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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,

## 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](mailto:mbjones@cfah.org)) no later than the end of each month for inclusion in the following month's KConnection.

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

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## SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet KHSP legacy program, Community Health Scholars Program, alumnus Michael O. Royster, MD, MPH, FACPM...

Mike joined the Institute for Public Health Innovation (IPHi) in January 2013 as the Director of Programs. IPHi is the official public health institute that serves Maryland, Virginia, and Washington, D.C. 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 and promote health equity. IPHi is one of the newest institutes within the National Network of Public Health Institutes (NNPHI), an organization of 38 members throughout the US.

Prior to joining IPHi, Mike was the Director of the Virginia Department of Health (VDH), Office of Minority Health and Health Equity (OMHHE). In this position, Mike oversaw Virginia's state offices of minority health, rural health, and primary care. OMHHE advanced health equity by developing data tools to assess health inequities, improving access to quality health care, developing and promoting community-based participatory initiatives, enhancing the capacity of VDH and its partners to promote health equity, and facilitating strategies to target the social determinants of health.

Deputy Director, KHSP  
National Program Office  
Brandon Moore,  
Director of New Media,  
CFAH

Question?

Have you moved?

Have you found a new job?

Is there a research  
question you would like  
feedback on?

Any recent publications?

Do you have any  
experience or advice to  
share?

Let us know! Email:

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

Contributions:

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

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

Please update our files if  
your email or mailing  
address has changed or  
will change. We want to  
keep our Scholars network  
as up-to-date and well-  
connected as possible!

Please send any changes  
to [mbjones@cfah.org](mailto:mbjones@cfah.org) or  
[healthscholars@cfah.org](mailto:healthscholars@cfah.org).

Prior to this position, Mike was the Director of the Crater Health District headquartered in Petersburg, Virginia. In this capacity, he oversaw public health programs and services for a district of 5 rural counties and 3 small cities. He led the initial implementation of emergency preparedness and response planning within the district; implemented outcome-based program evaluations for all health department programs; and led the expansion of community-based participatory efforts to promote cardiovascular health, eliminate childhood lead poisoning, and reduce teen pregnancy.

Mike completed his undergraduate training at the University of Virginia, and his medical training at Duke University School of Medicine. He completed a residency in Public Health and General Preventive Medicine at Johns Hopkins Bloomberg School of Public Health. In addition, he completed the two year W.K. Kellogg Health Scholars Program at the University of North Carolina Gillings School of Global Public Health.

He is board certified in Public Health and General Preventive Medicine and he is a fellow of the American College of Preventive Medicine. In addition, he is a member of APHA, a member of the board of directors for the Virginia Public Health Association, and an adjunct assistant clinical professor with the Virginia Commonwealth University School of Medicine, Department of Epidemiology and Community Health.

When asked what the impact of the Kellogg fellowship was on his career, Mike replied: "The 2 years I spent as a Kellogg Health Scholar within the community track had a profound influence on my understanding of health and the focus of my work. The fellowship provided me with a lens to see more clearly the social, economic, and environmental factors that shape health in communities, and ultimately create health inequities. I also developed a greater appreciation of and the skills to assure equitable community participation in defining community priorities and strategies to address them. As a result, I have incorporated a commitment to community-based participatory approaches into my previous and current positions."

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## ARCHIVED KHSP E-WORKSHOPS

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

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

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

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## FUNDING

National Institutes of Health

Short-term mentored career enhancement awards in the basic behavioral and social sciences: Cross-training at the intersection of animal models and human investigation

(K18: RFA-DA-14-002)

Deadline: December 11, 2013 (5:00 p.m. local time of applicant organization)

<http://grants.nih.gov/grants/guide/rfa-files/RFA-DA-14-002.html>

Purpose: This OppNet RFA invites applications for short-term mentored career enhancement awards in [basic behavioral and social sciences research \(b-BSSR\)](#) to support development of research capability in b-BSSR with specific emphasis on cross-training and establishing collaborations between researchers with expertise in animal models of basic behavioral and social processes and those studying similar or related processes in human subjects. Basic research using any non-human species or with human subjects in laboratory- or field-based settings is appropriate for this RFA. OppNet intends to commit \$1 million in Fiscal Year 2014 to support an estimated 10 awards. Eligible candidates may be at any rank or level of research/academic development beyond three years of postdoctoral experience, and either,

- Scientists conducting b-BSSR in animal models who seek training in the study of similar or related behavioral or social processes in humans, or,
- Investigators conducting b-BSSR in human subjects who seek training in the study of similar or related processes in animal models.

OppNet strongly recommends that candidates review the set of [Frequently Asked Questions and Answers \(FAQs\)](#) created expressly for this RFA.

Background: Scientific experts who participated in an October 2010 meeting, [OppNet: Expanding Opportunities in Basic Behavioral and Social Science Research](#) and an OppNet workshop, [Improving Animal Models of Behavioral and Social Processes](#), in July 2012, identified the need for increased collaboration between researchers working with animal models and those working with human subjects, in order to improve the back-and-forth translation of b-BSSR findings between animal studies and the human condition. This FOA begins to address this need using a career enhancement strategy. Its goal, to develop a cadre of researchers who will be better equipped to work across species, will help address the challenges of modeling complex human social and behavioral processes in non-human organisms.

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## CALL FOR SUBMISSIONS

Call for Proposals for Mentorship Track - CBPR Institute for Health Equity

Building Effective and Sustainable Partnerships to Improve Community Health

Deadline: March 29, 2013 (5:00 p.m.)

(fees to attend Institute still apply)

[CBPR Institute Overview:](#)

In June, 2013, San Francisco State University, in partnership with

community and academic partners in Northern California, is hosting its second Community-Based Participatory Research (CBPR) Institute, "CBPR Institute for Health Equity: Building Effective and Sustainable Partnerships to Improve Community Health". CBPR is defined as a partnership approach to research that equitably involves community members, organizational representatives, and academic researchers in all aspects of the research process. It enables all partners to contribute their expertise, with shared responsibility and ownership. Training in CBPR is critical to building the capacity of academics, health professionals and community members, including those from underserved communities, to reduce health disparities and increase health equity. One of the goals of the Institute is to build a broad collaboration between public health graduate schools and programs, Clinical and Translational science Institutes in Northern California, Academic Health Centers, county health departments and community non-profit partners to build capacity in CBPR. Through this collaboration, the CBPR Institute will help to increase the opportunities for new and senior investigators, including those from underserved communities, to engage in CBPR to reduce health disparities. Sessions in the 2013 Institute will include keynote presentations, breakout sessions for dialogue and skills development and application, case study presentations, site visits, media festival, as well as focused research mentorship for ten community-academic teams.

What is the mentorship track?

This call for proposals invites new or existing community-academic partnerships to submit an application to attend the CBPR Institute 2013 and receive mentorship throughout the week from senior CBPR investigators. In the mentorship track, teams will receive 1-2 hours of mentorship every day, with opportunities to focus on areas including partnership development and evaluation, project development, implementation and evaluation and CBPR grant proposal writing. Through a competitive process, 10 partnered teams of 2-4 community and academic members from diverse geographic and underserved areas across Northern California will be selected to participate in the Institute as a mentored team. The mentorship will be tailored to the selected teams based on their stage of development and specific outcomes desired.

Who is eligible to apply?

Community-Academic Teams must:

- Have at least one community partner and one academic/research partner
- Be committed to learning and practicing CBPR
- Attend the entire Institute (June 24-28)
- Arrive at the Institute with a draft of a concept paper or proposed specific aims

(details to follow after selection of teams)

Team Application Guidelines

Application should not exceed 2 pages, single spaced (11 pt font minimum).

