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

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

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

[Question?](#)

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

[Contributions:](#)

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

SOUNDING BOARD

Congratulations Kellogg Scholars and Fellows

Dr. Lisa Benz Scott, Community Health Scholars Program alumna, has the following original research published: Benz Scott, L., Gravely, S., Sexton T.R., Brzostek, S., & Brown, D.L. (2012). Patient Navigation Significantly Improves Rates of Enrollment into Outpatient Cardiac Rehabilitation: Results from a Randomized Controlled Trial. *Archives of Internal Medicine*, 17,1-2. doi: 10.1001/2013.jamainternmed.1042. [Epub ahead of print]. Dr. Benz Scott also has a related on-line media interview: Featured Heart Disease Interviews on Angina.com. *Effect of Patient Navigation on Enrollment in Cardiac Rehabilitation*. Retrieved January 10, 2013, from http://www.angina.com/author_interviews/effect_of_patient_navigation_on_enrollment_in_cardiac_rehabilitation.html.

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ANNOUNCEMENTS

Dr. Carlos Zometa, Community Health Scholars Program (CHSP) alumnus, would like to extend to everyone CHSP alumnus Dr. DeWitt Webster's sincere thanks for keeping him in your thoughts and prayers. Dewitt continues to make a steady recovery.

Any news, updates or information you wish to share with your Kellogg Scholars and Fellows network? Please email Marie Briones-Jones (mbjones@cfah.org) no later than the end of each month for inclusion in the following month's KConnection.

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

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SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet Kellogg Health Scholars Program alumna, Shelly Hovick, PhD...

Dr. Shelly Hovick was a 2009-2011 Kellogg Health Scholar in the multi-disciplinary track at MD Anderson Cancer Center in Houston. She completed her PhD in Communication at the University of Georgia and is currently supported by the National Cancer Institute-funded Cancer Prevention Training Program at MD Anderson, where she was recently named Outstanding Trainee in Cancer Prevention for 2012. Her research is in the area of health and risk communication and focuses on people's cancer risk knowledge and information seeking, particularly populations affected by health disparities.

Research conducted during her Kellogg fellowship shows that subjective norms for information seeking are an important predictor of seeking intentions (Hovick, Kahlor and Liang, *in press*, Journal of Health Communication), as well as information needs and attitudes towards seeking. Furthermore, a follow-up study shows the relationships between individual characteristics (e.g., race/ethnicity and socioeconomic status) and cancer communication outcomes are mediated by social and cognitive factors (Hovick, Liang and Kahlor, *in press*, Health Communication), providing new insights into the causes of communication disparities.

Shelly recently began an evaluation study of MD Anderson's *Cancer Risk Check*, an online cancer risk assessment tool that provides personalized cancer screening recommendations and risk information based on personal and family health history. A number of cancer risk assessment tools are available on the web, but efforts to evaluate them are largely lacking. The high literacy level of many tools may also limit their effectiveness. Shelly is evaluating whether *Cancer Risk Check* significantly increases cancer risk perceptions, information seeking and cancer screening intentions, compared with non-interactive and non-personalized cancer risk information. Additionally, she is assessing whether intervention effects differ based on race/ethnicity, socioeconomic stats, and health literacy level. This project is also designed to assess probable mechanisms of personalized risk message success, including the identification of cognitive and social factors that may mediate the effects of risk messages on behavior.

kconnection@cfah.org.

Do We Have Your Most Updated Contact Information?

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

Shelly is grateful for the outstanding mentorship she received through the Kellogg Scholars Program and the opportunity to conduct meaningful and impactful research. The Kellogg network has also been an invaluable professional resource. She credits the interdisciplinary nature of the program for giving her a broader understanding of the causes and impacts of health disparities, and strategies for addressing them. Shelly believes that her experience as a Kellogg Health Scholar has helped her carve out a unique niche in the field of health communication and she is excited about continued work understanding and addressing communication-related disparities.

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ARCHIVED KHSP E-WORKSHOPS

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

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

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

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FUNDING

AcademyHealth

2013 AcademyHealth/Aetna Foundation Minority Scholars Program

Deadline: March 1, 2012

AcademyHealth is pleased to announce that the 2013 application cycle for the AcademyHealth/Aetna Foundation Minority Scholars Program is open! Kindly promote this and other scholarship opportunities (listed below) to your networks. The application materials and instructions for the scholars program may be found on AcademyHealth's website at www.academyhealth.org/minorityscholars. Application materials must be submitted no later than March 1, 2013. The AcademyHealth/Aetna Foundation Minority Scholars Program is designed to encourage and support research scholars from minority populations underrepresented in the field of health services research (HSR). The program offers support for travel and registration for 15 scholars to attend [AcademyHealth's 2013 Annual Research Meeting \(ARM\) in Baltimore \(June 23-25\)](#). Students and fellows from underrepresented racial/ethnic groups in HSR with an interest in HSR and/or disparities research are encouraged to apply. This year, stipends also cover enrollment for a pre or post conference Methods Seminar of the scholar's choice and attendance at the Disparities Interest Group Annual Meeting. Opportunities to meet with leaders in the field and develop mentoring relationships are a key component of the program. Selected scholars will also become part of a highly qualified and talented community of young professionals that engage in ongoing dialogue about research and professional development topics through web-enabled brown bag sessions. Lastly, please note the following additional AcademyHealth scholarships for students and young professionals to the ARM, all of which have a submission deadline of March 1:

- [Alice S. Hersh Student Scholarship](#)
- [Public Health Systems Research \(PHSR\) Interest Group Annual Meeting](#)
- [Presidential Scholarship for New Health Services Researchers](#)

For more information on these Scholarships, visit www.academyhealth.org/scholarships.

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CALL FOR SUBMISSIONS

Call for Applications - Community-Campus Partnerships for Health (CCPH)

CCPH Annual Award

Deadline: March 4, 2013

The award was established in 2002 to highlight the power and potential of community-campus partnerships as a strategy for health equity and social justice. The 2013 award will be presented at the [CU Expo international conference](#) on community-university partnerships in Newfoundland, Canada. For application instructions and info on past awardees and honorable mentions, [click here](#).

Call for Papers -- **Revista Panamericana de Salud Pública/Pan American Journal of Public Health**

Special Issue: Social Determinants of Health in the Region of the Americas

Deadline: April 1, 2013

Website: <http://bit.ly/V7fYUm>

The *Revista Panamericana de Salud Pública/Pan American Journal of Public Health*, published by the Pan American Health Organization (PAHO), announces a call for papers for the next special issue on social determinants of health, to be published in 2013. Accepted contributions include original research papers, special reports, or systematic reviews.

Rationale:In 2005, the Director General of the World Health Organization (WHO) established the Commission on

the Social Determinants of Health (SDH) to support countries and global partners to address the factors leading to ill health and inequities. By clearly identifying the role of health determinants in the health outcomes of the population, this Commission developed a set of knowledge networks that worked together to assess the state of the world's economy, environment, gender rights, human rights, priority health conditions and urban health. The work of the WHO Commission on Social Determinants of Health and its related knowledge networks helped to more fully define the underlying causes of health inequities, which were outlined in the Commission's landmark final report "[Closing the Gap in a Generation](#)", launched in 2008, as:

- (a) differential power and influence associated with income inequality, and social and economic status,
- (b) differential exposures to stress, environmental toxins, and other adverse conditions, and
- (c) differential consequences associated with discrimination and unequal access to services.

Widespread awareness of these factors has helped to build consensus on the need to take action and where to intervene on broader conditions that affect these and related unequal outcomes.

