

#### **Call for Applications in psychosocial and behavioral research and in health policy and health services research addressing cancer health disparities**

**Annual Deadline(s): April 1 and October 15, 2011**

This is a **call for applications in psychosocial and behavioral research and in health policy and health services research that address cancer health disparities**. Reduction of cancer health disparities is now a **priority area of focus** for the Cancer Control and Prevention Research Program of Extramural Grants (EG) of the American Cancer Society.

Implications for Your Study/Application: There are three major areas of research (with corresponding Peer Review Committees) within the Cancer Control and Prevention Research Program. Implications for applications submitted to this program are discussed within the context of each:

**1. Psychosocial and Behavioral Research:** Applications focusing on **all** areas of psychosocial and behavioral research will be accepted, using one of four mechanisms (Postdoctoral Fellowship; Mentored Research Scholar Grant; Research Scholar Grant and Clinical Research Professorship). However, meritorious applications focusing on cancer health disparity reduction will be funded *prior* to meritorious applications focusing on other areas in psychosocial and behavioral research.

**Applications that focus on the following population groups and/or areas of study are of particular interest, but applications need not be limited to these:**

- Studies that focus on reducing disparities in the following population groups: African Americans, Hispanic/Latinos, Asians/Pacific Islanders, Native Americans/Alaskan Natives; Low Income/Rural Poor. Other population groups may also be considered, such as those characterized by gender, age, race/ethnicity, income, social class, disability, geographic location or sexual orientation.
- Studies of interventions designed to reduce measurably cancer health disparities across the cancer continuum, especially in reducing risk; enhancing screening or informed decision making; effective population-specific messaging; improvement in provider-patient relationship; treatment decision-making or treatment compliance; and improvement in quality of life of patients and/or caregivers.
- Community-based participatory research or research conducted in partnership with other groups or organizations.

**2. Health Policy and Health Services Research:** Applications focusing on **all** areas of health policy and health services research will be accepted, using one of four mechanisms (Postdoctoral Fellowship, Mentored Research Scholar Grant, Research Scholar Grant and Clinical Research Professorship). However, meritorious applications focusing on disparity reduction will be funded *prior* to meritorious applications focusing on other areas in health policy and health services research. **Applications that focus on the following population groups and/or areas of study are of particular interest, but applications need not be limited to these:**

- Studies that focus on reducing disparities in the following population groups: African Americans, Hispanic/Latinos, Asians/Pacific Islanders, Native Americans/Alaskan Natives; Low Income/Rural Poor. Other population groups may also be considered, such as those characterized by gender, age, race/ethnicity, income, social class, disability, geographic location or sexual orientation.
- Studies of interventions designed to reduce measurably cancer health disparities across the cancer continuum, especially in reducing risk; enhancing screening or informed decision making; effective population-specific messaging; improvement in provider-patient relationship; treatment decision-making or treatment compliance; and improvement in quality of life of

patients and/or caregivers.

- Community-based participatory research or research conducted in partnership with other groups or organizations.

**3. Palliative Care and Symptom Management:** Applications focusing on **all** areas of palliative care and symptom management will be accepted, using one of four mechanisms (Postdoctoral Fellowship; Mentored Research Scholar Grant, Research Scholar Grant and Clinical Research Professorship). The priority allocation of dollars for disparity reduction does **not** apply to this area of research. The American Cancer Society recognizes the need for research in the broad field of palliative care. Palliative care is defined as research that focuses on prevention and relief of suffering by the early identification, assessment and treatment of pain, as well as of other physical, psychosocial and spiritual problems associated with cancer. We welcome research proposals pertaining to adults and children with cancer, and their families, in the following categories: (a) Poor prognosis malignancies at any stage; (b) Advanced malignancies, defined as recurrent and/or metastatic disease; and (c) Favorable prognosis malignancies associated with a high symptom burden. **Applications that focus on the following areas of study are of particular interest, but applications need not be limited to these:** Interventions to change behaviors on individual, group or community level; barriers to treatment reduction of complications and side effects; symptom reduction interventions; psycho-neuro-immunology; post-traumatic growth; benefit finding; existential re-evaluation spirituality; psychological effects of cancer and interventions to enhance coping; complementary and integrative medicine treatments; quality of life; symptom management (palliative care, treatment choices, decision-making, end-of-life care, doctor-patient-family communication); methodology (development and assessment of measurement scales, evaluation of statistical methodology); or *disparity reduction in underserved populations*.

**Policies and Instructions are online:** Policies (including eligibility criteria and deadlines) and associated instructions for this Priority Initiative are all carefully described online: <http://tinyurl.com/29kmqql>.

**Questions?** If, after reading the policies online you have remaining questions, please feel free to email me: [Ronit.Elk@cancer.org](mailto:Ronit.Elk@cancer.org).

#### **American Cancer Society**

#### **Pilot Studies Using Community-based Participatory Research to Reduce Cancer Health Disparities**

**Deadline: April 22, 2011**

Disparities in cancer health outcomes among racial, ethnic and economically vulnerable populations have been widely documented, resulting in a disproportionate burden borne by ethnic/racial minorities and underserved populations. The causes of such disparities appear to be multifaceted and complex and occur all along the cancer continuum (from prevention and early detection to access to care through treatment, survivorship and end of life care.) There is an urgent need to find effective interventions that will result in a reduction of cancer health disparities. The American Cancer Society is committed to reducing disparities in cancer burdens among population groups and to achieving health equity through its programmatic, research and advocacy strategies. The purpose of this call for applications is to stimulate research on effective interventions to reduce cancer health disparities (at any stage of the cancer continuum), using community-based participatory research (CBPR).

Studies funded by this RFA **must**:

1. Focus on interventions to reduce health disparities.
2. Use CBPR as the research method
3. Demonstrate clear evidence of how this pilot data will be used to develop an independently funded study (e.g., NIH RO1 or ACS Research Scholar Grant)

#### **ELIGIBILITY AND CANCER SITE**

There are two different types of funding for this RFA that impact (a) the type of cancer being investigated and (b) applicant eligibility criteria (see Table below.)

1. **Type 1 funding:** (\$200,000).
  - o **Any** cancer site (e.g., breast, colorectal etc.) may be the focus of research.
  - o **Only** researchers with terminal degrees (M.D, Ph.D. or equivalent) who are U.S. citizens and who work at a not-for-profit institution in the **Midwest Division of the ACS** (Iowa, Minnesota, South Dakota and Wisconsin) are eligible to apply.
    - o Applicants for this RFA may be at **any stage** of their career.
2. **Type 2 funding:** (an additional \$200,000).
  - o **Only breast cancer** may be the focus of research

o **Only** researchers with terminal degrees (M.D., Ph.D. or equivalent) who are U.S. citizens, and who work at a not-for-profit institution **located in Milwaukee** are eligible to apply. (Applicants from Milwaukee are eligible to apply for funding from either funding source; however grantee may only hold one ACS-funded grant at a time.)

o Applicants for this RFA may be at **any stage** of their career.

<u>Funding</u>	<u>Cancer Site</u>	<u>Eligibility Pls</u>
Type 1	Any	In Midwest Division of ACS (Iowa, Minnesota, South Dakota, Wisconsin)

Type 2	Breast	In Milwaukee, Wisconsin
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#### MECHANISMS OF SUPPORT AND BUDGET

Mechanism of Support: This RFA will use the Pilot and Exploratory Projects (PEP) mechanisms.

#### Policies, Instructions and Applications Forms:

· Policies and instructions for the PEP mechanism can be found at <http://tinyurl.com/6hxkuvx>

Application forms are available through a link at this site.

Length of Study: Awards may not exceed a period of two years duration.

**Budget:** Budgets may not exceed \$100,000 for two years (including indirect costs.)

Awards: It is anticipated that a total of \$400,000/year for 2 years will support 4 new projects per year. These will be selected through the Society's peer review system.

Review of Applications and Resubmission Process: Review of applications at the ACS is a two-tiered process:

· **Step 1:** Applications will be reviewed by the CPPB (Cancer Control and Prevention Research) Peer Review Committee (PRC). Applications recommended for funding by the Peer Review Committee will be forwarded to the Council for Extramural Grants.

· **Step 2:** Council will determine which grants will be funded from all 18 Peer Review Committees after considering the relative merit of applications and available funds.

· **Resubmissions:** As with all ACS applications, grantees may submit their applications a total of three times (i.e., original application and two resubmissions.)

#### NEXT DEADLINE:

Applicants must submit their applications **electronically and in paper format** per guidelines on <http://www.cancer.org> no later than 5pm on **April 22, 2011**.

#### KEY DATES

- Proposal Deadline: April 22, 2011
- Applications Reviewed by PRC: June 2011
- Preliminary Notification of Applicants: August 2011
- Applications Reviewed in Council: September 2011
- Notification of Awards: October 2011
- Award Start Date: January 2012

#### ADDITIONAL QUESTIONS

We have made every attempt to answer all questions online. Please make sure to read all policies and instructions online. If you have any unanswered questions, please contact Ronit Elk, Ph.D., Director, Cancer Control and Prevention Research ([Ronit.Elk@cancer.org](mailto:Ronit.Elk@cancer.org)) or Kim A. Smith, Program Coordinator, Cancer Control and Prevention Research ([Kim.A.Smith@cancer.org](mailto:Kim.A.Smith@cancer.org)).

#### **California Breast Cancer Research Program Community Research Collaboration (CRC) Awards**

**Deadline: February 24, 2011**

Two funding mechanisms are available:

- The **CRC Pilot award** is for a maximum of **\$150,000** in direct costs for a period of up to **18 months**. The Pilot award supports the initial phase of the project, which includes strengthening collaborations, developing feasible methods and tools, and collecting pilot data.
- The **CRC Full award** is for a maximum of **\$600,000** in direct costs for a period of up to **three years**. The Full award funds projects with a fully developed research plan and supporting preliminary data, carried out by a well-integrated, experienced team of scientists and community members. Typically, a CRC Full application is for support of the completion of a research plan successfully carried out with a previous Pilot award.

View the [CRC Call for Applications](#) for more information.

**Centers for Disease Control and Prevention  
Health Impact Assessment to Foster Healthy Community Design  
(CDC-RFA-FH11-1104)2011**

**Letter of Intent Deadline: February 25, 2011**

**Application Deadline: March 28, 2011**

The Centers for Disease Control and Prevention in the U.S. has announced funding for Health Impact Assessment to Foster Healthy Community Design. The purpose of the program is to increase the capacity of state, tribal and local government to include health considerations in community development, transportation, housing, and land use planning decisions, and to expand the scope of health impacts considered when making decisions that impact community design. Recipients will be expected to support the mission of the CDC's Healthy Community Design Initiative: <http://www.cdc.gov/healthyplaces>. Announcement details at

<http://www.grants.gov/search/search.do?mode=VIEW&oppld=66533>.

Funding Instrument Type: Cooperative Agreement

Expected Number of Awards: 6

Estimated Total Program Funding: \$2,800,000

Award Ceiling: \$180,000

Award Floor: \$75,000

CFDA Number(s): 93.070

**National Institutes of Health**

**NIMHD Comprehensive Centers of Excellence (P60)**

**(RFA-MD-11-003)**

**Letters of Intent Deadline: March 14, 2011**

**Application Deadline: April 14, 2011**

Purpose: This FOA issued by the National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health (NIH), solicits grant applications from institutions/organizations that propose to establish an Comprehensive NIMHD Center of Excellence (COE) to support infrastructure and capacity building, building and sustaining novel partnerships, research training, innovative basic biomedical and behavioral clinical, or population-based research and intervention and prevention studies contributing to either the improvement of minority health, the elimination of health disparities, or both. Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-11-003.html>.

**National Institutes of Health**

**NIMHD Exploratory Centers of Excellence (P20)**

**(RFA-MD-11-002 )**

Letters of Intent Deadline: March 7, 2011

Application Deadline: April 7, 2011

Purpose: This FOA issued by the National Institute on Minority Health and Health Disparities (NIMHD), National Institutes of Health (NIH), solicits grant applications from institutions/organizations that propose to establish an Exploratory NIMHD Center of Excellence (COE) to support infrastructure and capacity building, building and sustaining novel partnerships, research training, innovative basic biomedical and behavioral clinical, or population-based research and intervention and prevention studies contributing to either the improvement of minority health, the elimination of health disparities, or both. Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-11-002.html>.

