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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,

SOUNDING BOARD

Congratulations Kellogg Scholars and Fellows

Dr. Lisa Cacari-Stone, Scholars in Health Disparities Program alumna, has an article accepted for publication in the Special Issue of *Ethnicity & Behavior* on The Legacy of the U.S. Public Health Service Study of Untreated Syphilis in African American Men Fifteen Years after the President's Apology, Volume 22, Issue 6, 2012: Cacari Stone L & Avila M. (2012). Rethinking research ethnics for Latinos: The policy paradox of health reform and the role of social justice. *Ethics & Behavior*, 22(6):445-460. See <http://www.tandfonline.com/eprint/4CUmB6nmXWJMVYJu4Uiw/full>.

Dr. Dara Mendez, Kellogg Health Scholars Program alumna, has an article accepted for publication: Mendez DD, Hogan VK, Culhane JF. (2012). Stress during Pregnancy: The Role of Institutional Racism. *Stress Health*. 2012 Oct 10. doi: 10.1002/smi.2462. [Epub ahead of print]. See <http://www.ncbi.nlm.nih.gov/pubmed/23055409>.

Dr. Michael Royster, Community Health Scholars Program alumnus, very recently began a new position with the Institute for Public Health Innovation, which is based in Washington, D.C. and also serves Maryland and Virginia. IPHi is a member of the National Network of Public Health Institutes. The Institute provides leadership at the intersections of health by working across disciplines and sectors to develop, support, implement, and evaluate creative strategies to improve the public's health. In his new position, Dr. Royster will establish an office in Richmond, out of which IPHi will expand its work within Virginia.

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ANNOUNCEMENTS

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

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
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.

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, Airin D. Martinez, PhD...

Dr. Martínez is an incoming Tenure-Track Assistant Professor in the School of Transborder Studies at Arizona State University. She received a PhD in Sociology from the University of California-San Francisco, with a specialization in the sociology of health and illness. Her dissertation was a situational analysis of the lay health practice, *comiendo bien* (eating well), among Latino immigrant families in San Francisco. In this project, she identified transnational processes that sustain and transform *comiendo bien* by examining ethnographic data from 15 families in San Francisco, transnational food companies' webpages, and nutritional reports from Latin American public health agencies. A manuscript from this work, which encourages researchers to examine dietary changes among Latina/o immigrants through a transnational approach, is in the journal, *Ethnicity & Health*.

Dr. Martínez recently completed the Kellogg Health Scholars Community Track Program at the Johns Hopkins Bloomberg School of Public Health. During her fellowship Dr. Martínez led an occupational health needs assessment of Latina/o immigrants in Baltimore in partnership with Casa de Maryland, Inc. The needs assessment not only produced local data about Latina/o immigrants' work conditions and occupational health, but also led to the development and implementation of a "Safety Backpack" personal protective equipment intervention for day laborers utilizing Casa de Maryland's Baltimore Workers' Center.

Her long-term goal is to produce research that informs interventions and policies that reverse structural inequalities encroaching Latinos' health-seeking practices, particularly healthy eating. While in Arizona, she would like to conduct a photovoice project examining how single Latina/o immigrants practice *comiendo bien* (eating well) in the absence of a partner and family members. Her second project is to deconstruct "immigrant status" as a social determinant of health in order to examine how immigration enforcement policies, such as Arizona's SB 1070, affect Latina/o immigrants' health-seeking practices, physiological stress, and CRP.

In response to the question, "What do you think is the impact of your fellowship, in particular, to help achieve health equity and eliminate health disparities?" Dr. Martínez responds, "The Kellogg Health Scholars Program has provided me with several tools to achieve health equity and eliminate health disparities. The experience in the fellowship program has greatly boosted my confidence to be both an investigator and change agent by allowing me to execute a CBPR project and assist in

the development of a public health intervention that promotes health equity. The KHSP has also given me the tools to communicate research findings of our CBPR project directly to local members of Congress, with the hopes of influencing policy. More importantly, the fellowship has also given me the wonderful opportunity to forge professional and personal relationships with brilliant and passionate scholars."

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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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CALL FOR SUBMISSIONS

Call for Submissions - International Positive Psychology Association

Third World Congress on Positive Psychology

The Westin Bonaventure Hotel Suites

Los Angeles, CA

June 27-30, 2013

Deadline: January 14, 2013

The International Positive Psychology Association's mission is to promote the science and practice of positive psychology, and to facilitate communication and collaboration among researchers and practitioners around the world who are interested in positive psychology. IPPA is now accepting submissions for its upcoming conference in Los Angeles California (June 27-30, 2013), and we hope you will consider submitting an abstract! The themes of this year's conference are:

- Positive development across the lifespan
- Positive environment, sustainability, and conservation
- Healthy body/healthy mind
- Work and well-being
- Creativity and evolution

A range of categories are available, including:

- Posters
- Organized symposia

- Workshops
- Conversation hours
- Individual papers

The submission deadline is January 14, 2013. For more information about the conference or IPPA, please visit <http://www.ippanetwork.org/>.

Call for Public Input - Institute of Medicine Committee on the Review of the Clinical and Translational Science Awards Program

Deadline: January 21, 2013

The presentation slides from the December 12th meeting of the Committee are now available on the meeting website:

<http://bit.ly/Uv5KNs>. The Committee is seeking public input on the CTSA program via an online form. Questions from the form could be found below so you can plan your response in advance. In order to inform the committee's January meeting, please submit your comments before January 21st. Please note that any public input will be catalogued in the committee's public access file. There will also be a public comment period at the January meeting. If you would like to share your perspective with the committee at the meeting, please register at <http://bit.ly/ZEUAMm>.

Text of IOM Committee online public input form:

CTSA Mission: NCATS' Clinical and Translational Science Awards (CTSA) program seeks to strengthen the full spectrum of translational research. Institutional CTSA awards are the centerpiece of the program, providing academic homes for translational sciences and supporting research resources needed by local and national research communities to improve the quality and efficiency of all phases of translational research. The mission of the CTSA program includes providing infrastructure support to facilitate translational research, promoting training and career development for translational researchers, and developing innovative methods and technologies to strengthen translational research.

Source: <http://www.ncats.nih.gov/research/cts/ctsa/about/about.html>

1a) Is the mission of the CTSA program clear and appropriate for defining the success of the program and for supporting the mission of NCATS?

1b) Is the scope of the mission realistic given the available resources, support, and infrastructure?

1c) Is the mission being disseminated adequately? Are potential stakeholders aware of the resources available through the CTSA Program and are there barriers to use of those resources?

2. Strategic Goals

CTSA Strategic Goals:

1. National Clinical and Translational Research Capability 2. Training and Career Development of Clinical/Translational Scientists 3. Consortium-Wide Collaborations 4. The Health of Our Communities and the Nation 5. T1 Translational Research

Source: <https://www.ctsacentral.org/about-us/ctsa>

2a) Are the strategic goals of the CTSA program clear and appropriate? Do they clarify the purpose and mission of the CTSA Program?