The final report of the WHO Commission on the Social Determinants of Health SDH also emphasized the importance of building a global movement to act on social determinants to reduce health gaps between and within countries. In the Region of the Americas a strong regional movement on SDH has since emerged spearheading a number of national, regional and national initiatives including the establishment of National Commissions on SDH, integration of SDH in national and regional plans and the establishment of Regional Networks addressing such as the Pan American Alliance for Nutrition & Development. Building on Report's recommendations, in 2009, the World Health Assembly Resolution [62.14](#), called upon Member States, the WHO Secretariat and the international community to address health inequities by implementing the social determinants approach to public health programs and requested the WHO Secretariat to provide support to Member States in implementing the "Health in All Policies" (HiAP) approach. To support countries in their response to this resolution, WHO convened the First World Health Conference on the Social Determinants of Health ([WCSDH](#)) that took place in Rio de Janeiro, Brazil, October 19 to 21, 2011. In preparation for the World Conference, PAHO/WHO carried out a number of regional consultations to highlight and build upon the social determinants of health expertise in the Region. These events brought together Member States and key stakeholders to share experiences on policies and strategies aimed at reducing health inequities. It provided a global and regional platform for dialogue on how the recommendations of the WHO Commission on Social Determinants of Health could be taken forward. Further to the Conference and the adoption of the *Rio Political Declaration on the Social Determinants of Health*, the *Special Issue* will provide a platform for countries in the Region to take stock of what has been done in the area of social determinants of health since the adoption of the Rio Political Declaration and similarly strengthen the preparations for the 8th Global Conference on Health Promotion, to be held in Helsinki in 2013 where the central theme is "Health in All Policies."

Main theme: The main theme of the special issue will be "*Social Determinants of Health in the Region of the Americas*", addressing some of the key priorities that were identified by Member States during the Regional Consultation on the Social Determinants of Health that took place in Costa Rica in August, 2011:

1. Social inequities in health conditions within the Region of the Americas; addressing the following sub-themes:
 - 1.1 Distribution of morbidity and mortality in different social groups;
 - 1.2 The effects of social determinants on health throughout the life cycle including the inter-generational impact;
1. Governance to tackle the root causes of health inequities: implementing action on social determinants of health; addressing the following sub-themes:
 - 2.1 Assessment of the effects of social policies on health inequities and their determinants;
 - 2.2 Development and analysis of existing evaluation methodologies addressing the impact of interventions on SDH;
 - 2.3 Analysis and evaluation of inter-sectorial actions and interventions with the engagement of key partners;
1. The role of the health sector, including public health programs, in reducing health inequities; addressing the following sub-themes:
 - 3.1 Evaluation of public health programs and health systems and services aiming at reducing health inequities;
 - 3.2 Equitable access to and appropriate use of new health technologies;
1. Promoting participation: community leadership for action on social determinants; addressing the following sub-themes:
 - 4.1 Evaluation of experiences promoting social participation in the definition and implementation of social interventions to reduce health inequities;
 - 4.2 Evaluating existing applied research on the impact of social participation.
1. Monitoring progress: measurement and analysis to inform policies; addressing the following sub-themes:
 - 5.1 Development of indicators to measure health inequities;
 - 5.2 Development or evaluation of strategies for monitoring the effects of SDH in morbidity, mortality and utilization of health services

Guest Editors:

- Prof. Michael Marmot, Director of the International Institute for Society and Health and former Chair of the Commission on the Social Determinants of Health;
- Dr. Alberto Pellegrini, public health researcher from the National School of Public Health (ENSP/FIOCRUZ) and Coordinator of the Center for Studies, Policies and Information on Social Determinants of Health (CEPI-DSS) in Brazil;
- Dr. Jeanette Vega, Director of the Rockefeller Foundation;

- Dr. Orielle Solar, former member of the technical secretariat of the Commission on Social Determinants of Health at WHO and
- Dr. Kira Fortune, Advisor on Determinants of Health at the Pan American Health Organization.

Language of Submissions: Papers will be accepted in Spanish, English or Portuguese, and the manuscript selection process will follow the journal peer review procedures.

Authors are encouraged to send manuscripts in their native language.

Publishing Standards: In submitting papers, authors should follow the Instructions to Authors of the *Revista Panamericana de Salud Pública/Pan American Journal of Public Health*, available at: <http://bit.ly/WLo9Xu>. They should be submitted for publication at: <http://bit.ly/W0gasi>

The cover letter should indicate that the manuscript is being submitted for the special issue on the Social Journal Website: <http://bit.ly/1455ifz>. Deadline: 1 April, 2013. **Contact information:**

Kira Fortune Email: fortunek@paho.org

Call for Papers (in English or Spanish) - Action Research Journal

Special Issue on: Knowledge Democracy and Action Research

Deadline: May 1, 2013

Guest Editors: Drs. Namrata Jaitli, PRIA (Participatory Research Institute in Asia), India and George Openjuru, Makerere University, College of Education and External Studies Uganda in association with Dr. Rajesh Tandon, PRIA, India and Prof. Budd Hall, University of Victoria, Canada.

Papers are invited for a special Action Research Journal issue focusing on knowledge democracy and Action Research. The primary purpose of this special edition of Action Research Journal is to draw attention to and raise debates about knowledge democracy and alternative forms of knowing. The second aim is to bring to the fore perspectives of authors from the Global South, which is understood to include excluded epistemologies from the global North such as Indigenous researchers. The central question in this call is the concept of knowledge democracy, which is about, "Whose Knowledge Counts"? Knowledge democracy goes beyond the concepts of a knowledge economy (how to match job skills to the global economy) and knowledge society (using existing knowledge for better social and economic outcomes). Knowledge democracy recognizes the diversity of knowledges, drawing on the work of Boaventura de Sousa Santos and others, a diversity of forms of knowledge representation (making use of artistic or other forms which are accessible to the public) and sees knowledge as a key part of people organizing themselves to create healthier, more vibrant and resilient communities. For details, please review the "call for papers" at <http://bit.ly/WvpEaf>. For more information on the journal, visit <http://bit.ly/WKuzVy>. If you have specific questions or concerns regarding the call for papers, please contact Dr. George Ladaah Openjuru at george.openjuru@gmail.com who will be in communication with the rest of the editorial group for this special issue.

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CAREER DEVELOPMENT

American Educational Research Association (AERA)

AERA Faculty Institute for the Teaching of Statistics with Large-Scale Data Sets

Deadline: February 21, 2013

The AERA Grants Program is currently accepting applications to attend the [Faculty Institute for the Teaching of Statistics with Large-Scale Data Sets](#), with a deadline of Thursday, February 21, 2013. The Institute will be held June 10-13, 2013. Those selected for participation will receive support covering the Institute's fees, transportation, housing, and meals for the dates of the Institute. Faculty members at U.S. universities with doctoral programs who teach basic introductory doctoral-level statistics or methodology courses and who seek to integrate large-scale federal education data sets into the teaching of these courses are encouraged to apply. Applicants may be faculty members in graduate schools or departments of education, or from other disciplines with an interest in education research. Prior experience using large-scale data sets is required. For further information about the AERA Grants Program and the Faculty Institute for the Teaching of Statistics with Large-Scale Data Sets, review the [Call for Applications](#) or visit www.aera.net/grantsprogram. You may also contact Kevin Dieterle, AERA Grants Program Manager, at grantsprogram@aera.net or (202) 238-3227.