**National Institutes of Health**

**Reducing Health Disparities Among Minority and Underserved Children (R01)**

**(PA-11-104)**

**Application Due Date: March 1, 2011 thereafter [Standard dates](#) apply, by 5:00 PM local time of applicant**

**Expiration Date: January 8, 2014**

This Funding Opportunity Announcement (FOA) issued by the National Institute of Nursing Research (NINR), National Heart, Lung, and Blood Institute (NHLBI), National Institute on Alcohol, Alcoholism, and Alcohol Abuse (NIAAA), and National Institute on Deafness and Other Communication Disorders (NIDCD), National Institutes of Health (NIH), solicits Research Project Grant (R01) applications from institutions/organizations that propose to conduct research to reduce health disparities among minority and underserved children. Specifically, this initiative focuses on ethnic and racial minority children and underserved populations of children such as: children from low literacy, rural and low-income populations, geographically isolated children, hearing and visually impaired children, physically or mentally disabled children, children of migrant workers, children from immigrant and refugee families, and language minority children.

Specific targeted areas of research include biobehavioral studies that incorporate multiple factors that influence child health disparities such as biological (e.g., genetics, cellular, organ systems), lifestyle factors, environmental (physical and family environments), social (e.g., peers), economic, institutional, and cultural and family influences; studies that target the specific health promotion needs of children with a known illness and/or disability; and studies that test and evaluate the comparative effectiveness of health promotion interventions conducted in traditional and nontraditional settings. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-11-104.html>.

**U.S. Department of Agriculture  
Agriculture and Food Research Initiative (AFRI) Challenge Area  
(USDA-NIFA-AFRI-003410)  
Deadline: May 18, 2011**

The US Department of Agriculture's Agriculture and Food Research Initiative (AFRI) Challenge Area addresses the priority of childhood obesity prevention. The long-term outcome for this program is to reduce the prevalence of overweight and obesity among children and adolescents ages 2 to 19 years. In order to achieve this outcome, this program will support multi-function Integrated Research, Education, and/or Extension Projects and Food and Agricultural Science Enhancement (FASE) Grants that address one of the Program Area Priorities which collectively contributes to the achievement of the following goals:

1. Generation of new knowledge about behavioral and environmental factors that influence excessive weight gain by children.
2. Development of effective behavioral and environmental interventions to increase dietary intakes of fruits and vegetables; increase the variety of vegetables in the diet, decrease dietary intakes of foods high in solid fats and added sugars; increase the number of children that meet guidelines for television viewing and computer use; increase physical activity in children; and ultimately to decrease the proportion of children and adolescents who are overweight or obese. The development of new, more effective evaluation tools may be necessary.
3. Expansion of interventions proven effective and assessment of their impact.
4. An increase in the number of educators, practitioners, and researchers who receive the training needed to address the complex problem of childhood obesity prevention.

In FY 2010, preschool and early elementary school age children (ages 2-8 years) were targeted. In FY 2011, pre-adolescent and early adolescent children (ages 9-14 years) will be targeted. It is anticipated that adolescents ages 15-19 years will be targeted in FY 2012. Eligible applicants for Integrated Projects include: 1) colleges and universities; 2) 1994 Land-Grant Institutions; and 3) Hispanic-serving agricultural colleges and universities. For details, visit <http://www.nifa.usda.gov/funding/rfas/afri.html>.

**US Environmental Protection Agency, Office of Children's Health Protection  
Deadline: February 18, 2011**

The US Environmental Protection Agency's Office of Children's Health Protection is pleased to announce the release of a solicitation for grant proposals to address children's environmental health in underserved communities by building capacity for these communities to reduce environmental exposures in child-occupied settings, e.g., homes, schools and child care centers. Funds available for award are expected to total approximately \$1.5 million, and EPA intends to award approximately 15-20 awards, each for an amount not to exceed \$100,000. The due date for initial proposals is February 18, 2011. Assistance under this competition is available to States or state agencies, territories, city or township governments, county governments, the District of Columbia, federally recognized American Indian Tribes, possessions of the U.S, public and private universities and colleges, hospitals, laboratories, other public or private nonprofit institutions, and 501(c)(3) organizations. For complete information regarding this Request for Initial Proposals, see <http://bit.ly/igTcve>.

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**CALL FOR SUBMISSIONS**

**Request for Abstract Reviewers -- 2011 National HIV Prevention Conference  
August 14-17, 2011**

The 2011 National HIV Prevention Conference needs abstract reviewers. Reviewers should be available to review abstracts during the time period of February 14 through March 4. Each reviewer

will be assigned 15-20 abstracts for review. We estimate that it will take about 10 minutes to review each abstract or less than 4 hours of review time. If you're interested in being a reviewer, please complete the reviewer form via the website at: <http://2011nhpc.org/reviewer1.asp>. If you have further questions the primary contact for this announcement is Mari Brown and she may be contacted at [mkb1@cdc.gov](mailto:mkb1@cdc.gov). Visit the website at <http://www.2011nhpc.org/> for latest information.

**Call for Submissions - International Society for Equity in Health  
6<sup>th</sup> International Conference: Making Policy a Health Equity Building Process  
September 26-18, 2011  
Cartagena, Columbia**

**Deadlines:** February 4, 2011 (Organized Session Submissions) and **February 25, 2011 (Individual Abstract Submissions)**

<http://www.iseqh.org/congreso.html>

Equity is an important issue to champion for, and is far from been overcome by governments, international or global institution, or academia. However nobody disagrees with it because it is too broad. We would like to provide more detail, be more specific and, at the same time, offer a multi disciplinary look. Following this, we intend to "qualify" equity, defining a series of key topics:

- Sexual and reproductive health and equity
- Inequity in access to essential drugs
- Inequity in access to high cost treatments
- Inequity in access to primary health care
- Inequity in the process of health care provision
- Financially catastrophic out of pocket expenditures in health
- Communication campaigns, advocacy and health
- Equity to care in different health systems and the impact on equity of Health reforms (decentralization, primary health care strategies, georeference).
- Impact evaluation of health programs and health promotion interventions
- Environment, water, sanitation and inequity in health status and treatment

Equity is not only a research issue. It requires an interdisciplinary approach and a research & policy partnership showing clear experiences about how to reach equity in health. Therefore, we can identify certain arenas where research and policymaking interact.

- i- Political economy of health reforms
- ii- Program evaluation
- iii- Governance

**CALL FOR SUBMISSIONS -- OFFICIAL ABSTRACT SUBMISSION PROCESS**

All participants are invited to submit an abstract for symposia and/or oral and/or poster presentations to [abstracts@iseqh.org](mailto:abstracts@iseqh.org). It is not necessary to be a member of the International Society for Equity in Health to submit an abstract. Abstracts will be reviewed by members of the Scientific Program Committee. All accepted abstracts will be published in a program and abstract book.

**PRESENTATION FORMATS:**

**Variety of formats including Poster, Panel Discussion, Papers, Workshops and Symposia. Descriptions of each format immediately below.**

- Posters allow presenters to discuss their research with interested colleagues in an informal setting.
- Panel Discussions are hour-long sessions designed to allow for discussion amongst 3-4 presenters as well as provide a forum for interaction with session attendees.
- Papers clustered around common themes will be presented for 15 minutes each (12 minutes for presentation and 3 for discussion).
- Symposia are 90 minutes in length and should involve one chair and a maximum of four speakers, one of whom may be a discussant (optional). Symposia must be international and interdisciplinary in scope, i.e., they must include a diversity of disciplines and a minimum of two countries must be represented among the participants. If a symposium is not accepted, individual presentations in that symposium will be evaluated for acceptability as oral or poster presentations.
- Workshops are 2.5 hours (150 minutes) in length, and provide an opportunity for a group of participants to achieve a specific goal or address a particular problem. It may aim to train or educate participants in essential research or clinically-relevant skills, or to address a specific problem, or to develop a consensus on a particular issue.

**Workshop proposals should include an interactive component and should be aimed at ONE of the following levels:**

#### Special Instructions for Workshop Presenters:

- The main presenter of the workshop will have his or her conference membership fee reimbursed provided 10 or more participants register for your workshop.
- If 6 to 9 participants register, one presenter will receive half of this fee waived.
- When fewer than 6 participants register, the workshop will be offered only if the workshop presenter agrees to conduct the workshop without compensation - otherwise the workshop will be cancelled.

Abstracts will be blinded and reviewed by track experts. Special consideration will be given to submissions that reflect the theme for the 6th Conference.

#### **GUIDELINES:**

##### **Submission Details**

Abstracts and session proposals should include ALL contact details (especially e-mails) for all participants including presenters and any chairs or discussants (where applicable) and should be sent to [abstracts@iseqh.org](mailto:abstracts@iseqh.org)

##### **Abstract Length**

Individual abstracts and abstracts in sessions should not exceed 500 words each.

##### **Numbers of Presentations per Presenter**

ISEQH limits the number of oral presentations for each presenter during the initial program development. Session organizers should keep this in mind when selecting presenters who may have multiple obligations.

After the draft program is released some presenters may be offered additional presentations to maintain the program structure.

##### **Organized Session Guidelines**

Sessions may be either abstract-driven or a panel session format (discussion, roundtable, debate, etc.). Sessions should include between 3-4 presentations.

##### **Abstract Driven Sessions**

Abstract-driven proposals should include chair and organizer contact details, a session description (up to 500 words), abstracts (up to 500 words each) and all presenter and co-author information.

##### **Panel Sessions**

Panel session proposals should include chair and organizer contact details, a session description (up to 500 words), speaker bios and presenter information. The organizers must ensure that they have AGREEMENT from all participants to take part in the session before the proposal is submitted. They must also ensure that the participants understand that they must register and pay for the congress.

##### **Other Notes on Sessions**

The organizers must ensure that they have AGREEMENT from all participants to take part in the session before the proposal is submitted. The Session Organizer will be the main contact with ISEQH for the session. All participants within organized sessions are expected to register and pay by the deadlines listed on the Congress website. Organizers should seek funding for any developing region session participants from their own sources or contacts.

[LEARN MORE ABOUT CARTAGENA, COLOMBIA >](#)

#### **Call for Proposals - National Congress of American Indians Policy Research Center (NCAIPRC)**

##### **6th Annual Tribal Leader/Scholar Forum**

**Milwaukee, WI**

**June 14, 2011**

**Deadline: February 25, 2011**

The National Congress of American Indians Policy Research Center (NCAIPRC) Annual Tribal Leader/Scholar Forum provides an opportunity for selected researchers, practitioners, tribal members, and organizations to present their research with tribal leaders, policymakers, and tribal citizens during NCAI's Mid-Year Conference. Research presentations focus on areas that have or could have real impacts for tribal communities. The 6th Annual Tribal Leader/Scholar Forum will be held on Tuesday, June 14, 2011 at the NCAI Mid-Year Conference in Milwaukee, Wisconsin. Research from all disciplines and fields are encouraged, but this year preference will be given to research proposals that address economic development, education and health. Proposals from all scholars (both Native and non-Native), academic institutions, and organizations. However, proposals from tribal colleges, Native graduate students, and tribal communities are especially encouraged. In addition, those proposals that include student presenters or youth, tribal leaders and citizens, and feature collaborative partnerships are preferred. The proposal deadline is Feb 25. For details visit <http://bit.ly/eXni8I>

**Call for Papers - American Journal of Public Health (AJPH)  
Supplemental issue on Health Disparities in Boys and Men  
Deadline: March 1, 2011**

The American Journal of Public Health (AJPH) intends to publish a supplemental issue on health disparities in boys and men. The rates of morbidity, disability, and mortality of males from racial/ethnic minority population groups in the United States are high. This issue of AJPH is intended to help build the conceptual and evidence base to inform the development of effective prevention and treatment programs, responsive services, and policies. Papers are invited on the following topic areas: drug use and addiction, violence and trauma, suicide, mental illness, HIV/AIDS, and co-occurring disorders. They are interested in manuscripts that address contextual, environmental, and structural factors affecting health; criminal justice issues, settings, and impact; conceptions of masculinity; cultural influences; and the relationship between the health of males and individuals in their families and social networks. Potential authors should visit the AJPHWeb site (<http://www.ajph.org>) to find the different categories of acceptable manuscripts. Research papers and analytic essays are encouraged. All manuscripts will undergo the standard peer review process by the AJPH editors and peer referees as defined by AJPH policy. Manuscript submissions are due to AJPH on March 1, 2011, and should be submitted at <http://www.editorialmanager.com/ajph>.