Please describe:

- History of the community-academic partnership
  - o Describe the partners and organizations/institutions involved in this project, their history of working together, shared goals, and interest in attending the Institute as a team
- Background/significance of health issue and affected population
  - o Briefly describe the health issue and California-based underserved population your team would most like to address
- Specific objectives:
  - o Describe the specific objectives or aims of this partnership. These aims

should clearly outline what kind of mentorship your team seeks and may be related to any of the following: partnership development or evaluation, collaborative research/intervention design, evaluation or grant writing

- o Identify what (draft of specific aims, partnership evaluation plan, etc.) your team will bring to the Institute for mentorship focus
- Benefits to partners and underserved community
- o In this section, briefly describe how the mentorship requested will help to advance the goals of the partnership and benefit the community. Describe the specific knowledge and skills that each partner would like to develop. How will the capacities gained benefit the community?
- Appendices (not included in the 2 pages)
- o Curriculum Vitae (CV) or resumes of partners
- o If available, one example of collaborative work (published paper, unpublished paper, policy brief, news article, etc.)

Fees for attending the Institute are:\*

\$750 academic/research partner (full week)

\$500 public health agency partner (full week)

\$250 community-based organizations and nonprofits (full week)

\*In case of financial need, please contact: [jesstokunaga@gmail.com](mailto:jesstokunaga@gmail.com)

How to apply: Email application to [jesstokunaga@gmail.com](mailto:jesstokunaga@gmail.com) by March 29 at 5:00 pm Pacific Standard Time. Applications received after this time will not be considered. Teams will be notified by April 15 and must register by May 1. For more information: <http://cbprinstitute.wordpress.com/>.

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

<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 ([WCS DH](#)) 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](mailto:fortunek@paho.org).

Call for Papers - **Journal of Public Mental Health**  
Special Issue on Mental Health and Human Rights  
Deadline: June 1, 2013

The *Journal of Public Mental Health* announces a call for papers for a special issue on mental health and human rights, to be published in 2013. Accepted contributions include original research papers, systematic reviews, policy analyses and case studies. In 2012 the World Health Organization (WHO) Department of Mental Health and Substance Abuse launched the QualityRights (QR) Project, which aims to improve the quality and human rights conditions in mental health and social care facilities and empower civil

society organizations to advocate for the rights of people with mental and psychosocial disabilities. This call for papers aims to inform the core objectives of QualityRights to:

- Improve the quality of services and human rights conditions in inpatient and outpatient mental health facilities;
- Build capacity among service users, families and health workers to understand and promote human rights and recovery from mental disabilities;
- Develop a civil society movement of people with mental disabilities to provide mutual support, conduct advocacy and influence policy-making processes in line with international human rights standards;
- Reform national policies and legislation in line with best practice and international human rights standards;
- Address stigma and discrimination.

JPMH are keen to attract papers from academics, practitioners and activists in resource-scarce countries. Papers for this special edition should be marked with 'QualityRights' in the title. The manuscript selection process will follow the journal peer review procedures. Submit articles to <http://emeraldinsight.com/products/journals/journals.htm?id=jpmh> before 1 June 2013. Informal enquiries to: [Leeknifton@gmail.com](mailto:Leeknifton@gmail.com).

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## CAREER DEVELOPMENT

American Public Health Association (APHA)  
2014 APHA Public Health Fellowship in Government  
Deadline: April 8, 2013

A call for applications has been issued for the [2014 APHA Public Health Fellowship in Government](#). This is the seventh year that APHA is offering this fellowship, which has been described as an "amazing" and "phenomenal" experience by previous fellows. Candidates must have strong public health credentials and be interested in spending one year in Washington, D.C. working in a congressional office on legislative and policy issues related to health, the environment or other public health concerns. The fellowship will begin in January 2014 and continue through December 2014. The fellowship provides a unique learning experience for a public health professional to gain practical knowledge in government and see how the legislative and public policy process works.

[Apply now online](#): Electronic application, including a CV and three letters of recommendation, are due to APHA by April 8, 2013.

All candidates:

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

Please For more information, please feel free to contact Charlene



Bright at [charlene.bright@apha.org](mailto:charlene.bright@apha.org) or (202)777-2491.

Centers for Disease Control and Prevention, DNPAO Obesity Prevention and Control Branch  
Behavior Scientist

Deadline: March 11, 2013

The announcement for the DNPAO Obesity Prevention and Control Branch's (OPCB) Behavioral Scientist position has been posted on USA jobs and closes on 03/11/13.

Behavior Scientist, GS-0101-13 Internal announcement:

<https://www.usajobs.gov/GetJob/ViewDetails/338605100>

Behavior Scientist, GS-0101-13 External announcement:

<https://www.usajobs.gov/GetJob/ViewDetails/338609700>

Centers for Disease Control and Prevention  
Several Openings

(1) [Systematic Economic Review Fellowship](#) -- Graduate Students, Recent Graduates, Postdoctoral, Post-Master's

(2) [Public Health Analyst](#), Atlanta, GA

Deadline: March 11, 2013

Who May Apply: Federal employees with career or career-conditional appointments in the competitive service; former Federal employees with reinstatement eligibility based on previous career or career-conditional appointments; displaced Federal employees requesting special priority selection consideration. Status Candidates (Merit Promotion and VEOA Eligibles).

Salary: \$101,035.00 - \$131,343.00 / Per Year

Series & Grade: GS-0685-14/14

Position Info: Full-time - Permanent

Control Number: 338750200

JOA Number: HHS-CDC-M3-13-850187

(3) [Health Scientist](#), Atlanta, GA

Deadline: March 11, 2013

This position is located in the Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC), National Center for Immunization and Respiratory Diseases (NCIRD), Influenza Division, Atlanta, GA Who May Apply: Open to all United States Citizens.

Who May Apply: U.S. Citizens

Salary: \$101,035.00 - \$131,343.00 / Per Year

Series & Grade: GS-0601-14/14

Position Info: Full Time - Permanent

Control Number: 338729700

JOA Number: HHS-CDC-D3-13-840402

East Carolina University, Brody School of Medicine,  
Department of Public Health  
Faculty Position in Health Behavior

About the University and Department: The Department of Public Health of the Brody School of Medicine, East Carolina University (ECU) invites applicants for a faculty position in Health Behavior. Fixed term or tenure track position available. ECU is a constituent of the University of North Carolina and classified as a Doctoral/Research-Intensive University. Located in Greenville, North Carolina, ECU is the third largest of the 16-campus

University of North Carolina System. The Department of Public Health offers an accredited Masters of Public Health (MPH) degree program, which has grown to over 100 students. The Department has a robust research portfolio and provides opportunities for interdisciplinary collaboration with clinical faculty in the Schools of Medicine and Dental Medicine and Colleges of Nursing and Allied Health Sciences, the College of Health and Human Performance and many other Schools and programs across the campus. The University has strong community-based collaborations with clinics, health departments, and non-profit organizations in eastern North Carolina with the mission to reduce health disparities in the under-served. In addition to the MPH degree, the department offers a Certificate in Ethnic Health and Rural Disparities and collaborates with the Center for Health Disparities Research. The Department is planning to offer a PhD in Epidemiology and DrPH degrees Public Health Administration and Biostatistics. The Department includes a Center for Health Systems Research and Development.

Job Summary: ECU seeks to attract an active, culturally and academically diverse faculty of the highest caliber, skilled in scholarship of teaching, discovery, application and integration of knowledge.