Centers for Disease Control and Prevention

Health Scientist, GS-601-11/12/13 (Program Evaluation)

The Applied Science & Evaluation Branch (ASEB), Division of State and Local Readiness, Office of Public Health Preparedness and Response, has an opportunity for a GS-11/12/13 Health Scientist on the Measurement and Evaluation Team (MET). This is a permanent position. The organization is located on the Clifton-Roybal campus, in Building 21. The mission of ASEB is to strengthen public health preparedness, response and recovery through science and evaluation. The functions of the branch are to: (1) Assess the effectiveness of the PHEP Cooperative Agreement; (2) Provide analytic support and evaluation expertise to DSLR and the Office of Public Health Preparedness and Response; (3) Conduct, integrate, translate, and leverage interdisciplinary preparedness science; (4) Foster innovation and efficiency in evaluation and research through collaboration with healthcare and health security partners; (5) Develop evidence based recommendations to improve the quality of decision-making on preparedness, response and recovery activities. This position is within MET, a team charged with a wide range of activities including development and implementation of an evaluation framework and strategies, as well as specific sets of performance measures, for the Public Health Emergency Preparedness (PHEP) Cooperative Agreement; focused evaluation projects (formative and summative) within OPHPR as well as in collaboration with PHEP awardees; and the provision of training and technical assistance to program staff and awardees on aspects of evaluation and measurement. MET team members also contribute to special studies and research projects. A health scientist or health analyst with strong program evaluation skills is required. The incumbent will serve as a program evaluator as well as measurement and indicator subject-matter expert, and will work independently or as part of a team to help CDC programs and partners plan, monitor, and/or evaluate complex public health programs,

projects, and/or studies. Duties will relate primarily to evaluation and measurement of public health and healthcare system emergency preparedness and response at the program and awardee levels. Will collect and interpret data and information from a variety of sources and using a variety of qualitative and quantitative methods and will prepare recommendations accordingly. Will deliver recommendations and findings in both written and oral forms to a variety of technical and non-technical audiences. Will provide technical assistance and training as needed for program and awardee staff on subjects related to measurement and evaluation. ASEB employees collaborate on projects in a matrix environment; therefore the incumbent will have opportunity to work with other teams within the branch, as well as to support Center-level initiatives. ASEB offers a highly flexible, results-oriented work environment. The branch has grown considerably over the past year as it supports a range of initiatives. If interested, please apply for this position at the following USA Jobs link: <https://www.usajobs.gov/GetJob/PrintPreview/334764400> or search by announcement number: HHS-CDC-M1-13-817029. You may also refer *external candidates* (US citizens / not current federal employees) to this link: <https://www.usajobs.gov/GetJob/PrintPreview/335985200>. Questions about the position may be directed to Dr. Dale Rose at: ido8@cdc.gov

CommonHealth ACTION
Program Manager

CommonHealth ACTION is currently seeking a Program Manager to oversee exciting national and regional public health initiatives while contributing to the expansion of programmatic portfolios.

CommonHealth ACTION (CHA) is a national, nonprofit public health organization that works with national organizations and community-based partners to create community conditions in which all people have equal opportunities to achieve optimal health. To achieve its mission, CHA designs and facilitates community-level programming; provides tailored technical assistance; engages in research, writing, and evaluation; and offers a range of support to community groups and funding organizations interested in innovative and effective public health practice and community-based advocacy efforts.

For CHA initiatives, we are seeking a versatile and proven manager. Competitive candidates will have experience and skills related to providing technical assistance to community leaders, public health systems redesign, public policy analysis, community wellness, social determinants of health strategies, and policy advocacy. In addition, the manager should have knowledge/interests related to determinants of health, civic engagement, disproportionalities and disparities that impact health and well-being: and obesity, smoking, poor dietary habits, and lack of physical activity.

General Responsibilities: The Program Manager plays a central role in the development and coordination of CHA programmatic activities. The Program Manager works independently and collaboratively with CHA staff to plan, manage, and implement activities in the following areas: public health programming; community-based technical assistance; research and evaluation; resource development; grant and contract management; report writing; community-based organizational development; community engagement; and meeting development and implementation. Other responsibilities include supporting communications activities, serving as liaison and CHA representative at meetings, and establishing and maintaining partnerships to advance CHA's mission. The Program Manager position requires public health and determinants of health knowledge and experience. In addition, it requires excellent analytical, interpersonal, organizational, and writing skills. The Program Manager must exercise discretion, independent judgment, and political acumen.

WORK DUTIES MAY INCLUDE, BUT ARE NOT LIMITED TO:

- Provide overall project management, including developing and managing timelines, leading project planning, and coordinating deliverables in collaboration with external partners.
- Build and maintain effective working relationships with external partners.
- Manage a process of providing sub-grants to community partners.
- Ensure effective project documentation and reporting.
- Conduct and coordinate research activities to support program and portfolio development.
- Develop and effectively manage program timelines to ensure timely completion of program deliverables.
- Monitor program activities to ensure quality and accuracy of work vis-à-vis contractual and grant commitments.

- Manage and coordinate programmatic meetings.
- Facilitate small and large group meetings and trainings.
- Manage and provide technical assistance to community-based organizations.
- Develop publications, grant applications, and reports through collaborative writing and editing.
- Track relevant activities in public health and related fields to inform CommonHealth ACTION, partners, and communities.
- Manage consultant contracts
- Contribute to program evaluation.
- Participate in long- and short-term strategic and programmatic development and planning activities.
- Identify opportunities for marketing programs and services, and implement promotional activities on behalf of CHA.
- Identify partnership and funding opportunities and promote relationship-building with other organizations, agencies and/or individuals.
- Develop PowerPoint presentations and other materials for program-related events.
- Enhance community leader's capacity to address social, economic and environmental conditions that shape health outcomes by providing technical assistance.
- Develop written and online tools for programmatic use including survey and evaluation instruments.
- Identify technological tools to enhance and support CHA's capacity and programs.
- Serve as programmatic liaison to external partners, including representing CHA at national, regional and local meetings.
- Adhere to CHA's administrative and recordkeeping guidelines to support accurate bookkeeping and documentation of activities.
- Serve as a resource advisor to CHA staff as needed.
- Contribute to specific CHA projects in the following capacities:

- o Manager of the Kaiser-funded Port Towns Community Health partnership in Prince George's County Maryland.
- o Primary coordinator for Montgomery County Department of Health and Human Services (MCDHHS) equity workgroup grant.
- o Workshop Trainer for the Texas Health & Human Services Commission (HHSC) Center for Elimination of Disproportionality & Disparities (CEDD).
- o Technical assistance provider for the Joint Center's PLACE MATTERS initiative expansion into New Mexico.
- o Secondary team member for Place Matters initiative

Employment Standards & Conditions

EDUCATION AND EXPERIENCE: Master of Public Health (preferred) or Master degree in related field with a minimum of five (7) years of experience in public health, public policy, management, and/or community-based issues.

- A strong understanding of public health practice - Ability to work with diverse individuals and groups on complex community issues - Track record of managing contracts, grants, and programmatic activities. - Track record of successful, collaborative proposal development, and writing. - Ability to work with diverse individuals and groups on complex community issues. - Knowledge of and interest in technical assistance and communications - Willingness to engage in continuous learning and training - Demonstrated professional and political aptitude - Understanding of how equity influences health, human service and quality of life outcomes for diverse populations. - Experience in providing or conducting training. - Familiarity with Cuyahoga County (OH), New Mexico, Prince George's County, MD, and the State of Texas is a plus.

HIRING SALARY RANGE & BENEFITS: \$62,000.00 - \$72,000.00 (Salary is contingent upon available funding), and is commensurate with experience and qualifications. CHA also offers a competitive benefit package with annual leave, health/dental/vision insurance and retirement contributions (403B).

JOB LOCATION: The position is based in the Washington Metropolitan area and requires the employee to work at the CommonHealth ACTION office as well as to perform field work.

ESTIMATED START DATE: February 15, 2013

TRAVEL: Domestic travel is required for this full-time position. Estimated national travel: 15-35% annually.

POINT OF CONTACT: John Wesley, HR Specialist /Office Manager

HOW TO APPLY: Please submit a resume/CV and salary requirements to: HR@commonhealthaction.org

Please place "Program Manager" in the subject line of the email when applying. NO PHONE CALLS PLEASE.

Due to the large number of applicants, only successful candidates will be contacted. CommonHealth ACTION values a respectful, collaborative work environment. We establish and maintain trustful relationships with all staff, contractors, funders, and partners. We believe that hard work, a focus on quality, and a passion for the public's health are required to improve the well-being of individuals, families, and communities. CHA looks to all staff to contribute to the effective implementation of programmatic activities and the successful growth of the organization.

Community Catalyst, Inc.