**Call for Abstracts -- A Special Issue of the *Journal of Empirical Research on Human Research Ethics*  
From the Contractual to the Relational: Critical Issues in HIV-Related Community-Based Participatory Research  
Deadline: May 16, 2011**

From the beginning of the epidemic, HIV/AIDS has raised complex ethical issues for researchers, healthcare practitioners, and people living with HIV/AIDS. Initially, the significant stigma associated with HIV/AIDS required researchers and IRB/REBs to reconsider the adequacy of existing participant protections. As the epidemic progressed, people affected by HIV began to demand that research be 'democratized', and allow for meaningful input from affected communities. This has evolved into a movement characterized as HIV-related community-based participatory research (CBPR), and includes a range of innovative methods, collaborative data collection techniques, and approaches to community engagement, power sharing, and dissemination of results. Indeed, this movement fosters practices which blur the lines between research, advocacy, intervention, and community development. As a result, HIV-related CBPR has posed challenges to researchers and IRB/REBs alike, who may feel unprepared to anticipate and manage the resulting ethical issues. This special issue will explore ethical challenges in HIV-related CBPR, and will 'unpack' ethical decision-making in collaborative research. Specifically, authors will be asked to draw on ethical 'challenges and opportunities' encountered in their collaborative work with communities affected by HIV. Papers should empirically investigate the ethical issues that emerge at various stages of HIV-related CBPR projects (formation, partnership development, design, 'ethics review', data collection, analysis, and dissemination). Wherever possible, authors will emphasize the relational aspects of ethical issues in HIV-related CBPR, highlight community-based approaches to ethical decision-making, and offer new directions for meaningful and ethical community-engagement. The goal of this special issue is to take us beyond the 'ethics review' to the 'ethical work' involved in HIV-related CBPR. This issue will be useful for HIV CBPR practitioners and those using collaborative and participatory research approaches with other communities. Submissions must be empirical articles, review articles, or project case studies. We want to especially encourage papers which:

- draw on experiences with diverse communities disproportionately affected by HIV; indigenous peoples, racialized groups, immigrants, refugees and other newcomers, youth, people who use drugs, prisoners, transgender people, sex workers, gay, bisexual and other men who have sex with men, and beyond.
- address intersections between HIV and other related health issues.
- highlight effective models of review for HIV-related CBPR.

- have international perspectives and implications.

*The Journal of Empirical Research on Human Research Ethics (JERHRE)* publishes empirical research and reviews of empirical literature on human research ethics. Empirical knowledge translates ethical principles into procedures appropriate to specific cultures, contexts, and research topics. Submissions will undergo three blinded peer reviews. It is JERHRE's policy that authors may nominate one of the peer reviewers (someone with special expertise in their area, whose critical comments they would welcome and who has no conflict of interest). Authors should follow the JERHRE publication guidelines at: <http://www.csu Hayward.edu/JERHRE/man.html>.

Special Issue Co-Editors:

Adrian Guta, MSW, PhD (c), University of Toronto

Robb Travers, PhD, Wilfrid Laurier University

Vicky Bungay, PhD, RN, University of British Columbia

Please email abstracts of a maximum of 500 words to: [adrian.guta@utoronto.ca](mailto:adrian.guta@utoronto.ca)

Abstract submission deadline: May 16<sup>th</sup>, 2011. Abstracts will be reviewed for their suitability, and full manuscripts will be solicited. Final manuscripts will be due November 14<sup>th</sup>, 2011

*Inquiries are welcomed by e-mail and comments on manuscripts or manuscript proposals will be offered as requested.*

**\*Additional Submission Opportunity\***

We welcome joint submissions for the special issue and upcoming *Third Annual 2011 Community-Engaged Research (CEnR) Conference: "Communication in Community-Engaged Research"* (please specify if you would like to be considered for a conference presentation).

University of Houston Hobby Center for Public Policy, October 27-28, 2011

For up-to-date information as conference plans develop, see: <http://www.uh.edu/hcpp/cbprc.htm>

**Call for Community Lay Health Promoters/Community Health Workers Articles -- *Family & Community Health***

**Issue on Lay Health Promoters/Community Health Workers**

**Deadline: August 2, 2011**

The interdisciplinary, peer-reviewed journal *Family & Community Health* will produce an issue on lay health promoters/community health workers (CHW) also known as lay health workers, village health workers, *promotoras*, etc. Articles are due by August 2, 2011 to Issue Co-Editors Elizabeth Reifsnider, Elnora (Nonie) P. Mendias, and Yolanda R. Davila, at the University of Texas Medical Branch School of Nursing in Galveston, Texas. Please submit manuscripts for consideration electronically to [nmendias@utmb.edu](mailto:nmendias@utmb.edu) and [yrdavila@utmb.edu](mailto:yrdavila@utmb.edu). Articles are being solicited on topics as follows:

- Building infrastructure that supports lay health promoters/CHWs
  - Examples of training programs for lay health workers/CHW
  - Examples of effectiveness of training, supporting, and maintaining lay health workers/CHWs
- Lay health promoters/CHW and environmental health
- Building community partnerships for lay health promoters/ CHWs
- Using lay health workers/CHW with vulnerable populations
- Research
  - Examples of research using lay health workers/CHWs
  - Evaluation research using lay health workers/CHWs
- Historical development or current trends and definitions of lay health workers/CHWs
- Concept analyses or systematic or integrative reviews related to lay health workers/CHWs

*Family & Community Health (FCH)* focuses on healthcare practitioners regardless of area of practice. The journal's overall goal is to provide a forum to discuss a holistic approach to family and community healthcare and primary healthcare, including health promotion and disease prevention. Each issue of FCH focuses on a specific topic that can be used by faculty, practitioners, and students in a range of healthcare disciplines.

**Call for Abstracts -- American Anthropological Association**

**2011 Annual Meeting**

**Montreal, QC, Canada**

**November 16-20, 2011**

**Craft and Consciousness: Improving Life Chances in Twenty-First Century Cities**

**Carl Maida (IICL A) and Sam Beck (Cornell)**

This session brings together ethnographers, who focus on collaborative and continuous learning on behalf of knowledge-based work, specifically through pedagogies of practice found in urban community-based organizations, and in museum outreach, after school, out-of-classroom, internships, community service, and apprenticeship programs. To this end, accessible *spaces* are emerging within communities to promote *learning beyond schooling* across the life course and within both formal and informal settings, which can serve as a catalyst for cultural expression and community building. Within these spaces, individuals are exposed to what Thomas Bender (2007) calls *urban knowledges*, namely professional, creative, and social forms of knowledge that help to define a *new metropolitanism* that is socially inclusive. This is especially critical in light of an emergent division of labor within the local economies of twenty-first century cities and their suburbs. Unemployment and displacement due to structural economic changes resulted in profound economic and emotional consequences to blue- and white-collar workers and their families. There was a concurrent narrowing of life worlds associated with traditional middle class occupations, which held the promise of a "successful" adult life course for those following closely to a traditional career path directed by trade union and corporate personnel systems. Hence, there is a preoccupation with what Richard Sennett (2006) calls the "specter of uselessness," or the prospect of skills extinction and the fear of being made redundant in the new economy. Broad-based acquisition of *new crafts* skill sets is especially essential to assure social inclusion-of those displaced by deindustrialization or marginalized as a result of early life in troubled neighborhoods and their schools-in the technical workplaces representative of the late-entrepreneurial *creative cities* arising within formerly industrial production regions. Discussants compare how tensions and conflicts between adherents of creative and culture-led urban regeneration and their critics play out within these domains in metropolitan regions, and discuss the various ethnographic perspectives on new craft skill development in late modern urban institutional life, including the struggle for power, social knowledge, and social inclusion. Please send your abstract to both Carl Maida at [cmaida@ucla.edu](mailto:cmaida@ucla.edu), and Sam Beck at [sbeck@MED.CORNELL.EDU](mailto:sbeck@MED.CORNELL.EDU)

**Call for Information/Description- CCPH  
Intersection of Arts & Health**

**From Community Campus Partnerships for Health: Do You Work at the Intersection of the Arts & Health?** We are looking for CCPH members who are involved in community-engaged work at the intersection of the arts & health (broadly defined to include the social determinants of health) to help inform a new project we are developing. We're especially interested in community-engaged projects that demonstrate how the arts contribute to health & community-engaged projects that employ arts-based methodologies. Please send a brief description to [ccphirb@u.washington.edu](mailto:ccphirb@u.washington.edu) and we'll follow-up with more information.

**Call for Papers -- WHO/PLoS Collection: No Health Without Research**

***...a call for papers for a joint WHO/PLoS collection on the theme of the 2012 World Health Report on Research for Health.***

**Tikki Pang<sup>1\*</sup>, Robert F. Terry<sup>1</sup>, The PLoS Medicine Editors<sup>2\*</sup>**

**1 World Health Organization, Department of Research Policy and Cooperation, Geneva, Switzerland,**

**2 PLoS Medicine**

**PLoS Med 8(1): e1001008. doi:10.1371/journal.pmed.1001008 - January 25, 2011**

**Available online at: <http://bit.ly/glv4p>**

".....It seems astonishing that in the 21st century decisions on health care can still be made without a solid grounding in research evidence. This is true even in clinical research, whether for simple or complex interventions [1], where systematic reviews time and time again conclude that the evidence base is inadequate [2]. It is even more true in the areas of health policy and health systems, where quality research is hampered further by a lack of shared definitions, a lack of consensus on guiding principles, poor capacity (especially in low-resource regions), and methodological challenges [3],[4].

*The World Health Report (WHR) for 2012 will be on the theme of "No Health without Research".*

This flagship report from WHO will, for the first time in its history, focus on research for better health. The primary target audience of the report will be ministers of health in the WHO member states, and the goal of the report is to provide new ideas, innovative thinking, and pragmatic advice for member states on how to strengthen their own health research systems. The report will have the three following aims.

- To show that research is important for meeting health needs and improving health outcomes;
- To encourage countries to therefore invest more resources in developing and strengthening their

national health research systems;

- To argue that countries should not see research as an expense or as an afterthought, but as an investment for a better, healthier future.

The WHR 2012 aims to provide impetus for a change to the problematic state of affairs of health research. Given the stated goals of the report, of particular importance is the documentation and sharing of real experiences from the countries where the research has been done. We therefore wish to invite the submission of articles, especially from low- and middle-income countries, on topics related to the strengthening of key functions and components of national health research systems [5].

We would then aim to publish a WHO/PLoS Collection culminating in 2012 to coincide with the release of the WHR. Thus, we welcome examples of research and/or case studies in the following areas.

- Experience with setting and implementing health research priorities;
- Experience with building, strengthening, and retaining research capacity, at both the individual and institutional levels;
- National research and development initiatives and experiences to produce needed medical products, including development of national pharmaceutical production capabilities, using TRIPS (trade-related aspects of intellectual property rights) flexibilities for essential medicines, technology transfer, - Examples of appropriate use of evidence in health policy development;
- Models of how to organize research within a country, including the establishment of effective research networks and sustainable governance mechanisms;
- Standards and mechanisms to ensure the responsible conduct of research (e.g., ethics review, access to research results, codes of conduct, etc.);
- Exercises to evaluate the impact of research investments;
- Experiences with external foreign aid for research.

Ideally, studies or reports should not be merely descriptions of activities but should include evaluation of the impact of initiatives after their implementation. Special consideration will also be given to systematic and well-performed multi-country comparative studies on the topics mentioned above, including systematic reviews, in selected topic areas.

In addition to primary research (both quantitative and qualitative) and well-developed case studies, we also invite the submission of review and policy articles on how national health research systems contribute to the broader international research endeavor, especially in the context of the following areas.

- Global health research governance;
- Inequitable access to the benefits and products of research;
- Global standards for responsible research conduct;
- Future research trends with implications for the developing world.

All papers should be submitted to PLoS Medicine, noting that they are intended for this collection. An initial decision will be made about their potential suitability for either PLoS Medicine or another PLoS journal. The authors will be informed of this decision and papers will be peer-reviewed according to the specific journal's policies. PLoS will retain all control over editorial decisions. Once a paper is accepted for publication in a PLoS journal it will then be forwarded to the selection panel for the collection. This panel, which will comprise PLoS and WHO staff, will decide on the articles for inclusion in the collection. Further information on this process is available at the collections page <http://bit.ly/feLC85>.

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## CAREER DEVELOPMENT

### **American Public Health Association (APHA)**

#### **2012 APHA Public Health Fellowship in Government**

**Deadline: April 4, 2011**

On behalf of the American Public Health Association (APHA), it is my pleasure to announce the call for applications for the [2012 APHA Public Health Fellowship in Government](#). This is fifth year that APHA is offering this fellowship which has been described as an "amazing" and "phenomenal" experience by previous fellows. Candidates must have strong public health credentials and be interested in spending one year in Washington, D.C. working in a congressional office on legislative and policy issues related to health, the environment or other public health concerns. The fellowship will begin in January 2012 and continue through December 2012. The fellowship provides a unique learning experience for a public health professional to gain practical knowledge in government and see how the legislative and public policy process works. Applications and additional information are

available at <http://www.apha.org/advocacy/fellowship/>. Hard copies of the application, including a CV and three letters of recommendation, are due to APHA by **April 4, 2011**.

All candidates:

1. must be APHA members ([membership information](#))
2. must have five years or more experience in a public health setting. Internships, graduate assistantships and residencies do not count toward the five year requirement
3. must have a Masters degree or doctorate in a public health or related discipline

Please forward this email to anyone who you believe may be eligible and interested. For more information, please feel free to contact me at [susan.polan@apha.org](mailto:susan.polan@apha.org) or (202)777-2510.