2b) Are the strategic goals realistic given the available resources, support, and infrastructure?

2c) Are the strategic goals being disseminated adequately?

2d) Do you have suggestions for refocusing and revising the strategic goals of the CTSA program?

3. Role of the CTSA

3a) Since the inception of the CTSA program, have the CTSA

institutions, individually and collectively, played an appropriate and adequate role in (please check the boxes where you believe the CTSA Program has played an adequate and appropriate role):

- Accelerating the development of new therapeutics
- Facilitating disease-specific research
- Facilitating children's health and pediatric research
- Enhancing the integration of research funded by the NIH Institutes and Centers, and
- Involving and interacting with community organizations and patient advocacy groups?

3b) Could the mission and strategic goals be improved to address these issues?

If so, how should they be improved?

4. Continuum of Research

4a) Please comment on the balance of CTSA Program efforts across the continuum of research from first phase studies in humans to clinical trials to population-based research on health outcomes and comparative effectiveness

4b) Does the balance need to shift? Why or why not?

5. Successes, Challenges, and Future Directions

What do you see as successes, challenges, and future directions of the CTSA Program?

6. Other Comments

Call for Abstracts - Familias en Acción

The Familias en Acción Latino Health Equity Conference
Portland Community College, Rock Creek Campus
Portland, Oregon

May 10, 2013

Deadline: February 1, 2013

The Familias en Acción Latino Health Equity Conference will be held on May 10, 2013 at Portland Community College at the Rock Creek Campus in Portland, Oregon. The conference provides a forum to focus on individual and community pathways to health equity through research, programs and policies. The interactive annual conference serves an important role in bridging the gap between health research/practice and Latinos to develop strategies for health equity. Conference goals are:

* Research: To provide a forum for local and international public health researchers to share lessons learned from successful efforts to understand and address health disparities impacting Latinos.

* Career Development/Workforce: To provide networking and professional development opportunities to inspire underrepresented students to pursue careers related to health care delivery, health care administration, and health disparities research.

* Care: To provide a forum for care providers to share best practices and build skills to provide effective patient-centered care to Latino patients.

* Policy: To provide a forum for engaging and informing policy makers and stakeholders to promote health equity for Latinos.

Participants are welcome to submit abstracts for workshop and poster presentations in the following topics:

* Community Health Systems Planning & Policy Development

* Mental Health Treatment & Emotional Well Being

* Non---Traditional Health Workers/Community Health Workers

* Public Health Education & Health Promotion

* Cultural Competence in Health Care

* Patient---Centered Models for Care

* Developmental Determinants of Health and Disease

Instructions for Abstract Submission: Abstracts must be submitted to info@latinohealthequityconference.com by February 1st, 2013. The Executive Planning Committee will review all abstracts and the authors will be notified by email by February 15th, 2013. For more information about the conference, please visit www.latinohealthequityconference.com. Abstracts must be submitted in English. Titles should be concise and describe the presented work, written in 12-point

Font (Times New Roman) in bold. Author's names, affiliations and text should be written in 12-point font

(Times New Roman) single-spaced. Author's information should include full names of the authors' and

affiliations annotated by superscript numbers. Abstracts should not exceed 300 words. The text should not include abbreviations and structural parts should summarize the main results and conclusions of the work (Background, Methods, Results, Conclusion). Illustrations, figures, tables, or graphs will not be accepted and will not appear in print. The Executive Planning Committee reserves the right to accept or refuse an abstract and to designate suitable sessions for the abstract.

CALL FOR ABSTRACTS - 141st American Public Health Association Annual Meeting

Theme: Think Global, Act Local: Best Practices Around the World Community-Based Public Health Caucus

Submission Deadline: Friday, February 8, 2013

The Community-Based Public Health Caucus invites abstracts related to the science and practice of community-based public health for the 141st American Public Health Association Meeting and Exposition to be held from November 2 -November 6 in Boston, MA. The theme of the 2013 meeting is *Think Global, Act Local: Best Practices Around the World* and we have particular interest in abstracts and proposals that reflect this theme.

Overview of the Community-based Public Health Caucus:The Community-Based Public Health Caucus, approved by the APHA Executive Board in 2001, is guided by the belief that community lies at the heart of public health, and that research protocols and interventions work best when they are rooted in the values, knowledge, expertise, and interests of the community. We believe that health encompasses the physical, mental, spiritual, social, environmental, and economic well-being of a community and its members. We recognize the power of equal partnerships connecting community members, community-based organizations, academic institutions, and health agencies in order to address the myriad health issues affecting communities today. We understand that, in order for these partnerships to be equal, and for interventions and research to be community-based, community members must participate fully in the identification of health issues as well as in the selection, design, data collection and analysis, implementation and evaluation of programs that address these issues. Further information about the Caucus and its guiding principles can be found at www.cbphcaucus.org.

Call for Abstracts for the 2013 Annual Meeting:We invite abstracts that advance our knowledge of community-academic partnering in multi-disciplinary collaboration and a diversity of community-based public health activities, including basic and applied research projects, interventions, teaching and service learning projects. Of particular

interest are presentations of initiatives that put community-based organizations in the lead position. Presentations that provide participants with enhanced knowledge and skills to conduct community-based public health activities as well as those that explicitly describe the application of community-based participatory research (CBPR) to promoting healthy communities especially through policy change and decision-making at the local, state and federal level, are also of great interest. Electronic submission is required: <https://apha.confex.com/apha/141am/oasys.epl>. We are particularly interested in abstracts that address:

- Academic-community partnerships: The good, the bad, and the ugly
- Benefits & power of partnerships
- Community voices: Community member perspectives on community-academic partnerships and CBPR (presenting author must be a community member)
- Developing community faculty and community partners
- Developing gold standards for CBPR
- Healthy community promote healthy minds & bodies
- Healthy virtual/internet communities
- Lessons learned from community-based participatory research projects
- Measures, methods, and evaluation in CBPR
- The importance of community involvement in research
- The role of community partners in community based public health
- The scholarship of CBPR (presenting author must be an alumni of the Kellogg Health Scholar Post-doctoral Program or antecedent programs)
- Youth roundtable: Youth leading the way to healthier communities (presenting author must be a student/youth)

We are also looking for abstracts on efforts to use community-university partnerships or other types of collaborations, the development of partnerships, capacity-building, research translation into practice and/or policy, and innovative strategies, programs, models, and best practices to address community based public health issues.

Abstract Review Process: All abstracts are peer-reviewed by both community and academic members of the Caucus. They will be considered for oral, poster or roundtable presentation, unless authors indicate a preference. Abstracts are evaluated for their quality and the degree to which their content is consistent with the principles of the Community-Based Public Health Caucus and the 2013 APHA Meeting theme, *Think Global, Act Local: Best Practices Around the World*. If your abstract is accepted for presentation, you are required to present material as stated in the peer-reviewed abstract.