Associate Project Director - Roadmaps to Health

The Organization: Community Catalyst is a national, non-profit consumer advocacy organization founded in 1997 with the belief that affordable quality health care should be accessible to everyone. We work in partnership with national, state and local organizations, policymakers, and philanthropic foundations to ensure the interests of all people are heard and represented wherever important decisions about health and the health system are made: in communities, courtrooms, statehouses and on Capitol Hill. Over the years, we have helped build a consumer health advocacy movement across the country, defended vital health care programs for the uninsured and underserved, held health care institutions and corporations accountable to the public interest, and run national campaigns on emerging health care issues. At Community Catalyst, we believe that our people are our strength. Their knowledge, commitment and talents drive our accomplishments. Our staff members are established experts in health policy, advocacy, organizational development, community organizing, law, communications and strategic planning. They provide strategic advice, information, and resources that facilitate communities, consumer advocates, health care providers, foundations and policymakers working together at the local, state and federal level to achieve health policy and system changes that benefit all people. For more information about Community Catalyst, you can visit our website: www.communitycatalyst.org.

The Project: Community Catalyst manages the *Roadmaps to Health* Community Grants, which support two-year state and local efforts by coalitions that can include business, education, health care, public health, community organizations, and policymakers, as they advocate for positive policy or system changes that address the social and economic factors that impact the health of people in their community. The *Roadmaps to Health* community grantees are working to create healthier places to live, learn, work and play. In doing so, these grantees build on the Robert Wood Johnson Foundation (RWJF) and the University of Wisconsin Population Health Institute (UWPHI) *County Health Rankings* model, which highlights the critical role that factors such as education, jobs, income, and our environment play in influencing how healthy people are and how long they live. Together with the *County Health Rankings* and other *County Health Roadmaps* activities, the *Roadmaps to Health* Community Grants are an important element of the *County Health Rankings & Roadmaps* program.

Community Catalyst collaborates with RWJF and UWPHI in managing the *Roadmaps to Health* Community Grants. Community Catalyst serves as the Policy and Advocacy Lead and is responsible for providing an organized and integrated series of training and technical assistance supports to grantees, which are also coordinated with UWPHI and other project partners.

The Position: The Associate Project Director, working closely with the Program Director, manages the development and provision of technical assistance to the thirty *Roadmaps to Health* Community Grants grantees, participates in development of program strategy, and works to implement the project - including engagement with the full continuum of the grantmaking activities. The Associate Project Director works to identify synergies and assure coordination with other Community Catalyst programs and other partners within the *County Health Rankings & Roadmaps* program.

Responsibilities:

- Develop, in collaboration with project team and consultants, the approach to technical assistance, including the overall advocacy capacity framework, advocacy tools, and grantee reporting format;
- Manage and evaluate the provision of technical assistance to ensure effective support for grantees and

fulfillment of project goals;

- Plan and coordinate the annual grantee convening, grantee site visits, grantee webinars, other technical assistance activities and related meetings in coordination with RWJF, UWPHI, and collaborating consultants;
- Serve as member of project team designing and implementing program strategy including assistance in carrying out project communications plan;
- Assist in networking and promotion of project tools and strategies to non-grantee sites and interested parties;
- Day to day responsibilities as part of the grant-making process, including CFP process, proposal review, tracking and reporting, review of budget requests, and evaluation process;
- Actively participate in related Community Catalyst projects and working teams to take advantage of synergies with other Community Catalyst work and relationships;
- Promote coordination, collaboration, and sharing of lessons learned with other *County Health Rankings & Roadmaps* partners; and
- Other duties as assigned by the Project Director.

Qualifications:

- Minimum of a bachelor's degree and five (5) years of relevant professional experience. Master's degree in public health or policy preferred.
- Strong leadership, relationship development, collaborative, and team building skills
- Experience in providing technical assistance in support of policy advocacy including development of learning community and meeting facilitation.
- Ability to manage several tasks at once, respond to tight timelines and operate effectively in a fast-paced environment
- Strong organizational skills, track record of following through to achieve results
- Ability to grasp and analyze substantive, often complex, policy and political information
- Ability to convey complex information in writing and speaking so that it is easily understood by the public
- Ability to work collaboratively with diverse people both within the organization and in the field
- Strong research, writing, and program planning skills
- Ability to anticipate strategic opportunities and/or challenges and develop responses
- Familiarity with web-based technology and other campaign tools
- Experience running public policy campaigns a plus
- Ability to travel
- Qualified candidates from diverse personal, cultural, and ethnic backgrounds are encouraged to apply.
- Bilingual/bicultural background a plus

Supervision: Position reports to the Program Director.

Benefits: Competitive salary; Generous paid time off policy; Robust benefits package; Convenient downtown Boston location.

Applicants should submit a resume with a one page cover letter briefly summarizing their interest in and qualifications for the position to: jobs@communitycatalyst.org. Please type "Associate Project Director" in the Subject line.

Community Catalyst, Inc.

Technical Assistance Coordinator - Roadmaps to Health

The Organization: Community Catalyst is a national, non-profit consumer advocacy organization founded in 1997 with the belief that affordable quality health care should be accessible to everyone. We work in partnership with national, state and local organizations, policymakers, and philanthropic foundations to ensure the interests of all people are heard and represented wherever important decisions about health and the health system are made: in communities, courtrooms, statehouses and on Capitol Hill. Over the years, we have helped build a consumer health advocacy movement across the country, defended vital health care programs for the uninsured and underserved, held health care institutions and corporations accountable to the public interest, and run national campaigns on emerging health care issues. At Community Catalyst, we believe that our people are our strength. Their knowledge, commitment and talents drive our accomplishments. Our staff members are established experts in health policy, advocacy, organizational development, community organizing, law, communications and strategic planning. They provide strategic advice, information, and resources that facilitate communities, consumer advocates, health care providers, foundations and policymakers working together at the local, state and federal level to achieve health policy and system changes that benefit all people. For more information about Community Catalyst, you can visit our website: www.communitycatalyst.org.

The Position: The Technical Assistance Coordinator, working closely with the Program Director and Associate Project Director, provides technical assistance on advocacy campaign strategy to *Roadmaps to Health* Community Grants grantees and participates in implementation of overall program strategy - including engagement with the full continuum of the grantmaking activities. The Technical Assistance Coordinator will be responsible for supporting the grantees' effectiveness and ensures lessons learned from the grantee efforts are captured and shared with a variety of audiences. The Technical Assistance Coordinator will also identify synergies and assure coordination with other Community Catalyst programs and other partners within the *County Health Rankings & Roadmaps* program.

Responsibilities:

- Maintain regular and effective interaction with assigned *Roadmaps to Health* grantees;
- Offer tailored technical assistance and support to assigned *Roadmaps to Health* grantees. Support will emphasize the following advocacy capacities:
 - o Policy research and analysis;
 - o Communications and Media;
 - o Coalition-building and maintenance;
 - o Developing and implementing policy campaigns;
 - o Engaging grassroots support;
 - o Generating resources, including funding;
 - o Influencing decision-makers; and
 - o Story telling.
- Develop, coordinate, and provide technical assistance and support activities for grantees on topics such as advocacy strategy, program planning, resource management, and evaluation;

- Contribute to the development of, in collaboration with project team and consultants, the approach to technical assistance, including the overall framework for advocacy capacity, advocacy tools, and grantee reporting format;
- Report on and evaluate the technical assistance to ensure effective support for grantees and fulfillment of project goals;
- Day to day responsibilities within the grant-making process including proposal review, tracking and reporting, review of budget requests, and evaluation process;
- Assist in planning and coordinating annual grantee convening, grantee site visits, webinars, other grantee meetings, often in coordination with RWJF, UWPHI, and/or collaborating consultants;
- Serve as member of project team designing and implementing program strategy including assistance in carrying out project communications plan;
- Assist in networking and promotion of project tools and strategies to non-grantee sites and interested parties;
- Actively participate in related Community Catalyst projects and working teams to take advantage of synergies with other Community Catalyst work and relationships;
- Promote coordination, collaboration, and sharing of lessons learned with other *County Health Rankings & Roadmaps* partners; and
- Other duties as assigned by Project Director.