Duties: The successful candidate will teach in the MPH program, mentor students, conduct investigator-initiated research, assist in further development of curricula, and provide university, professional, and community service. Salary and rank is commensurate with experience and training. Start-up funds are available. Essential job responsibilities:

- Assimilate information, reason, and communicate effectively with students and colleagues;
- Perform research or other creative activity that contributes to the academic field of public health;
- Meet classes regularly and perform all tasks necessary for carrying out normal instructional activities;
- Meet with students and advise on their academic programs and individual studies;
- Participate in University and community activities, especially as they relate to rendering academic and community service;
- Plan, organize, and conduct meetings.

For further information please contact:

Nancy Winterbauer, PhD, Assistant Professor  
Search Committee Chair  
Department of Public Health  
Brody School of Medicine  
[winterbauern@ecu.edu](mailto:winterbauern@ecu.edu)

Minimum Qualifications: Demonstration of excellence in and commitment to teaching health behavior to masters, doctoral, medical students, residents, and/or fellows. Candidate must have a doctorate (PhD or DrPH) from an appropriately accredited institution in public health or a field related to understanding and modifying health behavior.

For more information and to apply:

[https://ecu.peopleadmin.com/applicants/jsp/shared/position/JobDetails\\_css.jsp](https://ecu.peopleadmin.com/applicants/jsp/shared/position/JobDetails_css.jsp)

Emory University's Rollins School of Public Health  
Post-Doctoral Fellow

We are seeking a post-doctoral fellow to work closely with the Principal Investigator, Dr. Hannah Cooper, on two NIDA-funded multilevel studies of place characteristics and health. The first is a longitudinal multilevel study of public housing relocations and relocaters' health. Of specific interest in this study is how pre-/post-relocation changes in relocaters' neighborhood

conditions and network characteristics relate to changes in their substance misuse and biobehavioral vulnerability to HIV and other STIs. The second is a newly-funded study of whether and how place characteristics are related to racial/ethnic disparities in injection drug users' vulnerability to HIV and to disparities in injectors' healthcare utilization. The post-doctoral fellow will work closely with Dr. Cooper to produce manuscripts for both projects, including conceptualizing research questions; working with the data analyst to acquire and process geospatial data; developing analysis plans to test hypotheses and perhaps analyzing data; and writing manuscripts. The post-doctoral fellow will be the first author on several papers and a co-author on others. This fellowship is a two-year, full-time position. The fellowship will be housed within the Department of Behavioral Sciences and Health Education at Emory University's Rollins School of Public Health. Several training resources are available to post-doctoral fellows through the school and university. Emory's Social and Behavioral Research Center (<http://www.sbsrc.emory.edu/programs.html>) and Institute for Quantitative Theory and Methods (<http://www.quantitative.emory.edu/>) offer workshops in a variety of topics, including meta-analysis, data visualization, and the collection and analysis of longitudinal data. The university is home to an NIH-funded Center for AIDS Research (<http://www.cfar.emory.edu/>), which offers CFAR03 grants to new investigators and hosts several ongoing colloquia on emerging topics in HIV/AIDS. Trainings in how to write competitive K01 applications are available to fellows through the university. The successful candidate will have doctoral training in social epidemiology or sociology and will have particular strengths in conceptualizing and studying the relationships of place characteristics to health. Candidates must have recently earned a doctorate, or, if they are still in candidacy, must have scheduled their defense date. To apply for this position please submit a cover letter and CV to Dr. Cooper at [hcoope3@emory.edu](mailto:hcoope3@emory.edu). The subject heading on the email message should read "Post-doctoral application." Applications will be reviewed beginning in March 15, with a start date of early summer. Salary and benefits will be commensurate with NIH standards.

Harvard School of Public Health and Dana-Farber Cancer Institute  
Assistant/Associate Professor of Health Disparities Department of Social and Behavioral Sciences and Center for Community-Based Research  
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. 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, DFCl, and Harvard's other teaching hospitals. This position includes a highly competitive compensation and start-up package.

Requirements: 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.

Please apply to: <https://academicpositions.harvard.edu/postings/4497>

For questions, please contact: Chair, Search Committee for SBS/DFCl c/o Linnea Benson-Whelan, Search Administrator, Dana-Farber Cancer Institute 450 Brookline Avenue, LW720 Boston, MA 02215. Email: [linnea\\_benson-whelan@dfci.harvard.edu](mailto:linnea_benson-whelan@dfci.harvard.edu)

Institute for Social and Economic Research  
Research Positions (Three openings)

The Institute for Social and Economic Research, the leading centre for survey methods research and training in the UK, is now recruiting for three newly-created researcher posts, all of which are for methodological research and development of different types. Application deadline is 19 March. Informal enquiries to [plynn@essex.ac.uk](mailto:plynn@essex.ac.uk) are welcome.

Post 1

- Mixed modes. To work primarily on development and implementation of mixed-mode data collection strategies for Understanding Society: the UK Household Longitudinal Study: <http://bit.ly/Vm06mM>.

Post 2 - Survey experiments. To work primarily on maximising the value of ISER's unique Innovation Panel (IP), a longitudinal survey of 1,500 households purely for methodological development and testing. The role involves a) analysing existing IP data to extract and disseminate research knowledge, and b) developing the future design, management and promotion of the IP for research: <http://bit.ly/12pirRQ>.

Post 3 - Value-added data. To work primarily on the development of value-added data for Understanding Society: the UK Household Longitudinal Study, including income imputation, derived net income measures and other elements such as life history data: <http://bit.ly/XJZrJV>.

McMaster University and Wesley Urban Ministries, Hamilton, Ontario, Canada

Post-Doctoral Fellowship

McMaster University and Wesley Urban Ministries, both of Hamilton, Ontario, are pleased

to announce a postdoctoral research opportunity for an outstanding scholar with knowledge and interest in housing and homelessness among people with mental illness and/or addictions. The research is supported by funding from Human Resources and Social Development Canada with a start date of February, 2013, or as soon as possible, ending March 31, 2014. Please see the full posting on Charity Village. <https://charityvillage.com/jobs/search->

[results/job-detail.aspx?id=269242](https://www.nih.gov/results/job-detail.aspx?id=269242)

National Institutes of Health, National Human Genome Research Institute, Social and Behavioral Research Branch

Postdoctoral Fellowship: Social and Behavioral Research in Genomics

The Social and Behavioral Research Branch (SBRB) in the National Human Genome Research Institute at the National Institutes of Health is seeking applicants for our postdoctoral training program to join an interdisciplinary team of faculty and research fellows. SBRB is one of the nation's premier research programs in social and behavioral science and genomics. Researchers in the SBRB investigate a broad array of research questions related to public health, health communication, health behavior change, clinical genetic counseling, health disparities, and community-based research.

We are particularly seeking candidates with interest in:

- Social networks and health
- Behavioral interventions
- Health psychology
- Doctor-patient communication
- Health disparities
- Risk communication
- Family adaptation to risk

Applicants must have completed their doctoral training within the last 5 years or less. The starting date can be flexible. The fellowship includes a competitive salary, benefits, and a professional travel stipend.

To learn more about the SBRB's research mission and ongoing research, see the Social and Behavioral Research Branch Web page at [www.genome.gov/11508935](http://www.genome.gov/11508935).