Instructions for full session proposals: We also invite submissions of PROPOSALS FOR FULL SESSIONS (90 minutes). These sessions will consist of five to six presentations (plus a moderator if necessary) that share a common theme, ideally related to the meeting theme, *Think Global, Act Local: Best Practices Around the World*. Please note that each individual abstract to be included in a full session must be submitted through the APHA electronic abstract submission process. Each abstract will be reviewed independently, and be subject to the same blind peer-review process as other abstracts. Due to limited number of sessions available for oral presentations, in order for a full session proposal to be considered, each individual abstract from the proposed full session must be accepted on its own merit. If all abstracts

are not accepted, the full session will not be considered. However, the individually accepted abstracts will be considered for presentation together within another topic area session. In addition to each individual abstract submission, a one-page overview of the proposed full session must be submitted directly to the planner via electronic mail at: cbphc2013@gmail.com.

This one-page overview should include:

1. Full session title
2. Name of the lead facilitator and the contact person for the full session
3. Brief overview of the full session and how the individual abstracts are integrated
4. List the individual abstracts for the full session in presentation order, including the following information: abstract number; abstract titles; author(s); time allocated for each presentation (including discussion).

Suggestions for Fundraising: We are most interested in abstracts submitted for presentation by community-academic partners. We know that co-authors from community-based organizations whose abstracts are accepted for presentation during the 2013 meeting may face challenges with the costs of attending APHA. Unfortunately, the CBPH Caucus currently does not have funding for travel scholarships, but we are looking to raise such funds. We encourage authors to review, "Suggestions for Fundraising for APHA", a guide compiled by other Caucus members on ways to fundraise which includes templates for writing letters to funders and calculating your expenses. Download the guide on our website: www.cbphcaucus.org.

OPPORTUNITIES FOR YOUTH INVOLVED IN CBPH

ENDEAVORS!!! We value young people as the next generation of CBPH activists. True to our vision, we work to support young activists and encourage their attendance to APHA. We ask community-academic partnerships that involve students to please support these students in co-presenting especially, but not limited to, roundtable or poster-sessions (e.g., high school students participating in community-based public health research or activism). Young people 13-25 can participate and become active in the CBPH Caucus Youth Council (see www.cbphcaucus.org for more information). Students under 17 who attend must be accompanied by a chaperone. Please see above, "SUGGESTIONS FOR FUNDRAISING" for more information about youth attending APHA.

Continuing Education Credit:

APHA values the ability to provide continuing education credit to physicians, nurses, health educators and those certified in public health at its annual meeting. Please complete all required information when submitting an abstract so members can claim credit for attending your session. These credits are necessary for members to keep their licenses and credentials.

For a session to be eligible for Continuing Education Credit, each presenter must provide:

- 1) an abstract free of trade and/or commercial product names
- 2) at least one MEASURABLE objective (DO NOT USE "understand" or "to learn" as objectives, because they are not measurable).

Examples of Acceptable Measurable Action Words:

Explain, Demonstrate, Analyze, Formulate, Discuss, Compare, Differentiate, Describe, Name, Assess, Evaluate, Identify, Design, Define or List.

- 3) A signed Conflict of Interest (Disclosure) form with a relevant Qualification Statement. See an example of an acceptable Qualification Statement on the online Disclosure form.

Thank you for your assistance in making your session credit worthy. Contact Annette Ferebee at annette.ferebee@apha.org if you have any questions concerning continuing education credit. Contact the program planner for all other questions.

Contact Information: Please feel free to contact the program planners should you have questions regarding your submission.

Program Planner Contact Information:

Mysha Wynn, MA
Project Momentum, Inc.
P.O. Box 4053
Rocky Mount, NC 27803
Phone: 252-314-4363
cbphc2013@gmail.com

and

Larkin L. Strong, PhD, MPH
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LLstrong@mdanderson.org

Call for Abstracts -- American Public Health Association
2013 Annual Meeting
Theme: Think Global, Act Local: Best Practices Around the
World

Boston, MA

November 2-6, 2013

Deadlines: February 4-8, 2013 at 11:59 PST (Depending on
the Section, Special Primary Interest Group, Caucus or
Forum)

The American Public Health Association's Call for Abstracts for its 141st Annual Meeting and Exposition to be held Nov. 2-6, 2013 in Boston is now open. The theme is *Think Global, Act Local* with a focus on best practices around the world. Find out more about the [2013 APHA Annual Meeting](#). We encourage you to submit abstracts in all areas of public health as well as abstracts that focus on the Annual Meeting theme. All abstracts must be submitted online. An easy-to-use online form will walk you through the process step by step. The deadlines for submission of abstracts range from Feb. 4-8, depending on the Section, Special Primary Interest Group, Caucus or Forum to which you submit your abstract. All submissions will end at 11:59 p.m. PST on the due date listed on the Call for Abstracts Web page. No late submissions will be accepted. You do not need to be an APHA member to submit an abstract. However, if your abstract is accepted for presentation, the presenting author MUST become an APHA individual member and must register for the Annual Meeting by the advance registration deadline. Submission of an abstract implies a commitment to present at the Annual Meeting, therefore, please make sure you understand these requirements before submitting an abstract.

[START YOUR ABSTRACT SUBMISSION](#)

Call for Papers - ***Journal of Community Practice***

Theme: Interdisciplinary Scholarship for Community
Practice

Deadline: April 1, 2013

The Journal of Community Practice announces a call for papers to appear in a special issue of the journal related to the theme "Interdisciplinary Scholarship for Community Practice," guest edited by Lorraine M. Gutierrez, Larry Gant and Katie Richards Schuster at the University of Michigan. At the turn of the 21st century, we would not have envisioned the challenges and opportunities that exist today in our nation and the world. In 2000, we would not have predicted the degree to which global and domestic terrorism, economic adjustments, natural disasters, migration and immigration, new and emerging technologies, globalization and other phenomena would impact the structure and substance of our lives. The conditions of this past decade have affected us all. Economic trends have taken a significant toll on the lives of those who are most vulnerable. These challenges are not unique to the US and are mirrored around the globe. But with these challenges, the 21st century also offers opportunities that are possible in an increasingly technological and interconnected world that can create possibilities for multicultural, intergenerational participation, innovative models of community organization, cross-sector collaboration, participatory media, and new forms of knowledge development. What is the role of community practice in this environment? We are interested in scholarly papers focused on the continuing evolution of community practice for meeting the needs of an increasingly changing world. We are particularly interested in papers that focus on the implications of emerging demographic trends and social conditions, the emergent research methods, and the use of innovative methods, such as the arts or information technology, in community practice. As an interdisciplinary journal grounded in social work, we encourage papers that demonstrate interdisciplinary collaboration and community-based scholarship.

Submission: Manuscripts should be submitted online by April 1, 2013 and labeled FOR SPECIAL ISSUE for consideration by the special issue editors. Submission is via <http://mc.manuscriptcentral.com/wcom>. Manuscripts may be approximately 25 typed pages double-spaced (including the abstract, references, tables and figures). Please contact Lorraine Gutierrez (lorraing@umich.edu) with any questions about this special issue.