**California Breast Cancer Research Program, University of California, Office of the President  
Four openings: Evaluation and Dissemination Director; Public Health and Public Policy Program Officer; Contracts and Grants Director; Tobacco-related Diseases Research Program Director**

The University of California Office of the President, Research Grants Program Office administers the California Breast Cancer Research Program. There are four new positions currently open in this dynamic unit.

[Evaluation and Dissemination Director](#)

[Public Health and Public Policy Program Officer](#)

[Contracts and Grants Director](#)

[Tobacco-related Diseases Research Program Director](#)

To apply for these jobs, visit:

<https://jobs.ucop.edu/applicants/jsp/shared/frameset/Frameset.jsp?time=1294868785621> Click the link "Search Postings" In "Organizational Areas", select "Academic Affairs: Research & Graduate Studies"

**Community Alliance for Research and Engagement (CARE) at Yale University, New Haven, CT**

**Executive Director**

The Executive Director of CARE will provide catalytic leadership in the start-up phase of this dynamic University-Community collaboration. Reporting to the CARE Director, the Executive Director will provide organizational, administrative and financial leadership for the organization. This will include the development and implementation of strategic direction to advance the mission of CARE. The Executive Director will have development responsibility to ensure growth and sustainability of the organization. The Executive Director-working collaboratively with the CARE Director-will help shape the future of CARE and will work with Yale and Community leaders to establish working procedures and effective committees to sustain and build the process.

Essential Duties and Responsibilities

- Plan, implement and evaluate the organizational goals and objectives of CARE. Develop and implement strategic direction to advance the mission of CARE, including an annual strategic plan and periodic evaluation to assess progress and direct quality improvements.
- Work with CARE's Steering Committee, Advisory Council and working groups to develop agendas that align with the needs and priorities of CARE, and provide support and guidance to maximize the contribution of these committees.
- Oversee the administrative operations of CARE including personnel, budget and grants management.
- Coordinate the development and execution of CARE's research agenda with the guidance of the Director.
- Work with Yale faculty and CARE leadership to solidify business practices, identify funding opportunities and secure new resources to advance CARE's mission and strategic directions.
- Write grant proposals and prepare progress reports to grant sponsors.
- Develop and maintain relationships with New Haven-area community partners, evaluating the strength and functionality of these partnerships. Identify new opportunities to expand CARE's collaborations within Yale and New Haven and among other academic and non-academic organizations locally, nationally, and internationally.
- Promote CARE's visibility through development and implementation of strategic communication plan that includes goals and tactics to support the dissemination of program information, activities, partnerships and outcomes to further support goals of CARE.
- Ensure integration of CARE priorities with the Yale Center for Clinical Investigation and the Yale School of Public Health

- Provide direct overall management of CARE operations to assure program objectives/priorities are met.
- Supervise staff (Research Coordinator, Research Assistants, Student Interns, and others), including training, performance appraisal process, performance review, progressive discipline, and dismissals. Develop and oversee staff activities and assure compliance with appropriate university and union policies and procedures.
- Create and maintain a productive work environment for staff, including team building and adequate technology support.
- Interface with CARE funding sources as needed to maintain positive relationships and assure compliance with any stated regulations/requirements of funded grants and contracts.
- Monitor budget and ensure adherence with expenditure policies and procedures for continuous fiscal management. With staff accountants, review financial reports and projections of such needs in support of CARE's research and operations.
- Assume responsibility for all other tasks assigned or requested by Director.

#### **Education and Experience**

- Masters degree in public health, health care administration, public administration, business or related discipline and a minimum of five years experience in positions of increasing responsibility.
- Preferred: Seven or more years of upper level management experience in comparable organizational setting with demonstrable success.
- Prior executive management experience including personnel and fiscal management, organizational development and strategic planning, fund raising and grants management.
- Working knowledge of health and social science research methods and research ethics, particularly conducting research in community-based settings and principles of community-based participatory research.
- Experience and demonstrated success as director/manager responsible for development, implementation and evaluation of effective community health programs
- Experience working in multidisciplinary organizations and multicultural organizations.
- Evidence of successful leadership across university/institutional and community settings.
- Preferred: experience with successful translation of research to practice and policy development.

#### **Skills and Abilities**

- Strong and proven leadership ability including supervisory, communication, negotiation, consensus building, partnership development and marketing skills.
- Strong interpersonal skills and ability to work well and communicate effectively with faculty and staff and community members from various sectors of the public health and social services one-on-one and in group settings.
- Demonstrated experience in organizational and financial management, including business and marketing expertise.
- Proven ability in conducting health and social science research at the community level.
- Ability to create a positive team environment with distributed leadership and shared accountability.
- Strategic planning and organizational assessment/evaluation skills.
- Comprehensive and advanced communication skills, including strong written, oral, and presentation development and delivery abilities.
- Accurate and detail-oriented with an ability to handle multiple projects and achieve overlapping deadlines.
- Demonstrated success in grant writing and understanding of proposal development, grant management and reporting.
- Ability to problem-solve with input from a variety of stakeholders and often in large, heterogeneous groups of university and external project participants.
- Capacity to manage multiple priorities, delegating appropriately and effectively to achieve organizational goals and objectives in efficient and focused manner.
- Proficient in standard computer applications, e.g. Word, and PowerPoint. Knowledge of databases, data analysis, and statistics strongly preferred.
- Driver's license required.
- Bi-lingual ability in Spanish preferred.

**Application Instructions:** For more information about the position, please contact:

[alycia.santilli@yale.edu](mailto:alycia.santilli@yale.edu). To apply, go to:

<http://www.yale.edu/hronline/stars/application/external/index.html> Search by STARS Requisition

Number: 11937BR.

**Congressional Hispanic Caucus Institute  
2011-2012 Graduate Fellowship Program  
Deadline: February 18, 2011**

The Congressional Hispanic Caucus Institute (CHCI), the nation's premier Hispanic educational and youth leadership development organization, is seeking applicants for its 2011-2012 Graduate Fellowship Program. The Graduate Fellowship Program offers exceptional Latinos unparalleled exposure to experiences in the underserved public policy areas of education (secondary, higher) health, housing, law, international affairs, and science, technology, engineering and math (STEM). The fellowship is open to

applicants who have earned a graduate degree from an accredited educational institution in the last three years. This competitive program is comprised of a nine-month fellowship in Washington, D.C. including a substantive work placement at a congressional office or federal agency. The International Affairs Fellowship includes three months abroad in Mexico. Travel, health insurance and a \$2,700 monthly stipend is provided. To learn more please visit:

<http://www.chci.org/fellowships/page/chci-graduate-health-fellowship>. To apply, click here: <http://apply.chci.org/applications/login.asp>.

**Harvard University  
Professor of the Practice in Natural and Applied Sciences  
Deadline: March 15, 2011**

The Committee on Degrees in Studies of Women, Gender, and Sexuality invites applications for a Professor of the Practice who will teach one course per academic year on a topic related to the applicant's area of specialization. The position is non-tenured and involves a five-year term of appointment, which may be renewed. We welcome candidates whose work addresses issues at the intersection of women, gender, and sexuality studies and the natural sciences. A Ph.D. or terminal degree is not necessary; rather, candidates should demonstrate substantial bases of experience and a national/international reputation for excellence in their field. By March 15, 2011, please submit a letter of application describing relevant professional background, possible courses, a C.V., a list of any courses taught in the past, a teaching statement, and teaching evaluations where relevant. For further information and to submit the application, contact the Department Chair for the Committee on Degrees in Studies of Women, Gender, and Sexuality at Harvard University: Professor Afsaneh Najmabadi, Francis Lee Higginson Professor of History and of Studies of Women, Gender, and Sexuality (email: [najmabad@fas.harvard.edu](mailto:najmabad@fas.harvard.edu) )

**Mathematica  
Statisticians (openings in Washington, DC and Princeton, NJ)**

Mathematica is seeking statisticians to support its survey sampling and statistical analysis activities. Currently we have openings in our Washington, D.C. office and our headquarters in Princeton, NJ. We are seeking statisticians with experience or interest in survey sample design and selection (including weighting, imputation, and variance estimation). Successful candidates should also have strong oral and written communication skills, the ability to work in an interdisciplinary team, statistical analysis skills, and familiarity with statistical software such as SAS, R, or Stata.

**Qualifications**

- Ph.D. in statistics, biostatistics, survey methodology or an equivalent combination of education and experience
- Background or interest in sample design, survey research methodology, and/or complex survey data analysis
- Strong oral and written communication skills
- Knowledge and experience with statistical programming is desirable
- Knowledge and/or experience in one or more of the following areas is desirable: Address-based or random digit dialing sampling techniques, propensity modeling, total survey error, administrative data and paradata, small area estimation, Bayesian analysis, data disclosure avoidance, data mining or multiple imputation.

Please submit a cover letter, resume, salary requirements and contact information for three references to our employment website at: <https://careers.mathematica-mpr.com/applicants/Central?quickFind=51474>.

**Michigan Institute for Clinical and Health Research. University of Michigan**

### **2011 Summer Immersion Program in Health Disparities Research**

For graduate students who are new to health disparities research... Applications are now being accepted for the 2011 Summer Immersion Program in Health Disparities Research conducted by the Michigan

Institute for Clinical and Health Research (MICHHR) at the University of Michigan. This 10-week intensive program introduces graduate students in health-related fields (including medicine, nursing, dentistry,

pharmacy, public health, social work) to health disparities research (HDR), and aims to increase their commitment to incorporate HDR into their future careers. Summer immersion students will work 20-30 hours per week on a mentored, ongoing HD research project, and participate in a weekly seminar to

explore health disparities frameworks and critical issues, research methods, equitable partnering with community, ethical issues, and translating research into interventions and policies for health equity. Other activities include field trips to partner organizations in the Detroit area, observing an IRB meeting, and developing a multi-disciplinary "virtual" research project. Students will receive a stipend, travel reimbursement, and housing in Ann Arbor. For more information, a flyer to post, and to apply please

go to: <http://www.michr.umich.edu/education/predoctoral/hdsummer> .

### **Mount Sinai School of Medicine, Department of Health Evidence and Policy, New York City Tenure-track appointment**

The Department of Health Evidence and Policy at the Mount Sinai School of Medicine in New York City seeks an individual for a tenure-track appointment to conduct research related to health disparities and health equity. The individual would be expected to maintain a strong focus on collaborative research. He/she would have an opportunity to become an integral part of several federally funded community-based participatory research projects and centers related to diabetes, obesity and cardiovascular disease, and to pursue investigator-initiated research. Initial review of applications will begin immediately. Required qualifications: MD with research fellowship training, or Ph.D. or terminal degree in health psychology, applied behavioral science, nutrition, or public health; evidence of ability to develop and fund an exemplary program of empirical research. Candidates from groups underrepresented in medicine or research are encouraged to apply. Applicants should submit a current curriculum vita and cover letter to:

Melissa Chase, Executive Assistant, Department of Health Evidence and Policy, 1425 Madison Avenue,  
NYC, NY 10029. [Melissa.chase@mountsinai.org](mailto:Melissa.chase@mountsinai.org)

### **Mount Sinai School of Medicine, Department of Health Evidence and Policy, New York City Postdoctoral Fellowship**

The Department of Health Evidence and Policy at the Mount Sinai School of Medicine in New York City seeks applications for a Postdoctoral Fellowship. The fellow would become an integral part of several a

federally funded community-based participatory research project and center related to diabetes and obesity prevention and control. This position offers a unique experience working collaboratively with academics, community members and leaders on research that blends rigorous research with substantive community input and leadership. In addition to conducting research, and having access to a large primary

dataset for analysis, there will be a focus on using existing knowledge to inform and influence policy and stimulate systems changes. There will also be ample opportunity to publish findings and present at academic conferences. We seek someone with a Ph.D. or terminal degree in health psychology, applied behavioral science, epidemiology or public health, experience with a variety of quantitative research methodologies, and in working on programs related to health policy. Additional requisite academic skills

include literature review and synthesis, strong writing skills and the ability to communicate findings to audiences with a wide range of backgrounds. Individuals should have a strong focus on collaborative

research and health disparities, and a commitment to working in communities of color. Stipend: up to \$55,000 per year, for two years, plus benefits and subsidized housing in Manhattan. Applicants should submit a current curriculum vita to: Euny Lee, MS, Project Manager, Department of Health Evidence and Policy, 1425 Madison Avenue, New York, NY 10029. [euny.lee@mountsinai.org](mailto:euny.lee@mountsinai.org)

**Northeastern University, Office of the Dean - College of Social Sciences & Humanities  
Associate or Full Professor, Urban Health Policy**