Applicants should send a curriculum vitae, a statement of research interests, and names of three references to:

[postdocrecruitment@mail.nih.gov](mailto:postdocrecruitment@mail.nih.gov)

*Colleen McBride, Ph.D.*

Chief & Senior Investigator, Social and Behavioral Research Branch  
Head, Public Health Genomics Section

Building 31, Room B1B54  
Bethesda, MD 20892-2073

[Colleen McBride Web page](#)

*Vence Bonham, J.D.*

Associate Investigator, Social and Behavioral Research Branch  
Head, Communication Research Section

Senior Advisor to the Director on Societal Implications of Genomics, Office of the Director

Building 31, Room B1B55  
Bethesda, MD 20892-2073

[Vence Bonham Web page](#)

*Laura Koehly, Ph.D.*

Head, Social Network Methods Section  
Social and Behavioral Research Branch  
Building 31, Room B1B37  
Bethesda, MD 20892-2073  
[Laura Koehly Web page](#)

St. Louis University, Saint Louis MO  
Assistant/Associate Professor, Behavioral Science & Health Education  
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. Expertise and/or experience in global health are desired. 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> (Employment Requisition Number 20120872). Inquires with a copy of a curriculum vitae may be sent to:

Elizabeth Baker, Ph.D.  
Chair, Department of Behavioral Science and Health Education  
Saint Louis University  
College for Public Health & Social Justice  
3545 Lafayette Avenue, Room 313  
Saint Louis, MO 63104  
[bakerpa@slu.edu](mailto:bakerpa@slu.edu)

Required Documents: Resume/CV, Cover Letter

The People's Scientific Conference to Promote Health and Eliminate Health Disparities  
Health Disparities Research Fellow Mentoring Program  
University of Florida  
Gainesville, FL  
June 14-15, 2013  
Deadline: April 15, 2013

Overview: The People's Scientific Conference will launch a mentoring program to inspire the next generation of researchers, particularly minority researchers and lay-health community workers involved in research or work that has implications for promoting health and eliminating health disparities in minority and underserved populations.

Aims:

- Implement a Health Disparities Research Fellow Mentoring Program, June 14-15 of 2013, in Gainesville FL.
- A mentoring mosaic comprised of 2 senior researchers and 1 community stakeholder will mentor a group of 3 young investigators and 1 local community health worker during the 2-day mentorship program that will occur throughout the conference. The team will debrief on conference presentations, explore research ideas, and discuss community engagement research and community-academia partnerships.

Mentees (criteria):

- 13 mentees will be selected (8 from Florida and 5 from other states).
- These individuals must demonstrate interest in health disparity research or commitment to promoting health in minorities and/or underserved communities and/or eliminating health disparities.
- Must be junior investigators (within 6 years of earning an advanced degree) from the clinical sciences (e.g., public health, nursing, medicine) or the social science disciplines (e.g., psychology, economics, political science, sociology) or community health workers (involved in the community for at least two years).
- Selected mentees will receive complimentary conference registration and up to \$1,000 for out of state participants and \$400 for in-state participants. Funds will be used for conference expenses.
- Selected mentees will also be recognized during the conference.

Mentors:

- Nationally and internationally recognized researchers.
- Well-known community stakeholders.

Application:

- Submit a one page letter of intent. In this letter summarize the following: 1) Commitment and accomplishments related to research and/or work related to promoting health and eliminating health disparities; and 2) Learning expectations for this mentorship.
- Submit one-page resume/vitae.
- Two letters of recommendation.
- Use Arial font 11 and 1" margins.
- Submit all as one attachment to the following email: [jeannems@ufl.edu](mailto:jeannems@ufl.edu)
- Applications that do not comply with criteria will not be reviewed.
- Application deadline is April 15, 2013.

*Funding for this conference was made possible (in part) by 1R13MD007621-01 from the National Institute on Minority Health and Health Disparities. The views expressed in written conference materials or publications and by speakers and moderators do not necessarily reflect the official policies of the Department of Health and Human Services. Furthermore, mention of trade names, commercial practices, or organizations does not imply endorsement by the U.S. Government*

University of North Florida, Jacksonville, FL  
Assistant Professor, Public Health (Tenure-track)

Deadline: May 15, 2013

Job #: 337141

Position Description:The University of North Florida, Brooks College of Health, Department of Public Health invites applications for a new 9- month tenure track assistant professor position to start Fall 2013. The position is for the CEPH accredited Master of Public Health /undergraduate community health program.

Qualifications:

*Required qualifications:* Doctorate in Public Health, Health Education/Promotion, or closely related field conferred no later than August 1, 2013; proven record of, or potential for, excellence in teaching; proven

record of, or potential for, scholarly research leading to peer-reviewed publications; commitment to university and professional service.

*Preferred qualifications:* Graduate degree (s) from CEPH accredited School of Public Health or program, research focus on health disparities, and/or desire to teach courses in public health management and policy, research, mental and emotional health, nutrition or substance abuse and prevention.

Organization Description: UNF, with a student body of 16,000, has been rated a Best College in the Southeast and a Best Value Public College by the Princeton Review. UNF is located on a nature preserve in sunny northeast Florida midway between the Atlantic Ocean and downtown Jacksonville. Jacksonville has a population of almost one million, a large public health care system, and numerous cultural and natural attractions.

How to Apply: To be considered for this position, interested applicants must complete the one page application online at <http://www.unfjobs.org> and submit the following documents on-line: (1) Letter of Interest; (2) Current Curriculum Vitae; (3) Copy of graduate and doctoral transcript; and (4) Contact information (Name, address, E-mail, phone, fax) for three references. Note: Review of applications begins March 11, 2013. The positions will remain open until filled. Applicants who are asked to interview must provide official transcripts and three written letters of recommendation prior to the scheduled campus interview.

Questions: Please contact: Patricia Madrid, Assistant Professor, Public Health, 1 UNF Drive, Jacksonville, FL 32224, phone: 904-620-1437 ext. 1437, email: [p.madrid@unf.edu](mailto:p.madrid@unf.edu).

For more information and to apply:

[https://www.unfjobs.org/applicants/jsp/shared/Welcome\\_css.jsp](https://www.unfjobs.org/applicants/jsp/shared/Welcome_css.jsp)

University of Oxford, The Ethox Centre

Caroline Miles Visiting Scholarship

Deadline: April 2, 2013

The Caroline Miles Visiting Scholarships, funded by the Ethox Foundation, are awarded annually to post-doctoral or early-career researchers to enable them to spend up to a month at the Ethox Centre

working on a topic relating to one of the Centre's four main research areas: clinical ethics; research ethics; public health ethics; or global health bioethics. For more information about the scheme and the application procedure, please visit the Ethox website at <http://www.ethox.org.uk/>.

University of Wisconsin-Milwaukee, Joseph J. Zilber School of Public Health

Assistant/Associate/Full Professor (tenure track/tenured)

Several Openings

The Joseph J. Zilber School of Public Health (Zilber School) at the University of Wisconsin - Milwaukee was founded in 2009 with an explicit commitment to social and environmental justice. Initiated by a powerful combination of academic leaders, community advocates and investors, and local officials, the Zilber School strives to become an innovative, interdisciplinary, 'next generation' School of Public Health. Our School values excellence in education, research, and leadership, and promotes participatory community engagement, strategies and policies, all to foster transformational change for improving health and health equity. Ours is the newest school at the UW System's major metropolitan campus, which is a Carnegie-designated Doctoral/Research-Extensive institution undergoing dynamic growth toward expanded research excellence. We seek ten faculty members across all levels to join us in developing novel, transdisciplinary research, education,



and practice programs that integrate divergent theoretical, epistemological, methodological and pedagogical approaches to improve overall population health and promote social and health equity. We have openings for scholars with expertise in epidemiology, biostatistics, public health policy/administration, and environmental/occupational health. In valuing equity, we aim to develop a faculty cohort with gender balance and that reflects the social and racial/ethnic diversity of the communities we serve. We will hire a strategic mix of talented junior and senior faculty, with rank and salary commensurate with the candidate's credentials. All positions will be 100% hard-funded tenure-track (Assistant Professor) or tenured (Associate or Full Professor) 9-month academic year appointments, with attractive benefits and start up packages, and the opportunity to generate summer salary. Successful candidates will join our founding faculty in preparing the Zilber School to become Wisconsin's first nationally-accredited School of Public Health. Zilber School faculty are leading emerging research programs that address public health and health equity from the molecular to the societal levels. Current disciplinary expertise spans epigenetics; developmental neurobiology and immunotoxicology; social and environmental epidemiology; statistical genetics; public health bioinformatics; social and behavioral sciences; maternal and child health; and public health law and policy (see <http://publichealth.uwm.edu>).