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CAREER DEVELOPMENT

City University of New York School of Public Health at
Hunter College
(Epidemiology and Biostatistics - EPI/BIOS)
Assistant or Associate Professor
Job ID: 7001

General Duties: Performs teaching, innovative research, and guidance duties in area(s) of expertise as noted below. Shares responsibility for committee and department assignments, performing administrative, supervisory, and other functions as may be assigned.

Campus Specific Information: The City University of New York (CUNY) has successfully established an accredited School of Public Health (SPH), headquartered in East Harlem. This SPH has identified the following priority areas on which to focus its teaching research and service efforts: urban health, chronic disease prevention and management, population aging and health equity. The CUNY SPH is a consortium of the public health programs at Hunter (East Harlem campus), Brooklyn, and Lehman Colleges, and the CUNY Graduate

Center. The CUNY SPH offers a range of CEPH-accredited MPH and DPH degree programs, including an MPH in either epidemiology or biostatistics and a DPH in epidemiology. The CUNY SPH at Hunter College located in East Harlem seeks applications for the position of Assistant or Associate Professor within the Epidemiology and Biostatistics (EPI-BIOS) program, with the specific role of augmenting the quality of biostatistics teaching and engaging in independent and collaborative public health-oriented research. Successful candidates will: expand and harmonize curricula in biostatistics and epidemiology, with particular emphasis on biostatistics; develop and teach biostatistics courses for master's and doctoral students; supervise students; lead and/or participate in public health-oriented and interdisciplinary research and grant-writing; publish in scholarly journals and participate in faculty governance. Preference will be given to candidates with a growing track record of independent grant-funded research funding. This 9-month, salaried tenure-track appointment at the rank of either Assistant or Associate Professor will be made at Hunter College, beginning September 2013. Visit the website for more details:

<http://www.cuny.edu/site/sph.html>

Key responsibilities include:

- * Strengthening and further developing the biostatistics training component of the EPI-BIOS MPH program.
- * Teaching graduate courses in biostatistics and helping to develop new courses aligned with the EPI-BIOS program, as needed. Providing support to the school-wide MPH and DPH program.
- * Seeking funding with interdisciplinary research teams.

MINIMUM QUALIFICATIONS: Doctorate in biostatistics, or similar field in the social or natural sciences (e.g., statistics, epidemiology, public health, medicine). Also required are a demonstrated track record of proficiency in teaching both introductory and advanced biostatistics (or near equivalent course material) at the graduate level, interest in and potential for productive scholarship or creative achievement, and desire to collaborate with others for the good of the EPI-BIOS Program and the CUNY SPH.

OTHER QUALIFICATIONS - The following qualifications and experience are desired, but not required:

- * Research experience in public health, clinical or related discipline
- * Active portfolio of grant funded research and peer-reviewed scholarship
- * Previous academic experience, with teaching at the graduate level (especially teaching of public health-related courses)
- * Prior applied research experience in communities, workplaces, health departments or other non-academic settings is a plus.
- * Experience in one or more of the following methodological areas is highly desired: complex survey sampling and weighting, probabilistic data linkage, mathematical modeling, instrumental variable analysis, age, period, cohort (APC) models and APC projection models, partial least squares, general additive models (smoothing & non-parametric regression approaches, including incorporation of non-parametric regression into conventional multivariate analysis), and handling missing data (i.e., multiple imputation, inverse probability weighting, etc).

COMPENSATION: Commensurate with qualifications and experience within the salary range for the title:

* 9-month salary for Assistant Professor: \$42,873 - \$74,133

* 9-month salary for Associate Professor: \$55,602 - \$88,418

Candidates with a strong and sustained track record of peer reviewed publications, grant history, leadership skills and national recognition will

be considered for the rank of Full Professor. Salary offers will be commensurate with academic rank, experience, academic accomplishments and national reputation.

BENEFITS: CUNY offers a comprehensive benefits package to employees and eligible dependents based on job title and classification.

Employees are also offered pension and Tax-Deferred Savings Plans.

HOW TO APPLY: Please have your curriculum vitae, a narrative description of your research accomplishments and goals, courses taught, three recent articles or manuscripts and the names and contact information of three references available to attach into the application before you begin. Applications can be submitted on-line by accessing the CUNY Portal on City University of New York job website

<http://cuny.edu/employment.html> and navigating to Careers at CUNYfirst.

Current users of the site should access their established accounts; new users should click on the appropriate link to register.

Instructions on how to apply for a position at CUNY:

<http://cuny.edu/employment/cunyfirst/CUNYfirst-application.html>

Click here to go directly to the posting. <http://bit.ly/ZxGifZ>

CLOSING DATE: Open until filled with first review of application material to begin December 1, 2012.

JOB SEARCH CATEGORY

CUNY Job Posting: Faculty

National Cancer Institute Tobacco Control Research Branch
Branch Chief

Review of Applications Begin: March 15, 2013

The Department of Health and Human Services (DHHS), National Cancer Institute's (NCI), Division of Cancer Control and Population Sciences (DCCPS), Behavioral Research Program (BRP) is seeking a senior scientist to serve as Chief of the Tobacco Control Research Branch (TCRB). TCRB provides national and international leadership and support for research activities related to prevention and control of tobacco use and the elimination of cancer and suffering due to tobacco use. TCRB also synthesizes and disseminates scientific findings through publications, special journal issues, and its Tobacco Control Monograph series. The successful candidate will lead a group of behavioral and social scientists, fellows, and administrative staff to develop innovative research initiatives, and to encourage research in key scientific areas, to advance tobacco control. The Branch Chief will work collaboratively with the Associate Director and other Branch Chiefs in BRP to lead new initiatives within the program, the NCI, and the NIH. Moreover, the Branch Chief will play an important role in increasing functional integration of substance use, abuse, and addiction-related research across NIH, and collaborate with senior leadership across agencies within DHHS, including the Centers for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), with other Federal Agencies, as well as with diverse non-governmental agencies on a range of tobacco control programs and initiatives to advance public health. There are many new opportunities to advance tobacco control research including the regulatory authority of the FDA, a greater focus on addressing the burden of global tobacco, and new prevention efforts driven by the Affordable Care Act. The BRP provides a unique and nationally visible multidisciplinary environment and participates in NCI's many internship, postdoctoral training, and visiting scientist programs. The TCRB Chief will enjoy a scientifically energizing and collegial

environment with opportunities to:

- * Develop research and funding initiatives;
- * Cultivate a diverse portfolio of grant-supported research;
- * Lead and participate in cross-disciplinary research collaborations involving public, private, and academic stakeholders;
- * Develop national and international scientific programming (e.g., symposia, special journal issues and supplements, conferences, and workshops);
- * Conduct research, publish, and present at professional meetings; and
- * Contribute to the development of major tobacco-related documents.