Qualifications:

- Strong leadership, relationship development, collaborative, and team building skills;
- Experience of five or more years running issue/public policy campaigns including managing advocacy coalitions, grassroots organizing, policy analysis and implementing communications strategies;
- Policy expertise in areas such as health, education, economic development, community safety or social service support programs is preferred;
- Experience managing broad coalitions of stakeholders and unifying various groups around a common mission and vision;
- Experience providing technical assistance in support of policy advocacy including development of learning community and meeting facilitation;
- Ability to manage several tasks at once, respond to tight timelines and operate effectively in a fast-paced environment;
- Strong organizational skills, track record of following through to achieve results
- Ability to grasp and analyze substantive, often complex, health policy and political information;
- Ability to convey complex information in writing and speaking so that it is easily understood by the public;
- Ability to work collaboratively with diverse people both within the organization and in the field;
- Strong program planning skills;
- Familiarity with web-based technology and other campaign tools;
- Ability to anticipate strategic opportunities and/or challenges and develop responses;
- Master's degree in public health or policy preferred;
- Ability to travel;
- Qualified candidates from diverse personal, cultural, and ethnic backgrounds are encouraged to apply;
- Bilingual/bicultural background a plus;
- Strong research and writing skills.

Supervision: Position reports to the Program Director

Benefits: Competitive salary; Generous paid time off policy; Robust benefits package; Convenient downtown Boston location.

Applicants should submit a resume with a one page cover letter briefly summarizing their interest in and qualifications for the position to: jobs@communitycatalyst.org. Please type "Technical Assistance Coordinator" in the Subject line.

Harvard School of Public Health, Department of Social and Behavioral Sciences and Center for Community-Based Research
Junior Faculty (3 Openings)

1) Assistant/Associate Professor of Health Disparities - 1 position

<http://www.hsph.harvard.edu/searches/society-human-development-and-health-2/>

CONTACT FOR QUESTIONS: Chair, Search Committee for SHDH/DFCI

c/o Linnea Benson-Whelan, Search Administrator

Email: linnea_benson-whelan@dfci.harvard.edu

The Harvard School of Public Health (HSPH) and the Dana-Farber Cancer Institute (DFCI) seek candidates for a position as assistant or associate professor. This is a tenure-ladder position with the academic rank to be determined in accordance with the successful candidate's experience and productivity. The successful candidate will have a joint appointment in the Department of Social and Behavioral Sciences at HSPH and in the Center for Community-Based Research in the Division of Population Sciences at DFCI. A core theme for research conducted in the Center for Community-Based Research is understanding the role of the social environment in cancer prevention, control, and treatment. Candidates should have a background in one or more of the following: community-based approaches to cancer prevention and control; the health effects of housing; measurement and impact of neighborhood level factors on health/health behaviors; the role of social and financial factors in cancer outcomes and end-of-life care. Experience conducting research with socioeconomically disadvantaged and racial/ethnic minority populations is also desirable, as are strong research methods skills (quantitative and/or qualitative; multi-level expertise). Potential/demonstrated success in grant-funded research will be a strong consideration. Candidates must have a doctoral degree in any of the following fields: psychology, sociology, public health, a related field within the social and behavioral sciences, or a professional doctoral degree in medicine or nursing. The successful candidate will teach and advise students in the doctoral and master's programs in the Department of Social and Behavioral Sciences, and will mentor postdoctoral fellows. S/he will be a member of DFCI's Division of Population Sciences, which includes three major research programs (cancer outcomes, genetics/high-risk populations, and community-based prevention research), and will ideally have interests that bridge at least two of these programs. The candidate will also be a member of the Dana-Farber/Harvard Cancer Center. Numerous additional opportunities exist for interdisciplinary and collaborative work between HSPH, DFCI, and Harvard's other teaching hospitals. This position includes a highly competitive compensation and start-up package. Please apply to:

<https://academicpositions.harvard.edu/postings/4406>

For questions, please contact:
Chair, Search Committee for SHDH/DFCI
c/o Linnea Benson-Whelan, Search Administrator
Email: linnea_benson-whelan@dfci.harvard.edu
Dana-Farber Cancer Institute
450 Brookline Avenue, LW720
Boston, MA 02215

- 2) Assistant/Associate Professor of Social and Behavioral Sciences - 2 positions
<http://www.hsph.harvard.edu/searches/society-human-development-and-health-2#Social-and-Behavioral-Sciences>

CONTACT FOR QUESTIONS: Chair, Search Committee for SBS/DFCI
c/o Monika Szperka, Search Administrator
Email: mszperka@hsph.harvard.edu

AND: please ONLY CONTACT the contact person listed for these position

The Harvard School of Public Health (HSPH) and the Dana-Farber Cancer Institute (DFCI) seek candidates for a position as Assistant/Associate Professor (2 openings). These are tenure-ladder positions, with the academic rank to be determined in accordance with the successful candidate's experience and productivity. For one opening, the successful candidate will have an appointment in the Department of Social and Behavioral Sciences at HSPH. For the second opening, the successful candidate will have a joint appointment in the Department of Social and Behavioral Sciences at HSPH and in the Center for Community-Based Research in the Division of Population Sciences at DFCI. For both positions, we are interested in scholars with a distinguished record of research and teaching in health communications. Areas of research foci may include mass media, patient-provider communication, consumer health informatics with a focus on Internet and social media, health and information and communication technologies, the application of behavioral economics to health communication and behavior change, health communication and public policy, strategic health communication campaigns, and communication in diffusion of innovations and knowledge transfer. A core theme for research conducted in the DFCI's Center for Community-Based Research is understanding the role of health communications in cancer prevention, control and treatment. Experience conducting research with socioeconomically disadvantaged and racial/ethnic minority populations is also desirable, as are strong research methods skills (quantitative and/or qualitative; multi-level expertise). Potential/demonstrated success in grant-funded research will be a strong consideration. Candidates should hold a doctoral degree in any of the following fields: communication science, psychology, sociology, public health, a related field within the social and behavioral sciences, or a professional doctoral degree in medicine or nursing.

The successful candidate will teach and advise students in the doctoral and master's programs in the Department of Social and Behavioral Sciences, and will mentor postdoctoral fellows. For the joint position with DFCI, the successful candidate will also be a member of DFCI's Division of Population Sciences, which includes the Center for Community-Based Research, and will also be a member of the Dana-Farber/Harvard Cancer Center. Numerous opportunities exist for interdisciplinary and collaborative work between HSPH, Dana-Farber Cancer Institute and Harvard's other teaching hospitals. Please apply to:

<https://academicpositions.harvard.edu/postings/4515>.

For questions, please contact:
Chair, Search Committee for SBS/DFCI
c/o Monika Szperka, Search Administrator
Email: mszperka@hsph.harvard.edu
Social and Behavioral Sciences, HSPH
677 Huntington Ave. Bldg 3, 7th fl
Boston, MA 02115

Latino Health Access, Santa Ana, CA
Chief of Operations and Finance

General Objectives: The Chief of Operations and Finance is the principal manager over the administrative/financial functions of Latino Health Access, a non-profit human services agency with an annual budget of \$ 3.5 Million and a MULTI PROGRAM staff in excess of 70 positions. Responsibilities include finance, development, human resources, facilities, technology and risk management.

Nature and Scope of Position: The COO/CFO reports to and partners with the Executive Director to develop the policies, procedures, STRATEGIES and objectives that will support and fulfill the mission of the organization. This position leads and supervises all department staff managers that are in charge of all operations/finance functions in support of the agency's mission, goals and objectives. This position will also interact with external service providers, such as consultants for human resources, IT, accounting firms, law firms, insurance brokers and other vendors necessary to carry out the daily functions of the agency. The COO/CFO will assist the Executive Director in preparing materials for the Board of Directors, and in presenting and explaining information relative to the overall operations of the agency, as well as each individual area of responsibility.