The Bouvé College of Health Sciences and the School of Public Policy and Urban Affairs (SPPUA) at Northeastern University invite applications for a joint faculty position at the Associate or Full Professor level in Urban Health Policy, focusing on health and the built environment. Depending on specialization, tenure can be housed in either the Department of Health Science in Bouvé or the Law and Public Policy Program in the SPPUA. We seek a candidate with a record of accomplishment in teaching, research and scholarly publication that would qualify for tenure. Principal responsibilities will include graduate and undergraduate instruction, dissertation committee support, and maintaining an active urban health research agenda in the Health Sciences department and Law and Public Policy program. Qualifications: Candidates are expected to possess a doctoral degree in environmental health, health policy or a relevant field, with expertise in urban environmental health issues. Additionally, an MPH degree is highly desirable. Candidates should have excellent written and communication skills as evidenced by peer-reviewed publications, teaching evaluations, and presentations at professional meetings, and demonstrate the potential to establish and maintain research funding. Additional Information: Bouvé College is one of eight colleges at Northeastern University and is housed in the new Behrakis Health Sciences Center. The College, comprised of three schools, Nursing, Pharmacy and Health Professions, prepares students for health science careers in 5 undergraduate and 29 graduate majors. This comprehensive array of skills, expertise and professions present in the Bouvé College of Health Sciences is found at few institutions. The Department of Health Sciences is home to Northeastern's new MPH Program in Urban Health. The Health Sciences program prepares undergraduate students for post-graduate education in medicine, public health, and the health professions by giving them a strong foundation in the basic sciences, liberal arts, and urban/public health. The Department is enhanced by the presence of collaborating organizations including the Institute on Urban Health Research, an NIH Center on Population Health and Health Disparities, and the Center for Community Health Education Research and Service (CCHERS), a network of 15 academic health centers in Boston. The University also houses the Northeastern Environmental Justice Research Collaborative. The newly created School of Public Policy and Urban Affairs fosters policy relevant research and education directed at society's most pressing issues. Its educational programs include the MS in Urban and Regional Policy, the MS and PhD in Law, Policy and Society, and undergraduate minors in Urban Studies and Law, Policy and Society. The Law, Policy and Society program focus areas include health; climate change and sustainability; crime, law and justice; and labor markets, education and workforce development. The School's research mission is anchored by the Dukakis Center for Urban and Regional Policy and the Center for Labor Market Studies, and its core faculty has particular strength in economic development, transportation and housing, state and local public finance, urban sustainability, and health policy. How To Apply: Applications will be reviewed beginning January 15th and will continue until the position is filled. The expected start date of this position will be September 1, 2011. Applications must be submitted online by visiting the Provost website at: <http://www.northeastern.edu/provost/faculty/positions.html>. Click on 'Access Faculty Positions'. Applications should include a cover letter, a statement of current and future research interests, curriculum vitae, and contact information for at least three references. More information regarding this position may be obtained by contacting Search Chair Professor Joan Fitzgerald at [Jo.fitzgerald@neu.edu](mailto:Jo.fitzgerald@neu.edu).

**Northeastern University, Department of Health Sciences and Pharmacy Practice  
Interdisciplinary Assistant/Associate Professor (Biostatistics)**

The Bouvé College of Health Sciences at Northeastern University invites applications for a new interdisciplinary faculty position in biostatistics with a primary appointment in the Department of Health Sciences, starting in September 2011. The College is recruiting a biostatistician at the Assistant or Associate Professor level to contribute to research and other scholarly activities with faculty in the Departments of Health Sciences and Pharmacy Practice, and to teach in the Master's of Public Health and other academic programs. This position may be either tenure-track or nontenure-track, depending on the qualifications of the candidate and the extent to which the candidate desires to focus on an independent research agenda. Outstanding tenured faculty will also be considered with the option of obtaining tenure upon entry. We are seeking enthusiastic candidates with extensive experience in both independent and/or collaborative public health research in epidemiologic and/or intervention research. The Department is conducting cutting-

edge research on chronic disease and obesity, physical activity, mental health, health disparities and urban health with funding from both the NIH and foundations. The candidate should be able to work with a diverse group of faculty having varying proficiency of research design and statistical methods. The candidate should have experience and strong qualifications to teach graduate courses in biostatistics. In addition to collaborative work with Bouvé College faculty, the candidate will have access to colleagues in the Tufts University Clinical and Translational Science Institute (Tufts CTSI). The Tufts CTSI is an NIH-funded collaboration across nine New England hospitals, three universities and Boston area community groups. Staffed by scientists, including biostatisticians and epidemiologists, the Institute provides core support for investigators at participating institutions in development and implementation of their research projects.

Responsibilities include:

- 1) Pursuing an independent research agenda.
- 2) Participating in collaborative interdisciplinary research teams.
- 3) Teaching graduate courses in biostatistics and developing new courses as needed.

Qualification requirements: The candidate will be expected to have: a doctorate in biostatistics or a closely related field from an accredited institution; record of independent and collaborative research including grantsmanship and peer-reviewed publications (commensurate with experience); and graduate teaching experience in biostatistics. Research and program/policy experience in community, public health or other nonacademic settings is also desirable.

Institutional environment: Bouvé College is one of six colleges at Northeastern University and is housed in the new Behrakis Health Sciences Center. The College, comprised of three schools, Nursing, Pharmacy and Health Professions, prepares students for health science careers in nine undergraduate and 29 graduate majors. The comprehensive array of skills, expertise and professions present in the Bouvé College of Health Sciences are only found at few other institutions. The Bouvé College has a strong affiliation with the Tufts University Clinical and Translational Science Institute. The Department of Health Sciences is home to Northeastern's new Master's in Public Health program in Urban Health. This exciting new program is growing and seeks a biostatistician to complement the excellent interdisciplinary faculty. In addition the Department consists of an undergraduate program in Health Sciences and a Master's program in Exercise Sciences. The Department is enhanced by the presence of the Institute on Urban Health Research and the Center for Community Health Education Research and Service (CCHERS) - a network of 15 academic health centers in Boston. The School of Pharmacy is home to a Doctor of Pharmacy (Pharm.D.) program. Faculty in the Department of Pharmacy Practice perform pharmacy services and outcomes research and other scholarly activities in collaboration with a number of acute and ambulatory care health facilities throughout the Boston area, including major teaching hospitals and a network of Community Health Centers (CHCs). Applications must be submitted on-line by visiting the Provost website at <http://www.northeastern.edu/provost/faculty/positions.html> and clicking on 'Access Faculty Positions'.

Applications will include a cover letter, a statement of current and future research interests, curriculum vitae, and contact information for at least three references. More information regarding this position may be obtained by contacting Search Chair Professor Dolores Acevedo-Garcia at [d.acevedogarcia@neu.edu](mailto:d.acevedogarcia@neu.edu).

### **UCSF, Program on Reproductive Health and the Environment Reach the Decision-Makers 2011**

**Deadline: February 11, 2011, 5:00 p.m. PST**

A reminder that the deadline to apply for the Reach the Decision-Makers 2011 cohort is Friday, February 11 at 5:00pm PST (8:00pm EST). Information about the program and applications are available on the Program on Reproductive Health and the Environment (PRHE) website at: <http://prhe.ucsf.edu/prhe/reachdecisionmakers.html>. The application is available in PDF and Word formats. Reach the Decision Makers (Reach) is an innovative science and policy training program that works to increase the number of scientists, community-based leaders, public health and health care professionals who are actively involved in informing the US Environmental Protection Agency (USEPA) of current and relevant scientific findings impacting their decisions in setting policy. Reach is based on the very successful "Women's Policy Institute" of the Women's Foundation of California. We believe Reach will help translate science into meaningful public policy that can improve reproductive health."

**University of Michigan, Inter-University Consortium for Political and Social Research  
(ICPSR)**

## **Emerging Scholars Interdisciplinary Network (EISN) Fellowship Program in Applied Multi-Ethnic Research**

**University of Michigan-Ann Arbor**

**June 19 to July 15, 2011**

The EISN Fellowship Program in Applied Multi-Ethnic Research is now accepting applications for this year's program. The fellowship is a year round program providing support in statistics/methods and career development resources. In addition to this year round support, 12-16 fellows are chosen every year to participate in a 4 week funded summer program held in Ann Arbor, MI. This research fellowship provides advanced statistical and methodological training to early career ethnic minority or socially disadvantaged faculty and investigators. Fellows refine their skills to be productive researchers capable of formulating and addressing original and significant research questions.

Training options include, but are not limited to the following: ■ **Advanced Statistical Courses.**

Fellows will choose from a variety of advanced statistics courses (i.e. Regression Analysis I-III: Introduction, Linear Models, and Advanced Methods) that combine lectures and discussion with the practical application of quantitative methods in a state-of-the-art computer lab. ■ **Research Workshops.** Fellows will select from a variety of statistics workshops, such as: Structural Equation Modeling, Introduction to NVivo 7, STATA Intermediate, and SPSS Intermediate.

■ **Statistical Consultation.** Additionally, fellows will be eligible to receive methodological expertise from a cadre of statistical consultants through the Stats-Chat service. Services may include, but are not limited to: Data Interpretation & Methodological Design.

■ **Professional Development.** Fellowship recipients will also engage in trainings to enhance their career and professional development. Trainings may include seminars focused on: Negotiating the Academy, Clinical & Intervention Research, and Managing Funded Research Projects.

### **Who Should Apply?**

We strongly recommend this fellowship program for both researchers early in their careers and seasoned researchers wishing to retool or shift their statistical or methodological approach. Special consideration will be given to those whose research is focused on substance abuse and African Americans; but all other social scientists are encouraged to apply. You must be a member of EISN to apply for the Fellowship. Applicants must be a PhD or MD or equivalent degree or must be a PhD Candidate to apply. [http://emergingscholars.net/public\\_events/view/253](http://emergingscholars.net/public_events/view/253).

## **Robert Wood Johnson Foundation**

### **RWJF Healthy Eating Research 2011 Call for Proposals**

**Deadline for New Connections grants awarded through Healthy Eating Research: March 10, 3:00 p.m. ET**

The Robert Wood Johnson Foundation (RWJF) Healthy Eating Research 2011 Call for Proposals (CFP) is now open. This funding opportunity is for three types of awards aimed at providing key decision- and policy-makers with evidence to reverse the childhood obesity epidemic.

The three types of funding opportunities included in this CFP are:

\* Round 6 grants;

\* Rapid-response grants; and

\* RWJF New Connections grants awarded through Healthy Eating Research.

This round of funding supports strategic, rigorous, policy-relevant research on a wide range of policy and environmental changes. Target populations include children and adolescents ages 3 to 18 and their families. The Foundation places special emphasis on reaching the children at greatest risk for obesity: Black, Latino, American Indian, Asian/Pacific Islander children, and children who live in lower-income communities.

RWJF New Connections grants through Healthy Eating Research are for new investigators who are from a group that has been historically disadvantaged or underrepresented in research disciplines supported by RWJF, such as people from ethnic or racial minority groups, first-generation college graduates and people from lower-income communities. For the purposes of this CFP, in order to be eligible for the RWJF New Connections grants through Healthy Eating Research, investigators must have completed a doctorate or terminal degree (e.g., Ph.D., M.D., J.D.) within seven years prior to the award date for the grant (after September 1, 2004). Please refer to the CFP for complete eligibility criteria. Grantees who are awarded RWJF New Connections grants through Healthy Eating Research will become part of a broader network of researchers representing both of these RWJF programs. Grantees will be eligible to participate in all RWJF New Connections and Healthy Eating Research meetings, training, mentoring and networking events, and technical assistance offerings. Up to three RWJF New Connections grants will be awarded through the Healthy Eating Research program in this round of funding. Awards will be for 12- to 24-month

grants of up to \$75,000 each. *Concept papers for RWJF New Connections grants awarded through Healthy Eating Research are due March 10, 2011 at 3 p.m. ET.* To learn more about this funding opportunity, to register for a Web conference and to apply for a grant, please visit the Healthy Eating Research program Web site at [www.healthyeatingresearch.org](http://www.healthyeatingresearch.org).