Candidates must have earned an MD or PhD or the equivalent in the behavioral or social sciences, public health, quantitative sciences, medicine, or related areas. Successful candidates will have an exceptional record of publications and extramural funding as well as a high degree of national/international visibility in one or more areas related to the mission of the TCRB. Extensive experience in several areas of tobacco control research, the ability to manage complex research projects and engage in interdisciplinary collaborations, supervise scientific staff and manage budgets is also essential. The salary range for this position is \$123,758 - \$155,500 annually, depending upon qualifications and experience (GS-15 pay grade). The work site location is the Washington, D.C. suburb of Rockville, Maryland. United States citizenship is required for all applicants. Excellent benefits will be provided; a relocation package will be negotiable. All applicants will receive consideration without regard to ethnicity, gender, national origin, age, religion, disability, or sexual orientation. The Department of Health and Human Services (DHHS), National Institutes of Health (NIH) and NCI are Equal Opportunity Employers. Please submit a letter of interest, CV, and copies of two representative publications to Juanita Cox (juanita.cox@nih.gov). For questions about the position, contact Dr. Deborah Winn (search committee chair) at winnde@mail.nih.gov, or Dr. William Klein (Associate Director, Behavioral Research Program) at kleinwm@mail.nih.gov. Review of applications will begin on March 15, 2013. Applications will be considered until the position is filled. To learn more about the TCRB, please visit: <http://tobaccocontrol.cancer.gov> To learn more about the BRP, please visit: <http://cancercontrol.cancer.gov/brp/>

Saint Louis University College for Public Health & Social Justice, Department of Behavioral Science and Health Education

Assistant Professor to Associate Professor (Tenure-track)
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 College for Public Health & Social Justice. The Saint Louis University College for Public Health & Social Justice 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

candidates 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:
Elizabeth Baker, Ph.D.

Chair, Search Committee
Saint Louis University
College for Public Health & Social Justice
3545 Lafayette Avenue, Room 313
Saint Louis, MO 63104
bakerpa@slu.edu

University of Texas at El Paso
Associate Professor/Professor
Jobbed: 815
College: Health Sciences, Nursing, Science, Engineering, Liberal Arts
Department: Health Disparities
Application Procedure: Review of applications will begin immediately and will continue until the position is filled. Send a letter summarizing research interests and qualifications and curriculum vitae to:
Theodore V. Cooper, Ph.D.
The University of Texas at El Paso
hdfacultysearch@utep.edu

The University of Texas at El Paso (UTEP) invites applications for a tenure-track or tenure eligible Associate Professor or Professor position with a focus in Health Disparities with an anticipated appointment date Fall 2013. Leadership, expansion of research, collaboration with existing faculty, and mentorship of new faculty comprise goals within the position. Potential foci in Health Disparities on the U.S./Mexico Border include but are not limited to: 1) socioeconomic factors, including cultural, political, economic, and ethical aspects; 2) health factors, including personal behaviors, decision making, and health care systems; and 3) public policies and their implications, and 4) environmental factors, stemming from both natural and built environments. The successful applicant will demonstrate the ability to lead in an interdisciplinary manner and the ability to engage students and faculty across campus in collaborative research. The individual's appointment will be in the Department and College consistent with expertise, and additional responsibilities will include teaching, mentoring, and service in or across relevant departments in the field of expertise.

Qualifications: Relevant qualifications include: a terminal degree in the area of expertise, a strong record of leading collaborative and interdisciplinary research in Health Disparities, demonstrated success in procuring extramural funding, a national/international reputation that would enable one to lead a highly visible effort on the U.S./Mexico border related to health disparities, and the demonstration of interdisciplinary collaborative research within a multicultural environment. Applicants from any relevant discipline are encouraged to apply.

The University: The University of Texas at El Paso is an emerging national research university at the heart of the U.S.-Mexico border region committed to the ideals of access and excellence. A leader among Hispanic-serving institutions, UTEP enrolls more than 22,000 students - about 77 percent of them Hispanic - and is the only doctoral research

university in the nation with a student body that is a majority Mexican-American. UTEP offers 70 bachelor's, 79 master's, and 19 doctoral programs - with more in development. UTEP's research spending of nearly \$70 million a year ranks the University among the top 200 universities in the nation, its federal research spending of more than \$35 million ranks fourth among all Texas public universities, and UTEP was ranked 12th in the 2012 national university ranking by Washington Monthly. The center for intellectual capital in the region, UTEP has awarded more than 100,000 degrees since its founding in 1914. A major economic engine in the Paso del Norte region, UTEP generates \$438 million in local business volume and contributes over 6,900 jobs and \$423 million in household income. UTEP offers exciting Division I athletic programs; award-winning theater, dance, and music programs; several art galleries and a museum; and continuing and lifelong education programs open to the public. Our multidisciplinary faculty members currently have research programs focused on Hispanic health disparities, chronic and infectious disease prevention, global health, public health nutrition, environmental and occupational health, maternal-child health and nutrition, substance abuse, and health education and promotion. The University has ongoing collaborations with the Texas Tech University Health Science Center, University of Texas School of Public Health, local school districts, hospitals, governmental agencies and non-governmental organizations, international and national universities. Our NIH funded Hispanic Health Disparities Research Center reflects a successful collaboration which has led to a multidisciplinary approach in seeking new and better ways in understanding and helping to eliminate disparities among our rapidly growing Hispanic population. The university also has a growing and on-campus collaborative faculty/student research efforts with LIMBS International, a non-profit entity that develops technology for the poorest of the poor in the developing world. Through this collaboration faculty and students have the opportunity to conduct on campus and field research in Africa, Asia, and Central and South America. Independently, other faculty have on-going international research collaborations at field sites in Latin America, Europe, Africa, Australia and Asia. The University's facilities are equipped for conducting laboratory and field research in immunology, molecular biology, infectious and chronic disease, exercise science, neurosciences, substance use and abuse, and nutrition and foods. University faculty conduct disparity-related research that spans basic and clinical science, from community to global health. The breadth of research expertise includes health education and promotion, health literacy, chronic and communicable disease prevention and management, maternal-child health, nutrition, exercise science, disability and rehabilitation sciences, social stigma, and mental health. A cadre of graduate students assists faculty in conducting a variety of projects relevant to improving health outcomes in the U.S.-Mexico border region.

El Paso: El Paso County is a highly livable, bi-cultural community of 800,000 people that offers affordable homes and is the safest large city in the United States. Shielded by mountains on three sides, El Paso enjoys more than 300 days of sunshine annually and a dry climate, making it possible to engage in outdoor activities year-round. The city of El Paso adjoins both the state of New Mexico and the country of Mexico, making it one of the largest international communities in the world. El Paso comprises 248 square miles and is the sixth largest city in Texas and 19th largest in the United States.

El Paso's active arts and culture community features the state's longest running symphony orchestra, a nationally recognized chamber music

festival, art galleries, history museums, and a full schedule of seasonal festivals and events.

University of Texas at El Paso
Associate Professor/Professor
Jobbed: 810

College: Health Sciences, Liberal Arts, Science

Department: Environmental Health Disparities

Application Procedure: Applications will be received until the position is filled. Review of applications will begin January 1, 2013. Only electronic submissions will be accepted. Applicants must submit the following in a single PDF file: 1) a letter of application, 2) curriculum vita, and 3) name, title, and contact information for three references. The PDF file should be sent electronically as an attachment and labeled with the initials and last name of the applicant to: wlhargrove@utep.edu.