Principal Duties and Responsibilities:

1. Responsible for the internal accounting controls that will ensure the integrity and accuracy of all accounting and budget data, including gifts, grants and expenditures; responsible for clean audit opinions under generally acceptable accounting principles; responsible for all compliance and reporting for financial and tax purposes; Supervision of Accounting manager. This manager is responsible for supervising two staff in accounting and bookkeeping functions.
2. Responsible for the supervision of the human resource manager in their role of assuring access and appropriate utilization of staff benefits, maintaining staff records, assuring performance reporting, staff development and staff safety/emergency training and compliance..
3. Responsible for management of the headquarter building and community park operated by the agency, including property management, interaction with tenants; maintenance and safety and risk matters, as well as the supervision of staff in support of these tasks
4. Responsible for management of technology needs in the agency, and the supervision of consultants in support of those needs. (TuComp and website master. TuComp's duties are related to computer technology,

alarms and phones)

5. Responsible for EXECUTION and ongoing interactions with external service providers, in partnership with the Executive Director and Board of Directors, including consultants for human resources, accounting firms, law firms, insurance brokers and all other vendors necessary to carry out the above described functions.
6. Develops and encourages the leadership capacity and professional growth of others; responsible for the supervision and development of direct reports; develops and coaches the persons he/she supervises in performance matters.
7. Assists the Executive Director in preparing materials for the Board of Directors, and in presenting and explaining information relative to the overall operations of the agency, as well as each individual area of responsibility.
8. Leads the core operation team that includes Directors of Development, Public Affairs, Web Management, Human Resources, Facility, Accounting Managers and the IT team
9. Leads de Team of Operation which includes Directors of Development, Public Affairs, Web Management, Human Resources, Facility, Accounting Managers, the IT team, Key Program directors and coordinators and representatives of the Promotores.
10. Participates with the CEO in the Program's meeting which includes Key Program directors and Coordinators and representatives of the Promotores.
11. Responsible for hiring and termination: The decision to terminate or hire needs to be made in consultation with HR Director, and CEO. Takes direct action or delegates authority, as appropriate, to resolve personnel issues.
12. Adheres to and demonstrates professional ethics and conduct.
13. Acts as a steward of agency resources in allocating efficiently and effectively.
14. Acts as a leader in demonstrating a clear understanding of the mission, goals and objectives of the agency. Applies excellent judgment in balancing program needs with business and risk considerations.
15. Sets and enforces policies and procedures, in partnership with the Executive Director, necessary to carry out the duties assigned.
16. Other duties as required.

Desired Qualifications: A Master degree in business administration or accounting, with 10 or more years of progressively responsible management experience in accounting or operations oriented positions. Must have experience with accounting principles and practices and familiarity with administrative functions including human resources, facilities management, office productivity technology, and risk management. A working knowledge of accounting software and general business productivity software, facilities management, real estate and physical asset management, and insurance and risk management are required, as is demonstrated experience with management of administrative or operational functions providing an overview of all operations of an agency or business enterprise. Experience in non-profit management desirable. A deep understanding of LHA's mission, principles of practice, values and partner community are key in this positions, as well as skills in team-building, decision-making and strategic thinking. Demonstrated ability, excellence and success in relationship building, implementation of organizational goals, collaborative efforts and systems thinking are all required in this position. A balance of assertiveness and diplomacy is critical, as well as strong interpersonal, organizational and leadership skills. The ability and versatility to lead a variety of skilled functions with differing needs, as well as staff with diverse work styles, is important. This position requires a highly refined sense of cultural competence and awareness, as well as a proven effectiveness and ease in and communicating with a multi-cultural environment. A strong orientation to mission and the well-being of agency staff and clients is essential an understanding of the importance and value of diversity that recognizes and embraces the differences that arise from varying backgrounds, life experiences, beliefs, and perspectives is necessary.

Salary Range: Based on experience. Medical and dental benefits included

How to apply: Email cover letter and resume to: mayra@latinohealthaccess.org. Contact Mayra Resto for more information.

Oregon State University

Developmental Methods and Child Development/Family Cluster Hires (3 Positions)

Deadline: March 15, 2013

The School of Social and Behavioral Health Sciences, Program in Human Development and Family Sciences (HDFS) at Oregon State University invites applications for three 9-month tenure-track assistant professor positions in research related to : 1) developmental methods and 2) child development and healthy children and families. Application deadline: March 15, 2013. The anticipated start date is September 16, 2013, or as arranged.

For a full description of responsibilities and qualifications, as well as application instructions

see: <http://health.oregonstate.edu/jobs>.

Robert Wood Johnson Foundation

Director of Policy Outreach, Public Policy

The director of policy outreach is a professional staff member who will serve an important strategic role in helping to advance the Foundation's capacity to make an impact on critical health and health care policy. Located in Washington DC, the director will work closely with the unit vice president and the Foundation president, providing strategic counsel and helping to leverage the Foundation's reputational, programmatic, and financial assets to support its highest priority policy objectives. Working at an "enterprise" wide level, the director will provide timely and appropriate support to the other members of the Foundation's senior leadership on critical policy matters. As with staff at all levels of the Robert Wood Johnson Foundation, the director is expected to demonstrate a passionate commitment to the Foundation's mission of improving health and health care for all Americans, and to the guiding principles and promise that undergird that mission. For more information and to apply:

http://www.rwjf.org/en/about-rwjf/job-opportunities/director-of-policy-outreach.html?cq_ck=1357237538200.

Robert Wood Johnson Foundation

Program Officer, Health Care Group

Program officers are professional staff responsible for developing, implementing, and managing Robert Wood Johnson Foundation's initiatives to improve the health and health care of all Americans. Their primary

responsibilities include providing intellectual and organizational leadership in designing and implementing new initiatives, evaluating proposals, monitoring programs and grants, learning from program investments and activities, and creating impact through dissemination of knowledge. As with staff at all levels of the Robert Wood Johnson Foundation, program officers are expected to demonstrate a passionate commitment to the Foundation's mission of improving health and health care for all Americans and to the guiding principles and promise that undergird that mission. For more information and to apply, visit: <http://www.rwjf.org/en/about-rwjf/job-opportunities/health-care-group-program-officer.html>.

The Disparities Solutions Center, Massachusetts General Hospital
Disparities Leadership Program

Deadline: February 8, 2013

Background: The Institute of Medicine Reports Crossing the Quality Chasm and Unequal Treatment highlight the critical nexus between improving quality and eliminating racial and ethnic disparities in health care. Combined, they provide a blueprint for addressing disparities that can only be achieved if a concerted, coordinated effort towards health systems change can be achieved. This will require leaders in quality improvement who have the tools and skills to move their organizations forward toward the elimination of racial and ethnic disparities in care. **About the Disparities Leadership Program:** The Disparities Leadership Program (DLP) is a year-long executive education program designed for leaders from hospitals, health plans and other health care organizations who want a) develop a strategic plan or b) advance a project to eliminate racial and ethnic disparities in health care, particularly through quality improvement. The DLP has three overarching goals:

1. To create a cadre of leaders in health care equipped with a) in-depth knowledge of the field of disparities, including root causes and research to date; b) cutting-edge quality improvement strategies for identifying and addressing disparities; and c) the leadership skills to implement these strategies and help transform their organizations.
2. To help individuals from organizations-who may be at the beginning stages or in the middle of developing or implementing a strategic plan or project to address disparities-further advance or improve their work in a customized, tailored fashion.
3. To assist healthcare organizations so that they can be prepared to meet new standards and regulations from the Joint Commission, the National Committee for Quality Assurance, and the Patient Protection and Affordable Care Act (health care reform).

The DLP faculty will consist of a team of leaders from The Disparities Solutions Center (DSC) at [Massachusetts General Hospital](#) as well as from health plans and health centers across the nation. These leaders are action-oriented and have practical experience implementing organizational and quality improvement strategies aimed at eliminating racial and ethnic disparities in health care. It focuses on the lessons. It focuses on the lessons learned and expertise gained from the development and evolution of programs currently in place at the [Massachusetts General Hospital](#), as well as at several leading health plans and health centers throughout the country.

One of the primary goals of the Disparities Solutions Center is to provide education and leadership training to develop a national network of skilled individuals dedicated to eliminating racial/ethnic disparities in health care. Through the Disparities Leadership Program we hope to move this from a goal to a reality.