### **Saint Louis University School of Public Health, Division of Behavioral Science and Health Education**

#### **Assistant Professor to Associate Professor**

Saint Louis University, a Catholic, Jesuit institution dedicated to education, research, service, and healthcare, invites applications for a tenure-track Assistant or Associate Professor position in Behavioral Science and Health Education for its expanding programs at their School of Public Health. The Saint Louis University School of Public Health is the only accredited school of public health in a Jesuit, Catholic university in the U.S., and is committed to social justice, excellence in education, community engagement, and research that leads to improved health. The successful applicant will have a doctoral degree with advanced training in social and/or behavioral sciences, with evidence of research productivity, demonstrated ability to secure external research funding, and teaching excellence. Primary responsibilities include conducting independent research, teaching graduate and undergraduate courses, and providing professional and community service. The successful candidate will find opportunities for collaboration in a productive school portfolio including community-based research in social determinants of health, health disparities, health communication, maternal and child health, chronic disease prevention, injury control, and global health. Interested candidates must submit a cover letter, application, curriculum vitae, and three letters of recommendation to <http://jobs.slu.edu>. Inquires with a copy of a curriculum vitae may be sent to: Gregory Evans, Ph.D., Chair, Search Committee, Saint Louis University, School of Public Health, 3545 Lafayette Avenue, Room 466, Saint Louis, MO 63104. [EVANSRG@SLU.EDU](mailto:EVANSRG@SLU.EDU)

### **Stanford Prevention Research Center**

#### **Assistant or Associate Professors in the Department of Medicine**

The Stanford Prevention Research Center, in the Department of Medicine, is seeking two new faculty members at the Assistant or Associate Professor level in the University Tenure Line and/or Non-Tenure Line (Research). Both physicians and non-physicians are encouraged to apply for these research-intensive, full-time, faculty positions. There is commitment for competitive start-up funding and provision of adequate space that will be tailored to the needs of the successful applicants. Candidates should exhibit a track record of excellence in research and a potential to become top national and international caliber researchers. In addition, they should already demonstrate autonomy in developing their own research agenda. Independent grant funding (or, for more junior candidates, the potential to obtain such funding), publication record, and programmatic synergy with members of the Division will be considered. The Center is open to recruiting new faculty specializing in any field within the broad domain of prevention research and related investigative disciplines. Fields where the center has strength and would like to grow further include, but are not limited to, intervention research, chronic disease prevention, global health, delivery of preventive services, behavior change research, physical activity, energy balance, obesity, aging, genomics and personalized medicine, evidence-based medicine, community medicine, correction of health inequalities, and translational research with population impact. While the positions focus on research, opportunities for clinical and teaching roles are available, as appropriate. We expect the successful candidate to contribute to the needs in the Division in re-invigorating the research programs, strengthen our fellowship training, and create a more unified division in which faculty work collaboratively for the benefit of their own programs. Rank will be determined by the qualifications and experience of the successful candidates. The overriding requirement for faculty appointment, reappointment and promotion within the UTL must be distinguished performance, or (in the case of junior faculty) the promise of distinguished performance. There should be a major commitment to research and teaching. There must be outstanding accomplishments in research and excellent overall performance in teaching, as well as in clinical care and institutional service appropriate to the programmatic need the individual is expected to fulfill. A major criterion for appointment for faculty in the Non-Tenure Line (Research) is evidence of high-level performance as a researcher for whose special knowledge a programmatic need exists. Interested candidates should send a copy of their curriculum vitae, a brief letter outlining their interests and the names of three references to: Marci Palacios, Faculty Administrator, Stanford Prevention Research Center Medical School Office Building MC 5411 251 Campus

Drive, Stanford, CA 95305-5411.

### **University of Michigan**

#### **2011 Summer Immersion Program in Health Disparities Research**

Applications are now being accepted for the 2011 Summer Immersion Program in Health Disparities Research conducted by the Michigan Institute for Clinical and Health Research (MICHHR) at the University of Michigan. This 10-week intensive program introduces graduate students in health-related fields (including medicine, nursing, dentistry, pharmacy, public health, social work) to health disparities research (HDR), and aims to increase their commitment to incorporate HDR into their future careers. Summer immersion students will work 20-30 hours per week on a mentored, ongoing HD research project, and participate in a weekly seminar to explore health disparities frameworks and critical issues, research methods, equitable partnering with community, ethical issues, and translating research into interventions and policies for health equity. Other activities include field trips to partner organizations in the Detroit area, observing an IRB meeting, and developing a multi-disciplinary "virtual" research project. Students will receive a stipend, travel reimbursement, and housing in Ann Arbor. For more information, a flyer to post, and to apply please go to: <http://www.michr.umich.edu/education/predocctoral/hdsummer> .

### **Yale University, Center for Interdisciplinary Research on AIDS**

#### **Research Education Institute for Diverse Scholars (REIDS) Scholarships (4 openings)**

**Deadline: February 28, 2011**

Interested in community-based research and inequalities in HIV/AIDS? Need help competing for research grants? Looking for sustained mentorship and access to a critical mass of HIV research activity? The demographics of the HIV epidemic show a disproportionate rate of infection and transmission among racially and economically disadvantaged groups. Yet research scientists from groups and communities most impacted by HIV/AIDS remain significantly underrepresented among funded HIV researchers. The REIDS program was designed to meet the challenges and barriers to advancement experienced by groups who are underrepresented in the field of HIV research. Scholars will attend a six-week Summer Institute at the Yale Center for Interdisciplinary Research on AIDS (CIRA) for two consecutive summers and receive sustained mentorship for the duration of the program; gain access to secondary mentors for special topical/technical support; and complete a \$20,000 pilot research project as a means to developing a major grant application to an external funding agency. Four scholarships will be awarded in 2011, with participants attaching to the program for 2 years. Scholars will be appointed as "Yale Visiting Research Scholars" and, in addition to a funded pilot research project, will receive \$1,000 for round-trip travel to New Haven, and a \$5,000 summer stipend. Accommodation for the duration of the Summer Institute will also be fully subsidized. Applicants will have a Ph.D., M.D., or equivalent and hold a post-doctoral or early-career faculty position for the duration of their affiliation with REIDS. Scholars are expected to have advanced preparation in applicable theory and content in a health-related discipline, research design and data analysis, and may have experience in conducting an independent research project. Applicants will be drawn from underrepresented racial, ethnic, disabled and economically disadvantaged groups. For more information and to apply before February 28 2011 please visit the CIRA website at <http://cira.med.yale.edu/opportunities/reids/index.html>. Alternatively, Program Manager Jon Atherton can be reached at 203-764-8476 or [jon.atherton@yale.edu](mailto:jon.atherton@yale.edu) for an informal discussion about the program.

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## **CONFERENCES AND EVENTS**

### **Black American Health: Law as a Social Determinant of Health Webinar**

**February 23, 5:00 p.m.-6:30 p.m. EST**

The United Nations has declared 2011 "The International Year for People of African Descent", <http://www.unmultimedia.org/tv/webcast/2010/12/special-event-launching-of-the-international-year-of-peoples-of-african-descent.html> These series of webinars are offered in recognition of the International Year for People of African Descent. Social determinants of health are the key factors in the health status gap between blacks and whites. Social determinants of health are the social, economic and political forces under which people live that affect their health

Social determinants include wealth/income, education, physical environment, health care, housing, employment, stress and racism/discrimination. In fact, for blacks racism is a key factor. Even when economics are controlled, blacks have poorer health. That is, middle-class blacks have poorer health than middle-class whites. In fact, middle-class whites live 10 years longer than middle-class blacks. The stress of living in a racialized discriminatory society accounts for these racial health disparities. Accumulating evidence strongly suggests that exposure to racial discrimination, and the related economic adversity and social disadvantages, may be a chronic source of trauma in Black communities that negatively influences mental and physical health outcomes. These effects may be exacerbated for Black children who may be impacted by exposure to racial discrimination directly and indirectly via the negative influence of racial discrimination on parent and community support and functioning. Using a life-course framework, we will examine how exposure to racial discrimination in childhood can shape child and adult health, particularly the likelihood of chronic disease in adulthood. The law is a factor in every social determinant of health and particularly in racial discrimination. The webinar will discuss the role of laws and legal structures as a strategy for reducing health disparities.

\*Racial Inequality: A Risk Factor for Health Disparities in African American Communities -- Dr. Kathy Sanders-Phillips

\*Law as a Social Determinant of Health -- Dr. Vernellia Randall

The Webinars are organized by Professor Vernellia R. Randall at The University of Dayton

([randall@udayton.edu](mailto:randall@udayton.edu)). \*Title:\* Black American Health: Law as a Social Determinant of Health

\*Date:\* Wednesday, February 23, 2011 \*Time:\* 5:00 PM - 6:30 PM EST After registering you will receive a confirmation email containing information about joining the Webinar. \*System

Requirements\*

PC-based attendees. Required: Windows® 7, Vista, XP or 2003 Server Macintosh®-based attendees

Required: Mac OS® X 10.4.11 (Tiger®) or newer \*Space is limited.\* Reserve your Webinar seat now at:

<https://www2.gotomeeting.com/register/363063002>.

## **CCPH 15th Anniversary Conference - Mark Your Calendars!**

**Houston, Texas**

**April 18-21, 2012**

Mark your calendars now and plan to join us for 4 days of skill-building, networking and agenda-setting! Our major conference partner is St. Luke's Episcopal Health Charities, the area's largest charity focused solely on health and well-being and also celebrating its 15th anniversary. The call for proposals will be released in Spring/Summer 2011 with a Fall 2011 deadline. We welcome your suggestions for the conference theme, planning committee members, cosponsors & exhibitors. Email us at [ccphirb@u.washington.edu](mailto:ccphirb@u.washington.edu)

## **CES4Health.info**

**Phone consultation with the Editor of CES4Health.info**

**February 15, 2011, from 2:00 p.m.-3:30 p.m. ET and**

**March 9, 2011, from 3:00 p.m.-4:30 p.m. ET**

The results of community-based participatory research and other forms of community-engaged scholarship (CES) are often disseminated through diverse products such as educational videos, policy briefs, resource guides, toolkits and photovoice exhibits. CES also often leads to the development of tools that can assist others in implementing or adapting an intervention or project in their communities, such as assessment instruments, instructional manuals and partnership agreements. CES4Health.info was launched in November 2009 as a unique mechanism for peer-reviewed publication and dissemination of CES products. Its rigorous peer review process helps to ensure the publication of high quality products that can "count" toward faculty promotion and tenure and be used or adapted in other communities working on similar issues. Twenty-four products have been published on the site to date, including (just to mention a few) a video on CBPR in Aboriginal communities, a toolkit to promote walking in rural communities, a video on the health impacts of Hurricane Katrina, an online curriculum on developing and sustaining CBPR partnerships and a manual for a promotora-based diabetes management program. Do you have such products from your work - or are in the process of developing them? We are sponsoring 2 conference calls for authors to speak with Cathy Jordan, the Editor of CES4Health.info, about their products, what's involved in submitting them for peer review, and any questions or issues they'd like to discuss. We sponsored a call last year that provided an overview of CES4Health.info (the

audiofile & handouts are posted at

<http://depts.washington.edu/ccph/pastpresentations.html#June162010Call>).

These upcoming calls are designed specifically for authors who either already have products that may be suitable to submit to CES4Health.info or are in the process of developing them. The calls will take place on Tues Feb 15 from 2-3:30 pm ET and on Wed March 9 from 3-4:30 pm ET. There is no registration fee, but advance registration is required at <http://bit.ly/gvilCG>. Please share this announcement with If you have any questions, please email [ccphirb@u.washington.edu](mailto:ccphirb@u.washington.edu). For more information about CES4Health.info, visit <http://www.CES4Health.info> or read an article about it that was just published in the Global Journal of Community Psychology Practice at <http://bit.ly/hzaKJQ>.

**Georgetown University, Mortara Center for International Studies**

**A Nation of Immigrants with Susan Martin**

**Mortara Building**

**Washington, DC**

**February 10, 2011, 4:00 p.m.-5:30 p.m. (Eastern)**

**RSVP Required:**

<http://events.georgetown.edu/events/index.cfm?Action=View&CalendarID=242&EventID=82378>

Book Description: Immigration makes America what it is and is formative for what it will become. America was settled by three different models of immigration, all of which persist to the present. The Virginia Colony largely equated immigration with the arrival of laborers, who had few rights. Massachusetts welcomed those who shared the religious views of the founders but excluded those whose beliefs challenged the prevailing orthodoxy. Pennsylvania valued pluralism, becoming the most diverse colony in religion, language, and culture. In a lecture on her book 'A Nation of Immigrants,' Susan Martin will trace the evolution of these three models of immigration as they explain the historical roots of current policy debates and options. Copies of the book will be available for sale following the lecture.

About the Author: Susan Martin, the Donald G. Herzberg Associate Professor of International Migration, serves as the Executive Director of the Institute for the Study of International Migration. A long-time expert on immigration and refugee policy, Dr. Martin came to Georgetown after having served as the Executive Director of the U.S. Commission on Immigration Reform. Prior to joining the Commission's staff, Professor Martin was the Director of Research and Programs at the Refugee Policy Group, a Washington-based center for analysis of U.S. and international refugee policy and programs.

For more information, contact Eva Zamarripa, Program Assistant, at [elz5@georgetown.edu](mailto:elz5@georgetown.edu).