FOR QUESTIONS OR MORE INFORMATION, CONTACT:

wlhargrove@utep.edu

The University of Texas at El Paso is seeking a tenure-track or tenured faculty member at the rank of Associate Professor or Professor in the area of environmental health disparities. The candidate's current and/or future research should be relevant to international border regions, especially the U.S.-Mexico border. Responsibilities include teaching and mentoring at both the undergraduate and graduate levels. The successful candidate will be expected to maintain an active research agenda, secure extramural funding, and serve on departmental and university committees. Examples of potential research topics include environmental and health factors stemming from both natural and built environments; socioeconomic factors as determinants of environmental health; public policies and their implications; and others. The successful candidate will demonstrate a commitment to collaborative interdisciplinary research and the ability to work with stakeholders in the health, environmental, and social sectors. The academic home will be in an appropriate department in the College of Health Sciences, College of Liberal Arts, or College of Science, depending on the individual's training and research interests. Collaboration across departments and colleges and with interdisciplinary research centers on campus will be expected.

ABOUT UTEP & EL PASO: The University of Texas at El Paso is an emerging national research university at the heart of the U.S.-Mexico border region committed to the ideals of access and excellence. UTEP 's nearly \$70 million in research spending a year ranks the University among the top 200 universities in the nation; and its more than \$35 million in federal research spending ranks fourth among all Texas public universities. In 2012, UTEP was ranked #12 in the nation by the Washington Monthly in its annual "College Guide and Rankings." UTEP enrolls more than 22,000 students - about 77 percent of them Hispanic - and is the only doctoral research university in the nation with a student body that is a majority Mexican-American. UTEP offers 70 bachelor's, 79 master's, and 19 doctoral programs - with more in development. UTEP features excellent classroom and laboratory facilities, including the recently opened Health Sciences Building. For more information about UTEP, please visit our website: www.utep.edu. El Paso County is a highly livable, bi-cultural community of 800,000 people that offers affordable homes and is the safest large city in the United States. Shielded by mountains on three sides, El Paso enjoys more than 300 days of sunshine annually and a dry climate, making it possible to engage in outdoor activities year-round. The city of El Paso adjoins both

the state of New Mexico and the country of Mexico, making it one of the largest international communities in the world. El Paso comprises 248 square miles and is the sixth largest city in Texas and 19th largest in the United States.

REQUIRED QUALIFICATIONS: An earned doctorate in an appropriate field of science, health science, social science, or related area with a record of scholarship and experience to qualify for the rank of either Associate or Full Professor; demonstrated ability to effectively teach and mentor students; and a successful record of obtaining funding through grants and contracts. The successful candidate must be able to work effectively with faculty, staff, students, and community members from diverse ethnic, cultural, and socioeconomic backgrounds. Bilingual (English/Spanish) candidates are encouraged to apply.

APPOINTMENT DATE AND SALARY: Anticipated appointment date is fall 2013. Salary will be competitive for rank and commensurate with experience. The position comes with an attractive start-up package and excellent fringe benefits.

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CONFERENCES AND EVENTS

CES4Health

CTSA Tool Shop Webinar

February 1, 2013 at 12:00 noon ET

Please plan to join us on Feb 1 at 12 noon ET for a CTSA Tool Shop Webinar on CES4Health! CES4Health.info is a free online tool for peer-reviewed publication and dissemination of products of community-engaged research that are in forms other than journal articles. Nearly every CTSA is producing such products - videos, training manuals, policy reports, curricula, digital stories, etc - and CES4Health.info is designed to have them "count" towards promotion and tenure if faculty are co-authors and get them into the hands of academics and community members who are working on similar issues and don't have to reinvent the wheel. The presenter is Cathy Jordan, Editor of CES4Health and faculty with the U of Minnesota CTSA. To register for the webinar: <http://bit.ly/UMIZVr>. For more information about the CTSA Tool Shop webinar series, visit <http://bit.ly/TFY3oJ>.

Institute of Medicine

Committee on the Review of the Clinical and Translational Science Awards Program Meeting

January 24, 2013 (8:00 a.m.)

The next meeting of the Institute of Medicine's Committee on the Review the Clinical and Translational Science Awards (CTSA) Program at the National Center for Advancing Translational Sciences (NCATS) will be January 24, 2013. It's possible to attend in person or dial in: <http://bit.ly/RAeGVU>.

National Collaborating Centre for Healthy Public Policy - Canada

Online course: Introduction to health impact assessment of public policies

May 1-June 1, 2013

Registration deadline: March 20, 2013

<http://bit.ly/TVQw3f>

"....An online course on health impact assessment (HIA) of public policies

has been developed by the NCCHPP and the Institut national de santé publique du Québec (Québec's public health institute - INSPQ). This course aims to help participants to develop and improve their competencies for leading an HIA process relating to public policies, and to do this with partners from different sectors.

The content of the course is structured into three main themes, organized as modules:

- The historical, methodological and scientific foundations of HIA
- Producing high quality HIAs
- Knowledge sharing and decision making.

The *first module* discusses the evolution of HIA, types of impact assessment and HIA models, the determinants of health, the process of policy making, intersectoral collaboration and public participation. At the end of the module, students will be able to:

- Present the evolution of HIA
- Present the different types of impact assessment and HIA models
- Identify the determinants of health in a scenario
- Determine the place of HIA within the stages of policy-making analysis
- Select a representative intersectoral working group and present the roles of the community in health impact assessment.

The *second module* deals with the five steps of the HIA process. The quality principles and standards as well as implementation conditions and elements of project management are also presented. The key competencies are:

- Using screening and scoping tools
- Producing a logic framework
- Using information sources available in public health
- Synthesizing a report
- Naming quality criteria of an HIA
- Knowing the contextual elements facilitating a successful application of HIA practice
- Explaining the process of project management.

The *third module* is about decision making, knowledge brokering and knowledge sharing. Students will have acquired the following competencies by the end of this module and will know how to:

- Distinguish the diverse source of information inherent to all decision-making processes
- Establish the conditions for a transparent and non-technical report in order to inform decision making
- Determine if a knowledge-sharing plan responds adequately to the needs and the level of the audience for whom the HIA is intended. ..."

The IUPUI Center for Service and Learning and Indiana Campus Compact

5th Annual Connecting Campuses with Communities Events
Indianapolis, IN

May 13-17, 2013

Deadline: March 1, 2012

(1) Service Learning Institute

May 13-15, 2013

Objectives:

- Increase the number of high quality service learning courses
- Share promising practices and generate new ideas
- Enhance reflection, assessment, and partnerships in service learning classes
- Build a network of service learning practitioners

Institute Topics:

- Design courses for well-integrated service learning
- Create and assess learning outcomes
- Develop meaningful reflection activities
- Collaborate with community partners as co-educators

Intended Audience: Community engaged scholars or practitioners who implement or support service learning curriculum design.