Please visit our DLP [alumni page](#), for more information on past participants, including a list of our current class. For the current year's forms and applications, please see the linked forms below:

- A [PDF version](#) of this website page (including the intent to apply form and application)
- An [intent to apply form \(not mandatory\) and application](#)
- The DLP [Informational Postcard](#)
- Intent to apply *accepted on an ongoing basis*; Application Due Date February 8, 2013

[View](#) sample responses for application questions

Timeline: We encourage interested parties to submit an Intent to Apply form prior to submitting a complete application.

Ongoing Acceptance	Intent to Apply Due (recommended but not required)
February 8, 2013	DLP Application due
April 5, 2013	DLP applicants are notified
April 19, 2013	Deadline for applicants to confirm acceptance into the program
May 10, 2013	Tuition is due
May 21-22, 2013	Two day opening meeting in Boston, MA at Le Meridien in Cambridge
February, 2014	Two day meeting - date and specific West Coast location TBD

For more information, visit: http://www2.massgeneral.org/disparitiessolutions/dlprogram_about.html.

U.S. Bureau of Labor Statistics, Office of Survey Methods Research
Several Openings

The following positions have been posted for the Office of Survey Methods Research in the U.S. Bureau of Labor Statistics. Applications from all qualified U.S. citizens are welcome. Please feel free to circulate this information to all potentially interested candidates.

A. Research Statistician

"Merit Staffing" posting (for federal employees and some other persons with "status" defined by the OPM):

<https://www.usajobs.gov/GetJob/ViewDetails/336929500>

"Delegated Examining Unit" posting (for all qualified U.S. citizens):

<https://www.usajobs.gov/GetJob/ViewDetails/336929100>

B. Research Mathematical Statistician

"Merit Staffing" posting (for federal employees and some other persons with "status" defined by the OPM):

<https://www.usajobs.gov/GetJob/ViewDetails/336931100>

"Delegated Examining Unit" posting (for all qualified U.S. citizens):

<https://www.usajobs.gov/GetJob/ViewDetails/336931400>

C. Research Psychologist

"Merit Staffing" posting (for federal employees and some other persons with "status" defined by the OPM):

<https://www.usajobs.gov/GetJob/ViewDetails/336932000>

"Delegated Examining Unit" posting (for all qualified U.S. citizens):

<https://www.usajobs.gov/GetJob/ViewDetails/336931900>

University of Maryland-Baltimore County, Center for Aging Studies/Maryland Institute for Policy Analysis and Research
Senior Research Assistant

Personnel Status: Exempt, Part-time, Grant-Funded. Position is funded at 60% (24 hours per week) with the possibility of becoming full-time. Note: This is a grant-funded position wherein employment is contingent upon renewal of the grant.

Responsibilities: The incumbent will work as an ethnographer for a qualitative study of the diabetes illness experiences of older adults (aged 50+) living in Baltimore City. The study involves using an ethnographic interview schedule to explore participants' views of their diabetes, including how diabetes has or hasn't influenced their lifestyle, their diabetes treatment seeking experiences, and the roles of friends and family in their diabetes management. This study is funded through a three year grant from the National Institutes of Aging. Specific duties include: assisting the recruitment of interviewees; completing ethnographic interviews; recording fieldnotes of the interview and the interview setting, including fieldnotes on the surrounding neighborhood; disseminating and discussing interviews and fieldnotes with the project team; participating in bimonthly research meetings; coding and analyzing data; and performing other duties as assigned. The incumbent also will be expected to participate in the development of papers for publication and the presentation of data at professional conferences.

Minimum Qualifications: Education/Experience: Requires a Master's degree (Ph.D. preferred) in the social sciences. Must have three years of experience with conducting ethnographic and qualitative field research and interviewing. A doctoral degree may be substituted for two years of experience. Field experience in urban settings and African-American communities is preferred. Knowledge of social dimensions of aging, U.S. health disparities, and/or diabetes is required. Training in qualitative analysis software is desired (Atlas.ti preferred).

Salary: Salary is commensurate with qualifications and experience.

Application: For best consideration, submit a cover letter, resume, and contact information for three professional references by February 12, 2013 (resumes will be accepted until the position is filled) to:

Ms. Susan Goldman
Center for Aging Studies
UMBC
1000 Hilltop Circle
Baltimore, MD 21250

As required by the 1986 Immigration Act, be prepared to present acceptable documentation upon hire showing your identity and that you are a U.S. citizen or an alien who is authorized to work.

University of Wisconsin - Madison, Department of Obstetrics and Gynecology, Center for Women's Health and Health Disparities Research
Mentored Post-doctoral Training Program in Health Disparities Research (T32 Program)
Deadline: April 1, 2013

Program Background: Mentored post-doctoral training program in health disparities research funded through the NIH Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Training Grant (T32). This post-doctoral program provides year-long support for training in interdisciplinary research that addresses disparities in health status and health outcomes among minority mothers, infants, children and their families. The Center for Women's Health and Health Disparities (CWHDR) Research T32 Program began under the direction of Dr. Gloria E. Sarto in the spring of 2007. The program has been renewed for an additional 5 years.

Goal of Award: To provide training at the postdoctoral level in interdisciplinary research that addresses disparities in health status and health outcomes among minority populations as well as to recruit underrepresented minorities into academic research careers. The HDRS Training Program provides interdisciplinary and multifaceted opportunities for research that includes not only biomedical and behavioral sciences, but also investigation into quality of care, including cost, access and satisfaction with services; the causes of and barriers to reducing health disparities; attitudes towards health, language spoken, educational level, community profile and socioeconomic status; identification of assessment measures for outcomes, quality and appropriateness of health care services. Attracting minorities from various disciplines such as physicians, nurses, pharmacists, sociologists, social workers, and nutritionists, into academic research careers will help in this endeavor. To address not only the broad array of research areas outlined above but also the interdisciplinary nature of the possible candidates, the faculty is interdisciplinary and consists of physician scientists, perinatal researchers, sociologists, nurse scientists, nutritional scientists, epidemiologists and economists. To promote interdisciplinary research and disciplinary cross training, we provide two mentors for each Scholar, balancing the biomedical/basic science and behavioral/demography and epidemiology approaches to address health disparities. Benefits include a full NIH stipend, tuition, fees and travel funds. The CWHDR currently funds a total of 5 positions.

Eligibility Requirements:

- Postdoctoral scholars must have received, as of the beginning date of the NRSA appointment, a Ph.D., M.D., D.D.S., or comparable doctoral degree from an accredited domestic or foreign institution. Eligible doctoral degrees include, but are not limited to, the following: D.M.D., D.C., D.O., D.V.M., O.D., D.P.M., Sc.D., Eng.D., Dr. P.H., D.N.Sc., D.P.T., Pharm.D., N.D. (Doctor of Naturopathy), D.S.W., Psy.D, as well as a doctoral degree in nursing research.
- Scholar agrees to devote full-time effort in research related activities for a minimum of 2 years and a maximum of 3 years to this T32 training program.
- Scholars must be interested in research that involves health disparities or health in underserved populations.
- No individual may receive more than 3 years of aggregate Kirschstein-NRSA support at the postdoctoral level, including any combination of Kirschstein-NRSA support from institutional research training grants and individual fellowships.
- An NRSA appointment may not be held concurrently with another federally sponsored fellowship, traineeship, or similar Federal award that provides a stipend or otherwise duplicates provisions of the NRSA.
- Scholar will be a US citizen or non-citizen national, or has been lawfully admitted for permanent resident status

and possesses an Alien Registration Receipt Card (I-151 or I-551) or some other verification of legal admission as a permanent resident.

Find more information about the Center for Women's Health and Health Disparities Research T32 Program and how to apply at obgyn.wisc.edu/CWHDR/. Direct Questions to: Julia Brasileiro or Doris Franklin at (608) 262-7573.