The Zilber School currently offers Master's of Public Health (MPH) and PhD degrees in Environmental and Occupational Health and in Community and Behavioral Health Promotion. Additional PhD programs in Public Health Policy and in Epidemiology are being planned. Remaining core MPH concentrations in Epidemiology, Biostatistics and Public Health Policy/Administration are under development. Undergraduate education and certificate programs will be expanded, and joint degrees are anticipated. The Zilber School's newly completed, five-story LEED-certified main facility near downtown provides ample space for collaborative, interdisciplinary research and anchors one of Milwaukee's transforming historic neighborhoods. We are establishing innovative practice partnerships, beginning with the City of Milwaukee Health Department, a local academic health department co-located in our new facility. Additional approved dedicated wet laboratories on the main UW-Milwaukee campus will provide complementary space for cutting-edge, laboratory-based public health research.

Milwaukee is a vibrant, diverse urban area on the shores of Lake Michigan with easy access to beaches, a thriving cultural scene, an expansive urban parks system, and hundreds of miles of bike lanes and paths. There is great enthusiasm within the Milwaukee area for promoting public health and systems change. Opportunities for collaborative research and practice across institutions and sectors abound, including major initiatives around improving birth outcomes and healthier food systems.

All candidates must possess a doctoral degree (e.g., PhD, MD, JD, etc.) in a relevant core public health field or related discipline at the time of appointment. ABD candidates will be considered for assistant professor positions. We seek exceptional scholars with strong publication and extramural funding records (or promise thereof for new scholars), evidence of teaching excellence, and commitment to building collaborative partnerships. All areas of expertise within the disciplines described above will be considered; priority will be given to candidates whose research and teaching areas complement existing faculty interests and who share our aspirations for the Zilber School. Successful candidates will be expected to teach and mentor culturally and socially diverse future public health researchers and practitioners; develop and/or expand their own externally-funded research program; and collaborate effectively with academic colleagues and community partners. Applicants must apply online. Online

submission materials must include (a) a cover letter describing research and teaching interests, (b) a full CV, (c) a research statement describing most significant contributions and current and future research activities, (d) a teaching statement describing approach, experience and evidence of teaching excellence, and (e) contact information for three professional references. The anticipated start date for these positions is August 19, 2013, with other start dates negotiable. Review of applications will begin November 30, 2012, and will continue until all positions are filled.

To apply, click on the desired position(s) below:

[Epidemiology](#)

**Biostatistics**

[Public Health Policy/Administration](#)

[Environmental/Occupational Health](#)

Questions about these positions should be directed to Ms. Tanika Reesnes, (414) 227-3131, [reesnes@uwm.edu](mailto:reesnes@uwm.edu).

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## CONFERENCES AND EVENTS

Community Based Participatory Research for Health Equity  
Hosted by San Francisco State University

June 24-28, 2013

Schedule:

6-24-2013 Creating, Building and Maintaining Partnerships

6-25-2013 Collaborative Study and Intervention Design

6-26-2013 Collaborative Data Collection, Analysis, and Dissemination

6-27-2013 The Intersection of CBPR, Policy and Social Change

6-28-2013 Fundraising and Sustainability for CBPR

Daily Format:

Mornings (9:00 am - noon)

Keynote lecture / presentation followed by breakout discussions and interactive activities

Keynote Speakers: Margaret Gordon & Catalina Garzon, Nina Wallerstein & Miho Kim, Charlotte

Chang & Pam Tau Lee, Meredith Minkler, Panel with Marion Standish, Senaida Fernandez & Norval

Hickman

Afternoons (1:00 pm - 4:00 pm)

Case study presentations or mentored project development; learnings from the day; tools and applications

Planning Committee: Chinese Progressive Association, Commonweal, The Data Center, Plumblin

Consulting, Inc., California Breast Cancer Research Program, CANFIT, San Francisco Department of

Public Health, Tobacco Related Disease Research Program, The California Endowment, San

Francisco State University, University of New Mexico, University of California, Berkeley; University of

California, Davis; University of California, San Francisco, San Jose State University, Stanford

University.

Course Fees:\*

Academic Partners: \$750 (full week); \$180 (per day)

Public Health Agencies: \$500 (full week); \$100 (per day)  
Community Based Organizations, Non-profits, & Students: \$250 (full week);  
\$50 (per day)

\*In case of financial need, please contact: [jesstokunaga@gmail.com](mailto:jesstokunaga@gmail.com)  
Call for Proposals from community-academic teams interested in applying to  
receive additional  
mentorship at the Institute will be released early March (deadline March 29,  
2013); fees still apply  
Credit: Course fees waived for students who enroll in the Institute for 2  
credits through their  
respective campuses (25 student credit slots available)  
Location: San Francisco State University. For more info:  
<http://cbprinstitute.wordpress.com/>

#### National Cancer Institute

##### Research to Reality, R2R: Cyber-Seminar Series

Across the Board: How multilevel interventions can improve  
the health of our communities

Tuesday, March 19<sup>th</sup>, 2013, 2:00 p.m. - 3:00 p.m. EST

As the social ecological framework shows there are several levels on which  
we can intervene (intrapersonal, interpersonal, organizational, community,  
and policy) and that determinants within these levels interact with one  
another to influence behavior and health outcomes. Studies have shown  
multilevel interventions which address determinants at a number of these  
levels and mutually reinforce one another produce longer and more  
sustained effects than interventions that target only one level. <sup>1</sup>Join us

March 19<sup>th</sup> as we explore multilevel interventions, how to design them, and  
how to implement them in communities. March's cyber-seminar will feature  
Drs. Megan Lewis and Christina Economos. Dr. Lewis will provide an  
overview of multilevel interventions and the research behind this type of  
approach including a discussion of five strategies for increasing potential  
complementarity or synergy among interventions that operate at different  
levels of influence. Dr. Economos will then share a concrete example of  
how one community has implemented a multilevel intervention to address  
obesity. Shape-Up Somerville is a collaborative initiative in Massachusetts  
and is designed to increase daily physical activity and healthy eating through  
multiple levels including programming, physical infrastructure improvements,  
and policy work.

Register Now! Please click on the following link for more information and  
to register for this event: <https://researchtoreality.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://researchtoreality.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](mailto:ResearchtoReality@mail.nih.gov).

New England Resource Center for Higher Education Webinar  
Where the Rubber Meets the Road: Civic Engagement and the  
Tenure Review Process

March 20 from 12:00 to 1:30 PM EST No participation fee,  
space is limited.