(1) Research Academy

May 15-17, 2013

Objectives:

- Strengthen research on service learning and community engagement
- Advance the scholarship of teaching and learning
- Provide consultation and feedback on research ideas
- Build a network of service learning scholars

Academy Topics:

- Integrate curricula and research
- Develop measurement approaches
- Design theory-based research questions
- Write research proposals and manuscripts

Intended Audience: Community engaged scholars or practitioners who undertake research or support research on service learning.

The application and more information available here:

[Indiana Campus Compact](#). (Individuals can apply for either or both parts of the event.)

Applications are currently available [HERE](#) and will be accepted until March 1, 2013. Applicants will be notified by the end of March.

Rates: \$200 per event; \$350 for both events - Faculty/Staff

\$150 per event; \$250 for both events- Graduate Students

For questions about the Service Learning Institute, contact J.R. Jamison at jramiso@iupui.edu

For questions about the Research Academy, contact Julie Hatcher at jhatcher@iupui.edu

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RESOURCES

Publications

Assessing the Impact of Economic Evidence on

Policymakers in Health Care - Systematic Review
Agency for Healthcare Research and Quality - U.S.
Department of Health and Human Services

<http://1.usa.gov/St4JVC>

Prepared by: The Johns Hopkins University Evidence-based Practice
Center Baltimore, MD

Investigators: Louis W. Niessen, John Bridges, Brandyn D. Lau, Renee
F. Wilson, Ritu Sharma, Damian G. Walker, Kevin D. Frick, Eric B. Bass,

AHRQ Publication No. 12(13)-EHC133-EF October 2012

Many health care experts are demanding greater use of economic
evidence in the assessment of new and existing health technologies.

Objectives: To assess whether and how economic evidence has an
impact on health care decisionmaking in the United States and in other
countries and to identify antecedents or obstacles for use in health
policy.

Data Sources: Searches of MEDLINE, EconLit, Cumulative Index to
Nursing and Allied Health Literature (CINAHL), Embase®, and ISI Web of
ScienceSM from 1991 until January 2012.

Review Methods: The review included original studies that applied a
quantitative or qualitative method for evaluating use of economic
evidence in any country. We excluded articles that were opinion- or
experienced-based without newly generated data. Paired reviewers
independently determined whether articles met eligibility criteria and then
extracted data from eligible studies. Reviewers also assessed the quality
of each study and graded the strength of the body of evidence using an
adaptation of the grading of recommendations assessment development
and evaluation (GRADE) recommendations, indicating study limitations,
quality, strength of findings, and the type of data available.

Results: Of 19,127 titles initially screened, 43 studies were included, with
all but five published since 2000. The most frequently studied countries
were the United Kingdom (15), and Australia, Canada, and the United
States (5 each). Most studies (27 studies) considered national-level
policy and examined the key health actors involved. Important decision
making topics were reimbursement and health package decisions, and
priority setting in program development. Thirty studies found evidence
that use of economic evidence had a substantial impact on health care
policymaking, 27 of which emphasized at least one other criterion, such
as equity considerations, usually ill-defined (14 studies), clinical
effectiveness, budget impact, ethical reasons, and advocacy arguments.
The 30 studies confirmed the acceptance of economic evidence as
having an impact on either general policy or specific decisions, such as
reimbursement decisions. In 11 of the studies, the use of economic
evidence had only a limited impact on health policy decisions. In two
studies, economic evidence had no impact on health policymaking. A few
factors played a key role in the use of economic evidence: (1) quality
and transparency of the studies that provided the economic evidence
was a promoting factor (7 studies) in the case of a good study and a
strong obstacle in the case of a poorly presented study (18 studies); (2)
transparency and quality of the decisionmaking process was important in
the acceptance or rejection of the decision (10 studies for acceptance,
13 studies for rejection); and (3) clarity of the economic information and
the way it was communicated were promoting factors (7 studies), while
lack of clarity was an obstacle in accepting evidence (17 studies). Of the
37 observational studies of policy impact, 11 (30%) received a favorable
rating on more than three of the 8 items on the study quality checklist.
Five of the studies had a comparison group and provided intermediate

quality evidence that economic evidence is useful in general health policymaking.

Conclusions: The body of evidence on the use of economic evidence in policy is small and patchy. It shows that the utility of economic evidence, alone or in combination with systematic reviews, is influenced by technical issues, such as transparency and clarity, as well as by the transparency of the decision making process...."

Dances of death: macabre mirrors of an unequal society
Johan Pieter Mackenbach, Rolf Paul Dreier
Department of Public Health, Erasmus MC, Rotterdam, The Netherlands

International Journal of Public Health - December 2012, Volume 57, Issue 6

<http://bit.ly/Y2zGHb>

".....Between 1400 and 1800, Dances of Death were a popular art form depicting a metaphorical encounter between Death and representatives of a stratified human society. We review the thematic development of Dances of Death and study the development of social critique.

Methods: We first assembled a full catalogue of all Dances of Death created between 1400 and 1800. We then analyzed patterns of spatiotemporal diffusion and made an in-depth hermeneutic study of the combined texts and images of a carefully selected set of 20 Dances of Death, comparing four distinct periods (1425-1525, 1525-1600, 1600-1650, and 1650-1800).

Results: We identified more than 500 Dances of Death. It was only in its first stage of development, coinciding with the Pre-Reformation (1425-1525), that social critique was very prominent. This was represented in four forms: explicit references to social (in) equality, to failures of the authorities, and to emancipated farmers, and a general social realism. In later phases social critique largely disappeared and was replaced by religious themes.

Conclusions: Dances of Death provide historical context to current analyses and debates of social inequalities in health. They remind us of the stubbornness of these inequalities, which despite progress in material well-being are still very much with us today...."

Healthy Equity - A series of invited commentaries
Australian and New Zealand Journal of Public Health
Volume 36, Issue 6, pages 513-514, December 2012

<http://bit.ly/QVXzft>

*Why are we failing on health equity and how can we do better in future?
Gavin Mooney <http://bit.ly/101mkLl>

"....I feel that health inequity is the biggest challenge facing public health not only in Australia but across the globe. Health services in developed and yet more so in developing countries are increasingly threatened with increased demands and, with the economic turmoil faced by the planet, a tightening of public spending on health services. This has very real adverse consequences for population health, in particular the health of the poor and disadvantaged. Public sector budgets more generally are being squeezed with cuts in welfare payments, in public education and in social services generally. ..."