**International Conference on Methods for Surveying and Enumerating**

**Hard-to-Reach Populations**

**Marriott New Orleans at the Convention Center**

**New Orleans, Louisiana**

**October 31-November 3, 2012**

The H2R 2012 conference will bring together survey methodologists, sociologists, statisticians, demographers, ethnographers, and other professionals from around the world to present new and innovative techniques for surveying hard-to-reach populations. Addressing both the statistical and survey design aspects of including hard-to-reach groups, researchers will report findings from censuses, surveys, and other research related to the identification, definition, measurement, and methodologies for surveying and enumerating undercounted populations. Potential topic areas include but are not limited to:

Identifying, Defining, and Measuring the Hard-to-Reach (H2R)

Defining H2R populations

Measuring undercounts for H2R groups

Improving measurement with administrative records

Sampling H2R populations

Techniques and Methodologies

Recruitment methods

Targeting the H2R

Use of social marketing and outreach campaigns

Overcoming language and literacy barriers

Use of community-based organizations

Dealing with complex living and housing situations

Tracking and tracing H2R populations

Innovative and emerging methodologies for the H2R  
H2R Subpopulations  
Racial minorities  
Immigrant populations  
Indigenous populations  
Highly mobile and migrant populations  
Homeless and refugee populations  
Sexual minorities  
Populations affected by natural disasters  
Populations in zones of armed conflict  
Stigmatized populations  
Cross-cultural similarities and differences in H2R populations  
Linguistic and cultural minorities  
Call for Submissions  
February 1-March 31 2011: Invited Call for Submissions  
April 1 - May 31 2011: Contributed Call for Submissions  
For information, visit  
[www.amstat.org/meetings/h2r/2012](http://www.amstat.org/meetings/h2r/2012)<<http://www.amstat.org/meetings/h2r/2012>> or email  
[H2R2012@amstat.org](mailto:H2R2012@amstat.org).

**Kellogg Fellows Leadership Alliance  
Catalyze Community Level Action  
April 11, 2011**

Join a national movement that starts on April 11 **to catalyze community level action** that asks: "*How can our community heal and move forward?*" KFLA invites you to be part of this movement as the Kellogg Fellows and collaborative partners organize in communities across the country around issues of **racial unity and community healing**. **Commit to hosting a gathering** between our kickoff date of April 11 and our first mile marker date of July 21. That's **101 days of collective action!** Click on <http://www.kfla.org/programs/?p=p&c=230> to share your plan with the rest of the network.

**Toolkit Training on March 5, 2011: To prepare for your participation in the April 11 initiative**, we have organized a unique opportunity to explore **concrete actions for change** post-Forum. This training provides an in-depth overview of the [Race Matters toolkit](#) developed by the Annie E. Casey Foundation, one of our collaborative partners. "The toolkit presents a specific point of view on addressing unequal opportunities by race and offers simple, results-oriented steps to help you achieve your goals."

Who: All Fellows and collaborators  
What: FREE post-Forum overview of the Race Matters toolkit  
When: Saturday, March 5, 2011 from 2-8 PM  
Where: Forum conference hotel - Westin Alexandria

**RSVP for the post-Forum gathering** to Michelle at [michelle@kelloggfellows.org](mailto:michelle@kelloggfellows.org) or at 720.961.0446. Fellows and guests are welcome to attend the free toolkit training separate from Forum registration.

To take part in the full Forum and post-Forum experience,

**Minority Student Caucus, UNC Gillings School of Global  
Public Health.32nd Annual Minority Health Conference and broadcast of the 13th Annual  
William T. Small, Jr. Keynote Lecture**

**"The Promise of Health Equity: Advancing the Discussion to Eliminate Disparities in the  
21st Century"**

**UNC William and Ida Friday Center for Continuing Education, Chapel Hill, NC and (Keynote  
only) on the web**

**Friday, February 25, 2011, 8:00 a.m.-4:30 p.m. (broadcast at 2:00 p.m.-3:30 p.m. EST)**

Bonnie M. Duran, DrPH, associate professor at the University of Washington and Director of the Center for Indigenous Health Research, will give the 13th Annual William T. Small, Jr. Keynote Lecture at the 32nd Annual Minority Health Conference presented by the MINORITY STUDENT CAUCUS, UNC Gillings School of Global Public Health. Dr. Duran's lecture will be broadcast as a free, interactive webcast.

Conference information: [www.studentorncs.unc.edu/msc/](http://www.studentorncs.unc.edu/msc/)

Broadcast information: [www.minority.unc.edu/sph/minconf/2011/broadcast/](http://www.minority.unc.edu/sph/minconf/2011/broadcast/)

Partner conferences are being organized by student organizations at the University of Illinois Chicago, George Washington University, Tulane University, and UCLA. Let us know if you'd like to organize one.

Dr. Duran's keynote will kick off an exciting day, with sessions and speakers including:

\* The National HIV/AIDS Strategy: What Does It Mean for the Future of HIV Prevention, with Gregorio Millett, Senior Policy Advisor for the White House Office of National AIDS Planning and a key architect of the national strategy

\* HIV Policy in National, State, and Local Context - Interactive Session, with Gregorio Millett, Dr. Peter Leone, and John Paul Womble

\* Rural Health, with Dr. Marci Campbell and community stakeholders

\* LGBT Health with Scout\* Mental Health among the Latino Population

\* Occupational Health

\* Diabetes among the American Indian Population, with Dr. Ronny Bell, Director of the Maya Angelou Center for Health Equity

\* Food Deserts, with Camillia Easley

REGISTER ONLINE for the conference or the broadcast.

### **PolicyLink -- Save the Date!**

#### **Equity Summit 2011: Healthy Communities, Strong Regions, A Prosperous America Detroit Marriott at the Renaissance Center**

**November 8 to 11, 2011**

More than 2,000 equity leaders attended our Regional Equity '08 Summit in New Orleans [three years ago](#). In the time since, the national equity movement has grown even stronger. At Equity Summit 2011, together we will discuss and develop the agenda for sustainable and equitable development with access to jobs, transportation, education, health, and housing.

#### **6th International Conference: *Making Policy a Health Equity Building Process***

**Cartagena de Indias, Colombia**

**September 26-28, 2011**

**Website:** <http://bit.ly/gzVkJf>

Equity is an important issue to champion for, and is far from been overcome by governments, international or global institution, or academia. However nobody disagrees with it because is too broad. We would like to provide more detail, be more specific and, at the same time, offer a multi disciplinary look. Following this, we intend to "qualify" equity, defining a series of key topics:

- Inequity in access to essential drugs
- Inequity in access to high cost treatments
- Inequity in access to primary health care
- Inequity in the process of health care provision
- Sexual and reproductive health and equity
- Financially catastrophic out of pocket expenditures in health
- Community Participants and health equity
- Quality assurance and its impact to equity
- Communication campaigns, advocacy and health
- Equity to care in different health systems and the impact on equity of Health reforms (decentralization, primary health care strategies, georeference).
- Impact evaluation of health programs and health promotion interventions
- Environment, water, sanitation and inequity in health status and treatment

Equity is not only a research issue. It requires an interdisciplinary approach and a research & policy partnership showing clear experiences about how to reach equity in health. Therefore, we identify certain arenas where research and policymaking interact:

- i- Political economy of health reforms
- ii- Program evaluation
- iii- Governance

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## **RESOURCES**

### **Publications**

**American Journal of Preventive Medicine**

**[Moving on Upstream: The Role of Health Departments in Addressing Socioecologic Determinants of Disease](#)**

The American Journal of Preventive Medicine released [Moving on Upstream: The Role of Health Departments in Addressing Socioecologic Determinants of Disease](#), which urges public health departments to effectively assess and examine the impact of socioecologic impacts on disease and disparities. The report recommends collaboration between health departments and diverse segments of the community in order to effectively address any and all factors in the community that are responsible for affecting health status.

**American Journal of Preventive Medicine**

**[Broadening the Focus: The Need to Address the Social Determinants of Health](#)**

Paula A. Braveman, Susan A. Egerter, Robin E. Mockenhaupt, Vol. 40, Issue 1, Supplement 1, January 2011, Pages S4-S18

The American Journal of Preventive Medicine published [Broadening the Focus: The Need to Address the Social Determinants of Health](#), which explores the connection between socioeconomic factors, race, and health status. This piece urges policymakers to look at factors that directly affect health, like environment and access to healthy foods, when creating policy. The study reveals how health is influenced by social factors across lifetimes and generations.

**American Journal of Preventive Medicine**

**When Do We Know Enough to Recommend Action on the Social Determinants of Health?**

Paula A. Braveman, Susan A. Egerter, Steven H. Woolf, James S. Marks, 2011;40(1S1):S58-S66

<http://bit.ly/gWr6i7>

".....The Robert Wood Johnson Foundation Commission to Build a Healthier America was charged to identify strategies beyond medical care to address health disparities in the U.S. related to social and economic disadvantage. Based on insights gained while providing scientific support for the commission's efforts, this paper presents an overview of major issues that arise when assessing evidence to inform policies and programs to address the social determinants of health. While many of the insights are not new, they have not been widely assimilated within medicine and public health. They have particular relevance now, given growing awareness of the important health influences of social factors. The discussion presented here is intended to highlight key considerations for researchers who study social determinants of health and policymakers whose decisions are shaped by research findings. Policies should be based on the best available knowledge, derived from diverse sources and methods.

An array of tools and guidelines is now available to guide the assessment of evidence on the social determinants of health, building on-and going beyond-principles first articulated in the "*Evidence-Based Medicine*" movement. The central thesis of the current paper is that the standards for evidence to guide social policies must be equally rigorous but also more comprehensive than those traditionally used to inform clinical interventions, because social policies must deal with upstream factors that affect health through complex causal pathways over potentially long time periods...."

**American Journal of Preventive Medicine**

**Strong Medicine for a Healthier America**

Am J Prev Med 2011;40(1S1)S1-S3 S1

Website <http://bit.ly/fEvBH1>

**American Journal of Preventive Medicine** supplement examines how social factors affect health and offers recommendations for action.

".....A supplement to the latest issue of the American Journal of Preventive Medicine (AJPM), funded by the Robert Wood Johnson Foundation, includes six articles and a broad array of commentaries that provide a fundamental understanding of the fact that where, we live, learn, work and play has as much to do with our health as the health care we receive. The authors-including Risa Lavizzo-Mourey, David R. Williams, Michael G. Marmot and more-address factors beginning with early childhood education, to homes and communities, to the economic rationale for improving the lives of disadvantaged Americans.

Together, the collection provides an in-depth look at why some Americans are so much healthier than others and why Americans are not the healthiest people in the world.

'.....There is more to health than health care. Where we live, work, learn, and play can affect our health more than what happens in the physician's office. Yet, ask our national leaders "What determines health?" and you'll hear about access to health care. As vital as health care and

healthcare reform are, they are just part of the answer. Over the past few years, more and more attention has focused on the social factors that are important determinants of how healthy we are. Examining these factors-the relationships between how we live our lives and the economic, social, and physical environments that surround us-reveals just how connected our health is with how we live, where we live, and the world into which we were born. While medical care is vital to treat disease once diagnosed, it turns out that prevention requires a much broader approach than the medical model suggests. Some factors that affect health are within our control, but many are not....."

From the Robert Wood Johnson Foundation (Risa Lavizzo-Mourey), Princeton, New Jersey; Department of Society, Human Development, and Health, School of Public Health, and Department of African and African American Studies, Harvard University (David R. Williams), Cambridge, Massachusetts

**Articles Include:**

- [Strong Medicine for a Healthier America: Introduction](#)
- [Broadening the Focus: The Need to Address the Social Determinants of Health](#)
- [Healthy Starts for All: Policy Prescriptions](#)
- [Citizen-Centered Health Promotion](#)
- [Healthy Homes and Communities](#)
- [When Do We Know Enough to Recommend Action on the Social Determinants of Health?](#)
- [The Economic Value of Improving the Health of Disadvantaged Americans](#)

**Commentaries include:**

- [Improving Health: Social Determinants and Personal Choice](#)
- [To Improve Health, Don't Follow the Money](#)
- [Moving on Upstream: The Role of Health Departments in Addressing Socioecologic Determinants of Disease](#)
- [Businesses As Partners to Improve Community Health](#)
- [Strengthening the Public Research Agenda for Social Determinants of Health](#)

".....The AJPM supplement builds on the work of the Robert Wood Johnson Foundation's Commission to Build a Healthier America, which was charged with exploring how factors outside the health care system impact health and crafting recommendations to improve the health of all Americans. Members of the Commission's research team and former staff director David R. Williams are among the authors discussing the rationale for the Commission's 10-recommendation blueprint and the need for action to address the social determinants of health...."

**American Medical Association's Virtual Mentor**

**February 2011 theme issue on "Ethnic Challenges in Community-Based Participatory Research"**

**Access the issue here:** <http://bit.ly/hon0BP>

Virtual Mentor is the American Medical Association's open-access online ethics journal. The theme of the Feb 2011 issue is "Ethical Challenges in Community-Based Participatory Research." Below is a description and list of articles from the journal website.