<http://bit.ly/YW6vRW>

Many university campuses are seeking ways to promote increased civic engagement by their faculty. This session focuses on a complicated issue which may ultimately determine the success of these initiatives: how should engaged scholarship be evaluated during the promotion and tenure review process relative to more traditional scholarly activities.

About the Presenter: Jordan Karubian: In 2012, NERCHE was pleased to present the Ernest A. Lynton Award to Dr. Jordan Karubian, Assistant Professor in the Department of Ecology and Evolutionary Biology at Tulane University in New Orleans, Louisiana. An assistant professor in the Department of Ecology and Evolutionary Biology at Tulane University, Karubian's community engagement, teaching, and research focus on understanding and reversing environmental degradation and associated loss of biodiversity. In the South American rainforest, he has developed a multi-faceted program that blends scientific research with teaching, training, and capacity building to improve the welfare and conservation capacity of local residents, a model he is replicating in the savannah habitats of Australia and Papua New Guinea. He works with students and community partners to research threatened species and habitats, and to promote environmental awareness in the Gulf of Mexico region. The common thread in his work is the integration of community engagement with more traditional scholarly activities to empower local residents to make informed environmental decisions. Karubian received his B.S. from the University of California, San Diego and his M.S. and Ph.D. from the University of Chicago

Society for Research on Nicotine and Tobacco, Tobacco-Related Health Disparities Network  
Pre-conference Workshop: Community Engagement to Address Tobacco-Related Health Disparities  
Westin Boston Waterfront Hotel  
March 13, 2013

The Tobacco-Related Health Disparities Network of the Society for Research on Nicotine and Tobacco is hosting a preconference workshop on Wednesday March 13th from 8:30 -4:30 at the Westin Boston Waterfront Hotel. The workshop is titled "Community Engagement to Address Tobacco-Related Health Disparities." Please see the abstract of the day, below. We believe this will be a productive and enjoyable event. We have an excellent group of presenters who are working with a variety of populations. We are very excited that the workshop includes the participation of community partners who are currently working with SRNT researchers as well.

<http://srnt.org/conferences/2013/workshop.cfm>. Registration for this SRNT pre-conference workshop is still open at srnt.org. We hope any of our colleagues interested in community engagement and disparities research will consider joining us!

Community Engagement to Address Tobacco-Related Health Disparities  
Session Chair: Gary Humfleet, Ph.D., University of California, San Francisco  
Session Co-Chair: Lisa Sanderson Cox, Ph.D., University of Kansas School of Medicine

Organized by the Tobacco-Related Health Disparities Network, Program Workgroup:

Gary Humfleet, Ph.D., University of California, San Francisco  
Lisa Sanderson Cox, Ph.D., University of Kansas School of Medicine  
Jack Burkhalter, Ph.D., Memorial-Sloan-Kettering Cancer Center  
Yessenia Castro, Ph.D., University of Texas, Austin  
Geri Dino, Ph.D., West Virginia University  
Kevin Everett, Ph.D., University of Missouri  
Joanne D'Silva, M.P.H., ClearWay Minnesota  
Babalola Faseru, M.D., M.P.H., University of Kansas School of Medicine

Steven Fu, M.D., M.S.C.E., Minneapolis VA Health Care System  
Monica Webb Hooper, Ph.D., University of Miami  
Juliet Lee, Ph.D., Prevention Research Center, Pacific Institute for Research and Evaluation  
Jane McElroy, Ph.D., University of Missouri  
Kola Okuyemi, M.D., M.P.H., University of Minnesota  
Donna Shelley, M.D., M.P.H., New York University School of Medicine  
Jennifer Warren, Ph.D., Rutgers, The State University of New Jersey  
Megan Whittet, M.P.H., ClearWay Minnesota

Racial, ethnic, sexual and gender minority populations and youth are under-represented in tobacco research, yet disparities in tobacco use, treatment outcomes, and disease risk make inclusion of these groups a critical priority. Active engagement of and collaboration with these groups is essential to understanding shared and unique needs of diverse smokers and therefore central to advancing science. This interactive, full-day workshop will focus on community engagement, from theoretical frameworks to practical implementation of community-based research. Participants will join with multidisciplinary investigators from around the United States to explore a spectrum of community engagement approaches and strategies, including community-based participatory research and projects utilizing components of community engagement models. In the morning, didactic presentations will highlight ongoing research with youth, sexual and gender minorities (i.e., LGBTQ), Native American, Latino, Asian American, and African American communities. In the afternoon, interactive panel discussions and breakout groups will concentrate on tools needed to engage communities (e.g., building networks and community advisory boards), strategies that work across populations, strategies for working with specific populations, and implementation issues related to translating evidence-based science into real world settings. Participants will gain knowledge and skills to facilitate engaging communities in research. The overarching goal of these efforts is to advance the science of tobacco research with minority and under-represented populations with the goal of reducing tobacco-related health disparities.

University of Florida Health Disparities Research and Intervention Program and UF Prostate Disease Center and the National Institute of Minority Health and Health Disparities People's Scientific Conference to Promote Health and Eliminate Health Disparities

University of Florida  
Gainesville, FL

June 14-15, 2013

Deadline: April 15, 2013

The People's Scientific Conference to Promote Health and Eliminate Health Disparities (The People's Scientific Conference) will occur on Friday, June 14, 2013 and Saturday, June 15, 2013 at the University of Florida in Gainesville, FL. The conference is sponsored by the UF Health Disparities Research and Intervention Program in partnership with the UF Prostate Disease Center and the NIH National Institute on Minority Health and Health Disparities (NIMHD). This first-of-its-kind conference will launch a Health Disparities Research Fellow Mentoring Program that aims to inspire and train the next generation of researchers (e.g., post-docs, assistant professors) and community health workers to conduct research that has implications for promoting health and eliminating health disparities in racial/ethnic minority and underserved communities. All mentees selected to participate in the Mentoring Program will receive funding for transportation and lodging to attend the conference, and a registration fee waiver. For more information

about the Mentoring Program and its application process, please see the attached document or visit <http://tinyurl.com/psc-mentoringprogram>. The application deadline is Monday, April 15, 2013. Visit <http://ufhealthdisparities.med.ufl.edu/> to learn more about The People's Scientific Conference.

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## RESOURCES

### Publications

Beyond Stereotypes in Black and White: How Everyday Leaders Can Build Healthier Opportunities for African American Boys and Men

Henrie M. Treadwell, Praeger 2013, ISBN: 978-1-4408-0399-4, eISBN: 978-1-4408-0400-7

This book spotlights the plight of African American boys and men, examining multiple systems beyond education, incarceration, and employment to assess their impact on the mental and physical health of African American boys and men-and challenges everyday citizens to help start a social transformation. The manifold costs of not insuring, employing, educating, and nurturing African American boys and men are clear. The health and well-being of African American boys and men is seriously threatened by virtually all social and policy systems. Meaningful improvement will only come when everyday people of every race and sector discover their own leadership attributes and act to reverse a stunning trend of elimination of hope and aspiration that has been the norm for generations of African American males. *Beyond Stereotypes in Black and White: How Everyday Leaders Can Build Healthier Opportunities for African American Boys and Men* exposes the daily plight of African American boys and men, identifying the social and policy infrastructure that ensnares them in a downward spiral that worsens with each exposure to our system that offers unemployment, low-wage work, marginalization, and incarceration. The book examines why African American boys and men are more sickly and die younger than any other racial group in the United States, have very few health coverage options, and are consistently incarcerated at rates that are wildly disproportionate to their representation of the U.S. population; and it documents how this tremendous injustice comes with a cost that burdens all groups in American society, not just African Americans. Additionally, the author challenges readers to see that all of us must act individually and collectively to right this social wrong.