*Health equity: the challenge

Professor Sir Michael Marmot <http://bit.ly/WCBbuG>

*We are failing on health equity because we are failing on equity

Paula Braveman <http://bit.ly/Yw0FKA>

*Aboriginal health equity: the key is culture

Dennis Eggington <http://bit.ly/UWR6iN>

*Inequity, psychoactive drug use and drug-related harm

Alex Wodak <http://bit.ly/R9ZkWy>

*Health inequities: causes and potential solutions

Kalie Kissoon, Charles Larson and Niranjana Kissoon <http://bit.ly/Yw00sO>

*Health inequity in South Africa - a by-product of injustice

Amaboo Dhali and Yosuf Veriava <http://bit.ly/RK4ydf>

*Scenarios of inequity, South Africa's Limpopo and the Australian Western Desert

Jeanne Daly, Craig Sinclair and Annette Stokes <http://bit.ly/Td0Oz5>

*Health equity lessons from Kerala

Delampady Narayana <http://bit.ly/UWQCJu>

*A view of health equity from Europe

Margaret Whitehead <http://bit.ly/UjkGS6>

Information on Small Populations with Significant Health Disparities: A Report on Data Collected on the Health of Asian Americans in Massachusetts

Institute for Asian American Studies at the University of Massachusetts-Boston

<http://bit.ly/ThZvNY>

Learn more about the Institute at <http://bit.ly/UZEfwj>

The report begins with a discussion of the important issues of data collection and reporting and then discusses the particular challenges of collecting and reporting on data in Massachusetts. Profiles of major datasets based on records for administrative entities are presented such as the Massachusetts Cancer Registry, hospital discharges, MassHealth, and Medicare, and mortality and natality records. This is followed by a description of major datasets based on population surveys such as the Behavioral Risk Factor Surveillance System (BRFSS) and the Youth Risk Behavior Survey (YRBS). They discuss how MassCHIP may be used as an extractive tool for researchers. The report concludes with recommendations for the Commonwealth of Massachusetts to better address the health disparities of Asian Americans, including greater engagement of Asian American communities in research. Although focused on Massachusetts, the report may be helpful to community organizations and researchers in other states who are working to advance the health of Asian-Americans and/or other small populations with significant health disparities.

Life gets under your skin

Edited by Professor Mel Bartley

UCL Research Department of Epidemiology and Public Health on behalf of the ESRC

International Centre for Lifecourse Studies in Society and Health - 2012

<http://bit.ly/O03KzQ>

".....The booklet demonstrates how social policy related to family life, education, employment and welfare can have beneficial effects for the overall health of individuals. It also shows how multi disciplinary, longitudinal research can deliver findings valuable to the individual, society and the economy...."

".....In this booklet we have tried to give a flavour of what lifecourse research is discovering about health and well-being. For some time now, doctors, psychologists and economists have realised that health is not all

about biology, and happiness is not all about money. There is an interplay between what is around us in our everyday lives and what we bring with us from earlier in life. Children learn more at school when their family environment has prepared them to be 'school-ready'. Many young adults experiment with risk-taking for a while and then move on easily, while others find it harder. We all know some people who are able to 'make the best' of situations, even difficult ones, at home or at work, while others fail to cope. And most of us will know other people who have obvious talents which somehow they just never manage to make much of, who 'snatch defeat from the jaws of victory'. By looking across the whole of the lifecourse at how biological, economic and psychological factors influence each other, we are just beginning to understand why individuals are the way they are. Of course everyone is fascinated to understand themselves and those close to them. We watch TV soap operas in order to see all these individual life stories in a less threatening way, because they are not 'real', although they may remind us strongly of our own lives. But the understanding that lifecourse research can achieve has other significance as well. Many of the diseases of ageing have their roots much earlier in life, and are more likely to be prevented by starting early. How much friendlier would our neighbourhoods be if everyone brought with them from childhood the general idea that other people are to be respected and valued? How much more productive would our national economy be if everyone made full use of their talents and abilities? We hope that we have given some flavour of the promise held out by lifecourse research and how it could be applied to the real world..."

Others

Health inequalities:

In conversation with Dennis Raphael
Podsocs (podcasts for social workers)

<http://www.podsocs.com/podcast/health-inequalities/>

So what are health inequalities? How do government policies influence whether we improve a nation's health or make it worse? These and other questions are tackled by Dennis Raphael in this Podsocs episode. Dennis Raphael, PhD, is a Professor of Health Policy and Management at York University in Toronto. The most recent of his over 150 scientific publications have focused on the health effects of income inequality and poverty, the quality of life of communities and individuals, and the impact of government decisions on Canadians' health and well-being. Dr. Raphael is editor of "Social Determinants of Health: Canadian Perspectives" (now in 2nd edition), co-editor of "Staying Alive: Critical Perspectives on Health, Illness, and Health Care" (now in 2nd edition) and author of "Poverty in Canada: Implications for Health and Quality of Life", all published by Canadian Scholars' Press. "Health Promotion and Quality of Life in Canada: Essential Readings", an edited collection was released in January 2010 and "About Canada: Health and Illness" has been published by Fernwood Publishers. "Social Determinants of Health: The Canadian Facts" (co-author) is a primer for the Canadian public has been downloaded over 100,000 times. His latest book "Tackling Health Inequalities: Lessons from International Experiences" was published November 1, 2012. Get a free copy of Social Determinants of Health: The Canadian Facts at <http://thecanadianfacts.org>.

Measuring Health Disparities

Michigan Public Health Training Center Social Epidemiology

and Population Health
Instructors John W. Lynch, Sam Harper

<http://bit.ly/XCzugt>

This course has been made possible through funding from the Health Resources and Services Administration, Centers for Disease Control and Prevention, Michigan Public Health Training Center, Center for Social Epidemiology and Population Health, and Prevention Research Center of Michigan

Cost No Charge Downloadable computer file - before you can download the course, you will need to register. Once registered, you will be able to immediately install it on your hard drive.

The course is password-protected.

*File size is 68.2 MB and will take about five minutes to download with a high-speed bandwidth.

*To obtain course password, click here.<http://bit.ly/PSrJQk> (There is a link to obtain the password, once you begin the computer-based course.)

*Installation instructions. This computer-based course is PC-based and not Macintosh-compatible.

Course Description: This interactive course focuses on some basic issues for public health practice -- how to understand, define and measure health disparity. This course examines the language of health disparity to come to some common understanding of what that term means, explains key measures of health disparity and shows how to calculate them. This computer-based course provides a durable tool that is useful to daily activities in the practice of public health. The material is divided into four content sections. Parts I and II review what health disparities are, how they are defined, and provide an overview of common issues faced in measuring health disparities. Parts III and IV introduce users to a range of health disparity measures, providing advantages and disadvantages of each, and discuss how best to use different measures to communicate and evaluate health disparity in our communities.

Learning Objectives: By the end of the first content section (which includes Part I What are Health Disparities? and Part II Issues in Measuring Health Disparities), you will be able to:

*Identify the dimensions of health disparity

*List three definitions of health disparity

*Interpret health disparity in graphical representations of data

*Explain relative and absolute disparity

*Describe how reference groups can affect disparity measurement

By the end of the second content section (which includes Part III Measures of Health Disparities and Part IV Analytic Steps in Measuring Health Disparity), you will be able to:

*Describe at least three complex measures of health disparities

*List strengths and weaknesses of at least three health disparity measures

*Summarize the analytic steps in measuring health disparity

Course Methodology

This course, while self-paced, can be expected to take between two to three hours to complete. The various health disparity measures are explained with interactive slides and audio commentary. Real-world examples illustrate concepts and carefully thought-out exercises help build knowledge.

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ABOUT THIS NEWSLETTER

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