Community-based participatory research (CBPR) pairs academic researchers with community partners to investigate topics that have health significance for the community. The CBPR model, which grants both partners active roles in shaping the research aims, design, and implementation, faces formidable challenges. This month's VM contributors highlight and attempt to resolve some of them, from the fundamental question of what defines a community to the difficulty of securing truly informed consent from communities, partner disagreement about the publishing of results, and the stepchild status of CBPR in traditional academic systems of reward and tenure.

Making House Calls on the Community by Kenshata Watkins

Communicating Results of Community-Based Participatory Research Commentary by Consuelo H. Wilkins

Physician, Researcher, Neighbor Conflicting Roles in Community-Based Participatory Research Commentary by Carla C. Keirns and Florence Thacklin

Setting the Agenda for Community-Based Participatory Research Commentary by Jessie Kimbrough-Sugick, Jessica Holzer, and Eric B. Bass

The AMA Code of Medical Ethics Opinion on Population-Based Genomic Research

Improving Institutional Review of Community-Based Participatory Research Applications by Andrew Plunk

Identifying the Challenges in Community-Based Participatory Research Collaboration by Timothy Hotze

Routine HIV Testing in Older Adults by Lisa K. Fitzpatrick  
Genetic Research among the Havasupai: A Cautionary Tale by Robyn L. Sterling  
Community-Based Participatory Research and the Academic System of Rewards by Nicolette I. Teufel-Shone  
Vulnerable Populations: Medicine, Race, and Presumptions of Identity by Karla F.C. Holloway

#### **Center for America Progress**

##### **[Easing the Burden: Using Health Care Reform to Address Racial and Ethnic Disparities in Health Care for the Chronically Ill](http://www.americanprogress.org/issues/2010/12/easing_the_burden.html)**

**[http://www.americanprogress.org/issues/2010/12/easing\\_the\\_burden.html](http://www.americanprogress.org/issues/2010/12/easing_the_burden.html)**

This paper focuses on provisions in the health reform law that can help those who benefit the least from our current health system by addressing disparities in prevention, diagnosis, and treatment of chronic illnesses. The report examines key issues, such as improving access to health insurance coverage, improving access to primary care, addressing disparities in treatment and quality of care, providing culturally-competent care, and improving patient literacy.

#### **Center for American Progress**

##### **[Measuring the Gaps: Collecting Data to Drive Improvements in Health Care Disparities](http://www.americanprogress.org/issues/2010/12/measuring_the_gaps.html)**

**[http://www.americanprogress.org/issues/2010/12/measuring\\_the\\_gaps.html](http://www.americanprogress.org/issues/2010/12/measuring_the_gaps.html)**

This paper highlights the importance of health care provider involvement in collecting data on racial and ethnic health care disparities. The report also recommends collecting larger data sets based on race and ethnicity, which can be used to design targeted programs to provide patient-centered care.

#### **Centers for Disease Prevention and Control**

##### **Morbidity and Mortality Weekly Report (MMWR), Vol. 60 / Supplement -- CDC Health Disparities and Inequalities Report -- United States, 2011\*Volume 60, Supplement\*, January 14, 2011**

**PDF of this issue <http://www.cdc.gov/mmwr/pdf/other/su6001.pdf?source=govdelivery>**

Health disparities are differences in health outcomes between groups that reflect social inequalities. Despite progress over the past 20 years in reducing this problem, racial/ethnic, economic and other social disparities in health still exists and need to be addressed. This report is the first in a periodic series examining health disparities in the United States.

#### **REPORTS**

##### **Foreword**

**[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a1.htm?s\\_cid=su6001a1\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a1.htm?s_cid=su6001a1_e&source=govdelivery)**

##### **Rationale for Regular Reporting on Health Disparities and Inequalities**

**[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a2.htm?s\\_cid=su6001a2\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a2.htm?s_cid=su6001a2_e&source=govdelivery)**

##### **Education and Income \* United States, 2005 and 2009**

**[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a3.htm?s\\_cid=su6001a3\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a3.htm?s_cid=su6001a3_e&source=govdelivery)**

##### **Inadequate and Unhealthy Housing, 2007 and 2009**

**[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a4.htm?s\\_cid=su6001a4\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a4.htm?s_cid=su6001a4_e&source=govdelivery)**

##### **Unhealthy Air Quality \* United States, 2006-2009**

**[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a5.htm?s\\_cid=su6001a5\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a5.htm?s_cid=su6001a5_e&source=govdelivery)**

##### **Health Insurance Coverage \* United States, 2004 and 2008**

**[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a6.htm?s\\_cid=su6001a6\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a6.htm?s_cid=su6001a6_e&source=govdelivery)**

##### **Influenza Vaccination Coverage \* United States, 2000--2010**

**[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a7.htm?s\\_cid=su6001a7\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a7.htm?s_cid=su6001a7_e&source=govdelivery)**

##### **Colorectal Cancer Screening \* United States, 2002, 2004, 2006, and 2008**

**[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a8.htm?s\\_cid=su6001a8\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a8.htm?s_cid=su6001a8_e&source=govdelivery)**

##### **Infant Deaths \* United States, 2000--2007**

**[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a9.htm?s\\_cid=su6001a9\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a9.htm?s_cid=su6001a9_e&source=govdelivery)**

Motor Vehicle--Related Deaths \* United States, 2003--2007

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a10.htm?s\\_cid=su6001a10\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a10.htm?s_cid=su6001a10_e&source=govdelivery)

Suicides \* United States, 1999--2007

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a11.htm?s\\_cid=su6001a11\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a11.htm?s_cid=su6001a11_e&source=govdelivery)

Drug-Induced Deaths \* United States, 2003--2007

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a12.htm?s\\_cid=su6001a12\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a12.htm?s_cid=su6001a12_e&source=govdelivery)

Coronary Heart Disease and Stroke Deaths \* United States, 2006

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a13.htm?s\\_cid=su6001a13\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a13.htm?s_cid=su6001a13_e&source=govdelivery)

Homicides \* United States, 1999--2007

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a14.htm?s\\_cid=su6001a14\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a14.htm?s_cid=su6001a14_e&source=govdelivery)

Obesity \* United States, 1988--2008

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a15.htm?s\\_cid=su6001a15\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a15.htm?s_cid=su6001a15_e&source=govdelivery)

Preterm Births \* United States, 2007

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a16.htm?s\\_cid=su6001a16\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a16.htm?s_cid=su6001a16_e&source=govdelivery)

Potentially Preventable Hospitalizations \* United States, 2004--2007

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a17.htm?s\\_cid=su6001a17\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a17.htm?s_cid=su6001a17_e&source=govdelivery)

Current Asthma Prevalence \* United States, 2006--2008

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a18.htm?s\\_cid=su6001a18\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a18.htm?s_cid=su6001a18_e&source=govdelivery)

HIV Infection \* United States, 2005 and 2008

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a19.htm?s\\_cid=su6001a19\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a19.htm?s_cid=su6001a19_e&source=govdelivery)

Diabetes \* United States, 2004 and 2008

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a20.htm?s\\_cid=su6001a20\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a20.htm?s_cid=su6001a20_e&source=govdelivery)

Prevalence of Hypertension and Controlled Hypertension \* United States, 2005--2008

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a21.htm?s\\_cid=su6001a21\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a21.htm?s_cid=su6001a21_e&source=govdelivery)

Binge Drinking \* United States, 2009

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a22.htm?s\\_cid=su6001a22\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a22.htm?s_cid=su6001a22_e&source=govdelivery)

Adolescent Pregnancy and Childbirth \* United States, 1991--2008

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a23.htm?s\\_cid=su6001a23\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a23.htm?s_cid=su6001a23_e&source=govdelivery)

Cigarette Smoking \* United States, 1965--2008

[http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a24.htm?s\\_cid=su6001a24\\_e&source=govdelivery](http://www.cdc.gov/mmwr/preview/mmwrhtml/su6001a24.htm?s_cid=su6001a24_e&source=govdelivery)

#### **National Council of La Raza**

##### **[Profiles of Latino Health: A Closer Look at Latino Child Nutrition](http://www.nclr.org/index.php/site/pub_download_confirm/profiles_of_latino_health_a_closer_look_at_latino_child_nutrition/)**

[http://www.nclr.org/index.php/site/pub\\_download\\_confirm/profiles\\_of\\_latino\\_health\\_a\\_closer\\_look\\_at\\_latino\\_child\\_nutrition/](http://www.nclr.org/index.php/site/pub_download_confirm/profiles_of_latino_health_a_closer_look_at_latino_child_nutrition/)

Child nutrition has become a top priority for President Obama, the First Lady, and Congress. Latino children are the fastest growing segment of the population and already comprise 40 percent of the children living in hunger. This series provides a snapshot of the latest research and data on the issues affecting Latino child nutrition.

#### **US Census Bureau Research - Supplemental Poverty Measure - releasing the research paper, Who is Poor?**

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

Papers prepared for the Allied Social Science Associations Annual Meeting- Denver, CO

#### **A New Supplemental Poverty Measure for the United States -January 8, 2011**

Developing Thresholds for the Supplemental Poverty Measure [PDF - 287k]

Thesia I. Garner (Bureau of Labor Statistics)

[Medical Out-of-Pocket Expenses, Poverty, and the Uninsured \[PDF - 262k\]](#)

Kyle Caswell (Bureau of the Census)

Brett O'Hara (Bureau of the Census)

[Supplemental Poverty Measure: Geographic Adjustments from the American Community Survey \[PDF - 1.21MB\]](#)

Trudi Renwick (Bureau of the Census)

[Who is Poor? A New Look with the Supplemental Poverty Measure \[PDF - 283k\]](#)

Kathleen Short (Bureau of the Census)

"....A series of papers (available at <http://bit.ly/dSLBbr> ) have discussed other methods for computing the various dimensions of the poverty measure, including changing the unit of analysis, determining the value of housing subsidies that is added to income as a non-cash transfer, modeling of medical out-of-pocket and child care spending, and the development of adjustments for geographic cost-of-living differences in the threshold and a different method for the valuation of housing subsidies..."

#### Working Papers

A Comparison of Child Support Paid from CPS and SIPP (Timothy Grall)

Estimating the Value of Federal Housing Assistance for the Supplemental Poverty Measure (Paul D. Johnson, Trudi Renwick, Kathleen Short)

Research on Commuting Expenditures for the Supplemental Poverty Measure (Melanie Rapino, Brian McKenzie, Mathew Marlay)

Unit of Analysis for Poverty Measurement: A Comparison of the Supplemental Poverty Measure and the Official Poverty Measure (Ashley Provencher)

#### **What does the empirical evidence tell us about the injustice of health inequalities?**

**Angus Deaton, Center for Health and Wellbeing**

**Princeton University, January 2011**

**Available online PDF [26p.] at: <http://bit.ly/fE0pIY>**

".....Whether or not health inequalities are unjust, as well as how to address them, depends on how they are caused. I review a range of health inequalities, between men and women, between aristocrats and commoners, between blacks and whites, and between rich and poor within and between countries. I tentatively identify pathways of causality in each case, and make judgments about whether or not each inequality is unjust. Health inequalities that come from medical innovation are among the most benign. I emphasize the importance of early life inequalities, and of trying to moderate the link between parental and child circumstances. I argue that racial inequalities in health in the US are unjust and add to injustices in other domains. The vast inequalities in health between rich and poor countries are arguably neither just nor unjust, nor are they easily addressable. I argue that there are grounds to be concerned about the rapid expansion in inequality at the very top of the income distribution in the US; this is not only an injustice in itself, but it poses a risk of spawning other injustices, in education, in health, and in governance.....How we should think about inequalities in health depends, in part, on the facts about health inequalities, and on how we understand them. Causal interpretations are required to design policy. Hausman (2009, 237) notes that "understanding the health gradient helps to guide benevolent interventions" and emphasizes the need to clarify causal paths. Facts and correlations, without an understanding of causation, are neither sufficient to guide policy nor to make ethical judgments.

Without getting causation right, there is no guarantee that interventions will not be harmful. It is also possible that an inequality that might seem to be prima facie unjust might actually be the consequence of a deeper mechanism that is in part benevolent, or that is unjust in a different way. I provide examples of good inequalities....."

#### Others

**Community-Based Public Health Caucus on Facebook and Twitter**

<http://www.facebook.com/pages/Community-Based-Public-Health-Caucus/179420455426120>

<http://twitter.com/CBPHCaucus>

**Poverty & Race Research Action Council**

**PRRAC UPDATE!**

Every other Thursday, PRRAC sends out a brief digest of news, recent publications, and other points of interest related to our work in housing, education, and health. To join the PRRAC email list [click here](#)

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