### Highlights

-

- \* Documents the fragile mental and behavioral health status of African American boys and men in accessible, easy-to-understand language for general readers
- \* Describes the role of the media in perpetuating negative stereotypical images of African American boys and men
- \* Provides boxed data and information that allows readers to do a "reality check" on their perceptions, actions, and inactions; and verify and validate the plight of this group
- \* Supplies quotes and insights from regular, everyday leaders throughout the text

## Health equity impact assessment

Susan L. Povall; Fiona A. Haigh; Debbie Abrahams; Alex Scott-Samuel, Health Promotion International 2013; doi: 10.1093/heapro/dat012

Abstract: The World Health Organization's Commission on Social Determinants of Health has called for 'health equity impact assessments' of all economic agreements, market regulation and public policies. We carried out an international study to clarify if existing health impact assessment (HIA) methods are adequate for the task of global health equity assessments. We triangulated data from a scoping review of the international literature, in-depth interviews with health equity and HIA experts and an international stakeholder workshop. We found that equity is not addressed adequately in HIAs for a variety of reasons, including inadequate guidance, absence of definitions, poor data and evidence, perceived lack of methods and tools and practitioner unwillingness or inability to address values like fairness and social justice. Current methods can address immediate, 'downstream' factors, but not the root causes of inequity. Extending HIAs to cover macro policy and global equity issues will require new tools to address macroeconomic policies, historical roots of inequities and upstream causes like power imbalances. More sensitive, participatory methods are also required. There is, however, no need for the development of a completely new methodology. The full text is at <http://heapro.oxfordjournals.org/cgi/content/full/dat012?ijkey=aSiVEMvjVcy6aS&keytype=ref>.

## **[Strengthening Health Systems in North and Central America: What Role for Migration?](#)**

Migration Policy Institute and the Wilson Center  
Allison Squires and Hiram Beltrán-Sánchez, The Regional Migration Study Group

A new Regional Migration Study Group report, [Strengthening Health Systems in North and Central America: What Role for Migration?](#), examines the health care sector in El Salvador, Guatemala, Honduras, Mexico, and the United States, focusing in particular on nurses. The report reviews the five countries' health care systems, demand for services, epidemiological profiles, and demographics. Using migration to meet health care demand is complex. However, the authors advocate exploring and investing in the possibility because of the potential benefits to health care systems, economies, and patient outcomes. El Salvador, Guatemala, Honduras, and Mexico share similar health-system characteristics and challenges. Their educational systems are key: can they provide the basic education required for nurses to function in a world that demands a global skill set? El Salvador and Honduras have critical shortages of health care personnel; in Guatemala, nurses perform tasks often reserved for physicians due to capacity shortages; while in Mexico, physicians dominate the health care system and medical schools have been consistently overproducing graduates since the 1980s even as there is a shortage of registered nurses. The barriers to skilled nurse production in Mexico and Central America are substantial, and the report highlights areas where socioeconomic investments in nursing and health care services can have the potential for very high returns on investment. Today's report marks the third paper from the Regional Migration Study Group examining key economic sectors in the region; earlier ones have focused on the agricultural and manufacturing sectors. The Regional Migration Study Group is a partnership between MPI and the Latin American Program/Mexico Institute of the Woodrow Wilson International Center for Scholars. Co-chaired by former Mexican President Ernesto Zedillo, former US Secretary of Commerce Carlos Gutierrez, and

former Guatemalan Vice President Eduardo Stein, the Study Group is a high-level initiative that this spring will propose new collaborative approaches to migration, competitiveness, and human-capital development for the United States, Central America, and Mexico. [We invite you to visit the Study Group's website](#) to review earlier research as well as new publications we'll publish over the next few weeks in the lead-up to our final report.

Regional meeting for the 8th Global Conference on Health promotion

Brasilia, Brazil 25-27 February 2013

Health in All Policies (HiAP) - Toolkit: <http://bit.ly/13x1WUj>

To Introduce the Conceptual Framework of Finland on Health in All Policies (HiAP) and,

collectively create a regional positioning with respect to the topic Health in All Policies, based on the presentation of cases by the countries that respond to the core ideas of the Global Conference on Health Promotion and advancements in research. Health in All Policies (HiAP) is an approach to public policies across sectors that takes into account the health implications of decisions, seeks synergies, and avoids harmful health impacts, in order to improve population health and health equity. HiAP provides a means for Member States to ensure that the health implications of all policies are considered in the policymaking process, regardless of the sector in which the policies are being developed. It recognises that public policies and decisions made in policy areas other than health have a significant impact on population health and health equity and, on the capacity of health systems to respond to health needs. Further, HiAP provides accountability for the health implications of policies made in all sectors.

#### Case Studies

Available at: <http://bit.ly/ZVD6fD> *[language of the source]*

Bolivia: TCC - Rostros Voces y Lugares en el Chaco Boliviano

Brasil Acompanhamento das Condicionalidades de Saúde do Programa Bolsa Família (PBF)

Brasil: Política Nacional de Controle do Tabaco

Brasil: Programa Ambientes Verdes e Saudáveis

Brasil: Programa Saúde na Escola Secretaria Municipal de Saúde de Florianópolis

Brasil: Rede Pernambucana de Municípios Saudáveis 23 municípios de Pernambuco

Costa Rica: Programa Nacional de Centros de Educación Nutrición y Atención Integral (CEN-CINAI)

Cuba: La Promoción de Salud, estrategia de los Programas de salud

Ecuador: Plan nacional para el buen vivir

El Salvador: CISALUD (Comisión Intersectorial de Salud)

España: Proyecto pilote para el desarrollo de red local de acción en salud (Proyecto RELAS)

Guatemala: El pacto hambre cero y su implementación en Tajumulco bajo

Haiti: Estrategia promoción de salud y calidad de vida en el combate al colera

Honduras: Ley Especial para el Control del Tabaco de Honduras

Mexico: Acuerdo Nacional para la Salud Alimentaria. Estrategia contra el sobrepeso y la obesidad

Mexico: Prevención Social de la Violencia y Delincuencia con Participación Ciudadana

Republica Dominicana: Implementación de la iniciativa de RVL usando la estrategia de SAN en el marco del concepto de Seguridad Humana:

Desarrollo humano sostenible de Boca de Mao



English: Health in All Policies - framework for country action  
Español: Documento de síntesis de Salud en Todas las Políticas - Marco de trabajo para la acción nacional

Resumen: Experiencias de las Americas

Summary: Experiences of the Americas

Presentations available at: <http://bit.ly/15pHIPR>

Agenda Regional meeting for the 8th Global Conference on Health promotion

Brasilia Panel 1 Dr Jarbas Barbosa

Brasilia Panel 1 - Dr Luiz A Galvao

Brasilia Panel 2 - Orielle Solar

Brasilia Panel 2 - Sofia Leticia Morales

Brasilia Panel 2 - Toolkit Ana Lucia Ruggiero

Brasilia Panel 3 - Brasil - Deborah Carvalho Malta

Brasilia Panel Pais - Brasil - Marcelo Cabral

Brasilia Panel Pais - Costa Rica - César Augusto Gamboa

Brasilia Panel Pais - Cuba - Mercedes Chong Viamonte

Brasilia Panel Pais - Ecuador - Zaida Betancourt

Brasilia Panel Pais - El Salvador - Eduardo Espinoza

Brasilia Panel Pais - Haiti - Jocelyne Pierre Louis

Brasilia Panel Pais - México - Lucero Rodríguez Cabrera

Brasilia Panel Pais - Canadá - Katuska Mana Herel

Brasilia Panel Pais - Guatemala - Augusto Silvestre Ramírez

Brasilia Panel Pais - Mexico Secretaria de Salud /OPS/OMS - Diego Gonzalez

Brasilia Panel OPS/OMS Perspectiva Regional - Enrique Jacoby, Alfonso Contreras and Kira Fortune

Brasilia Panel WHO Draft HiAP Framework for Country Action - Kwok-Cho Tang - WHO

Draft 2013- Health in All Policies - Framework for country action

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

Borrador 2013 - Salud en todas las Políticas - marco para la acción de país.