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CONFERENCES AND EVENTS

Community-Campus Partnerships for Health
CU Expo Conference
Corner Brook, New Foundland
Canada

June 12-15, 2013

Join us on June 12 for Community-Engaged Scholarship Workshop & CCPH Member Meeting at CU Expo! Registration opens this month for the CU Expo conference, June 12-15 in Corner Brook, Newfoundland. CCPH is supporting this [Canadian-led international conference on community-university partnerships](#) in lieu of our own conference in 2013. Plan to arrive on June 11 in order to join us for a Community-Engaged Scholarship Workshop and CCPH member meeting on June 12 - details will be announced shortly! CCPH members save 20% off registration fees. If you're planning to attend CU Expo, [join CCPH today](#).

National Cancer Institute, Research to Reality: Cyber-Seminar Series

Telling the Story: Cancer Risk Communication Strategies for Underserved Populations
Tuesday, February 26th, 2013, 2:00 p.m. - 3:00 p.m. EST

Adhering to some basic principles for presenting risk information to patients and individuals can improve understanding. However, different risk communication methods may be needed for individuals based on culture, literacy/numeracy, and other factors. Join us February 26th as we explore the use of storytelling and other strategies for risk communication in culturally diverse and underserved populations. February's cyber-seminar will feature Drs. Angela Fagerlin and Melany Cueva. Dr. Fagerlin, co-director of the Center for Bioethics and Social Sciences in Medicine and Associate Professor at the University of Michigan as well as a research scientist at VA Ann Arbor Center for Clinical Management Research, will provide an overview of risk communication strategies and research and how factors such as cultural competency and literacy/numeracy impact these strategies. Dr. Cueva will share how she and the Alaska Native Tribal Health Consortium have utilized storytelling and narratives as a strategy to educate the tribal community about cancer risk, prevention, and survival. Both presentations will provide practical examples of how your organization might apply this research and these approaches in your own community. Register Now! Please click on the following link for more information and to register for this event: <https://researchto reality.cancer.gov/cyber-seminars>. Following registration, you will receive a confirmation email with the toll free number, web URL, and participant passcode. This cyber-seminar will be archived on the Research to Reality (R2R) web site at <http://researchto reality.cancer.gov> approximately one week following the presentation.

Cyber-Seminar Archive: If you have missed any of the previous cyber-seminars, you can view them all on the [R2R Archive](#). Watch the presentations, and [join in the discussions](#). For more information on the cyber-seminar series please email ResearchtoReality@mail.nih.gov.

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RESOURCES

Publications

Ethnicity, Migration and the 'Social Determinants of Health'- Agenda
David Ingleby, University of Amsterdam, The Netherlands

Psychosocial Intervention - Vol. 21, No. 3, 2012 - pp. 331-341

English: <http://bit.ly/ZlxllZ>

Spanish: <http://bit.ly/VlHOt5>

".....One of the most promising recent developments in health policy has been the emergence of a global 'health equity' movement concerned with the social determinants of health. In European research and policy-making, however, there is a strong tendency to reduce 'social determinants' to 'socioeconomic determinants' and to ignore the role of ethnicity, migration and other factors in the creation of inequities. This threatens to hold up the development of work on ethnicity and migration and thus to perpetuate inequities linked to these factors. The present article sets out to illustrate this tendency and to investigate the reasons which may underlie it. The justifications often put forward for neglecting ethnicity and migration are shown to be erroneous. An integrated approach, simultaneously taking account of socioeconomic status, migration and ethnicity as well as other determinants of inequity, is essential if work on the social determinants of health is to make progress. Equity is indivisible; researchers investigating different aspects of social stratification should not treat each other as rivals, but as indispensable allies. An integrated, intersectional, multivariate and multilevel approach will improve our understanding of health inequities and make available more resources for tackling them...."

The Broker - Connecting Worlds of Knowledge - December 2012

The Broker Dossier on inequality

<http://bit.ly/13esuql>

".....This dossier offers an in-depth insight into the concept of inequality. Inequality is at the heart of the debate of how to create a more sustainable world. The Broker's editorial content is based on academic and other established knowledge sources. The Dossier will be kept up to date and supplemented by an online debate.

Core articles

Putting inequality on the map (*Sara Murawski*), explains what we mean by inequality and how it relates to poverty and growth. The article focuses on how inequality is measured and what countries and regions are more or less unequal.

It also looks at the growth of the middle classes worldwide, a significant phenomenon in addressing inequality. Stalling growth and development (*Naomi Woltring*), takes an in-depth look at the economic and social consequences of inequality.

It explains why inequality hinders sustainable economic growth, allows rich people a disproportionate share of political power, and fosters violence and criminality. Unequal societies also have lower life expectancies and suffer more from diseases than more equal societies.

Embracing inclusive growth (*Evert Jan Quak*), explores the effectiveness of economic policies in combating income inequality.

If economists and policy makers agree that inequality harms sustainable economic growth, what would be the best next steps to take?

Is redistribution enough or do we need to go further and change the concept of economic growth that takes equality as a starting point for future economic growth?

When do inequalities cause conflict? (*Rens Willems, Centre for Conflict Studies at Utrecht University, the Netherlands*) analyses the truth of the notion that, when there are large inequalities between rich and poor, the poor become frustrated and organize themselves to gain a better economic position, if necessary, by means of violence. The article also focuses on possible solutions to prevent conflict....."

US Health in International Perspective: Shorter Lives, Poorer Health
Institute of Medicine

<http://www.iom.edu/Reports/2013/US-Health-in-International-Perspective-Shorter-Lives-Poorer-Health.aspx>

The United States is among the wealthiest nations in the world, but it is far from the healthiest. For many years, Americans have been dying at younger ages than people in almost all other high-income countries. This health disadvantage prevails even though the U.S. spends far more per person on health care than any other nation. To gain a better understanding of this problem, the NIH asked the National Research Council and the IOM to investigate potential reasons for the U.S. health disadvantage and to assess its larger implications. No single factor can fully explain the U.S. health disadvantage. It likely has multiple causes and involves some combination of inadequate health care,

unhealthy behaviors, adverse economic and social conditions, and environmental factors, as well as public policies and social values that shape those conditions. Without action to reverse current trends, the health of Americans will probably continue to fall behind that of people in other high-income countries. The tragedy is not that the U.S. is losing a contest with other countries, but that Americans are dying and suffering from illness and injury at rates that are demonstrably unnecessary.

Policy Brief at http://www.iom.edu/-/media/Files/Report%20Files/2013/US-Health-International-Perspective/USHealth_Intl_PerspectiveRB.pdf.

Others

Robert Wood Johnson Foundation Roadmap to Reduce Disparities
<http://bit.ly/VyOQ1w>

".....The Roadmap to Reduce Disparities is a guide for healthcare organizations to improve minority health and foster equity. It draws upon lessons learned from the results of Finding Answers' 33 grantee projects, as well as the unique implementation challenges experienced at each site, and the results of 11 systematic reviews of the disparities-reduction literature. The Roadmap's six-step framework provides guidance for incorporating disparities-reduction efforts into the quality improvement efforts of health care organizations. It is designed so that various components of an equity-focused quality improvement agenda can be developed and implemented separately, simultaneously, or maintained throughout. By following the Roadmap, healthcare professionals are guided through a standardized process to address equity, even though the causes of disparities may vary across regions or patient populations. The Roadmap's recommended processes allow organizations to ensure a comprehensive systematic process that is tailored to the unique challenges of an organization's patient population....."

The

six-step framework:

1. Link Quality & Equity
2. Create a Culture of Equity
3. Diagnose the Disparity
4. Design the Activity
5. Secure Buy-in - concrete support of all stakeholders
6. Implement Change: Start small - Measure change - Be adaptable

INFOGRAPHIC: <http://bit.ly/WgPHSv>

The RWJF national program Finding Answers developed a *six-step framework* to help people and organizations reduce disparities. Now available in a simple graphic that's easy to distribute-or tack up above your desk-the Roadmap can help you fit reducing disparities into all health care quality improvement efforts. Also at:<http://bit.ly/XEOknE>.

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ABOUT THIS NEWSLETTER

To contribute information, resources or announcements to Kellogg Connection, e-mail healthscholars@cfah.org.

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

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