The Structural Determinants of Child Well-being

United Nations Children's Fund

An expert consultation hosted by the UNICEF Office of Research 22-23 June 2012

<http://bit.ly/X2OuLJ>

".....In response to persistent inequities, there is a global imperative to address the underlying causes of child wellbeing. While remarkable achievements have been made in the last decades in progress in health and survival of children, progress is still lagging in other key dimensions of child wellbeing, a number of which are now recognised as needing fresh attention in both rich and poor countries....."

EXECUTIVE SUMMARY

1 THE RATIONALE FOR A STRUCTURAL DETERMINANTS APPROACH

2 SEVEN KEY OUTCOMES

3 TOWARDS A MULTISECTORAL FRAMEWORK

4 COMPENDIUM OF CONTRIBUTIONS

4.1. Examining Concepts in Structural Determinants

Unpacking core features of structural determinants

A life course perspective to child well-being

Subjective child well-being

4.2. Poverty, Political Economy and the Environment

Context, politics and extreme poverty  
Policy, intersectorality and social inclusion  
Social and environmental determinants of children's health, inequity and the urban perspective in China  
4.3 Health, Gender and HIV  
HIV and structural approaches  
Determinants of child health  
Conceptualizing and measuring women's empowerment as a variable in international development  
4.4. Governance, Accountability and Rights  
Systems and structures for improved governance  
The structural determinants of child well-being: governance systems and accountability  
Child rights and child well-being: a think piece

#### To Live and Die in America: Class, Power, Health and Health Care

Robert Chernomas and Ian Hudson. Published February 2013. To Live and Die in America: Class, Power, Health and Health Care details how the United States has among the worst indicators of health in the industrialized world and at the same time spends significantly more on its health care system than any other industrial nation. Robert Chernomas and Ian Hudson explain this contradictory phenomenon as the product of the unique brand of capitalism that has developed in the US. It is this particular form of capitalism that created both the social and economic conditions that largely influence health outcomes and the inefficient, unpopular and inaccessible health care system that is incapable of dealing with them. The authors argue that improving health in America requires a change in the conditions in which people live and work as well as a restructured health care system.

#### Table of Contents

- 1: Class, Power, Health and Healthcare
- 2: The Medical Miracle?
- 3: To Live and Die in 19th Century America: A Class Based Explanation of the Rise and Fall of Infectious Disease
- 4: Death in Our Times: The Exceptional Class Context for Chronic Disease in America
- 5: The Political Economy of US Healthcare: The Medical Industrial Complex
- 6: Three Easy Lessons

#### Endorsements for To Live and Die

A fascinating account of how the strength of corporate interests and the relative weakness of unions have given the US a uniquely bloated and inefficient health care system. The result is a system that at great cost provides people with a level of care that is often worse than countries which spend half as much. It is not a pretty story.

-Dean Baker, co-founder of the Center for Economic and Policy Research, Washington DC

This should become a classic. It should be read by everyone who feels that power in the US is unevenly distributed, not only by gender and race, but primarily by class.

-Vicente Navarro, Professor of Health and Public Policy, Johns Hopkins School of Public Health, and Editor in-Chief of the Journal of International Health Services

This penetrating exposé will strike a deep chord with millions of Americans who live daily with health care insecurity. Clear, gripping and moving, the

book transforms our understanding of the underbelly of US social policy. Most importantly, it shows how a fairer realignment of class power can enable the US to strive for the kind of equitable policies shared by countless societies -- both high and low-income -- in good times and bad.

- Anne-Emanuelle Birn, Professor and Canada Research Chair in International Health at the University of Toronto and lead author of Textbook of International Health: Global Health in a Dynamic World (2009)

Chernomas and Hudson offer a cogent and penetrating analysis of health outcomes in America from a class analysis, outlining the historical role played by unions in contributing to public health services critical to all citizens. The decline of union power in the US and the dramatic increase in inequality impacts the economy, social stability and ultimately the health and well-being of all Americans. A must read for all who embrace the goals for fairness shared by the 99 percent.

- Paul Moist National President, Canadian Union of Public Employees  
Distributed by Palgrave Macmillan in the US, Pluto in England and Fernwood in Canada

Available online in the US at:

MacMillan --

<http://us.macmillan.com/toliveanddieinamerica/RobertChernomas>

Amazon -- <http://www.amazon.com/To-Live-Die-America-Capitalism/dp/0745332129>

Barnes and Noble -- <http://www.barnesandnoble.com/w/to-live-and-die-in-america-robert-chernomas/1112413611>

Robert Chernomas is Professor of Economics at the University of Manitoba, Canada. He has been a visiting professor at the Johns Hopkins School of Public Health and is on the editorial board of International Journal of Health Services.

Ian Hudson is Associate Professor of Economics at the University of Manitoba, Canada. He is the co-author (with Robert Chernomas) of The Gatekeeper: Sixty Years of Economics According to the New York Times (2012), Social Murder and Other Shortcomings of Conservative Economics (2008), and (with Mark Hudson and Mara Fridell) Fair Trade, Sustainability and Social Change.

What is Health Equity: And How Does a Life-Course Approach Take Us Further Toward It?

Paula Braveman, Matern Child Health J. 2013 Feb 10.

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

".....Although the terms "health equity" and "health disparities" have become increasingly familiar to health professionals in the United States over the past two decades, they are rarely defined. Federal agencies have often defined "health disparities" in ways that encompass all health differences between any groups. Lack of clarity about the concepts of health disparities and health equity can have serious consequences for how resources are allocated, by removing social justice as an explicit consideration from policy agendas. This paper aims to make explicit what these concepts mean and to discuss what a life-course perspective can contribute to efforts to achieve health equity and eliminate health disparities.

Equity means justice. Health equity is the principle or goal that motivates efforts to eliminate disparities in health between groups of people who are economically or socially worse-off and their better-off counterparts--such as different racial/ethnic or socioeconomic groups or groups defined by disability status, sexual orientation, or gender identity--by making special efforts to improve the health of those who are economically or socially disadvantaged. Health disparities are the metric by which we measure progress toward

health equity. The basis for these definitions in ethical and human rights principles is discussed, along with the relevance of a life-course perspective for moving toward greater health equity...."

10 best resources for evidence-informed health policy making  
Kaelan A Moat and John N Lavis  
Health Policy and Planning

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

Website: <http://bit.ly/MJQSJf> or <http://bit.ly/14dSfpA>

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

"..... linking research to policy requires both a comprehensive understanding of the policy-making process-including the influence of institutions, interests, ideas and external events-and an awareness of a number of established strategic approaches that are available to support the use of relevant research evidence in the formulation of health policies. To help guide this understanding, a framework has been developed to identify and organize key elements that can help one understand ways to support the use of evidence in the policy-making process (Lavis et al. 2006). These elements are:

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

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

Others

Michigan Department of Community Health (MDCH) Health

## Disparities Reduction and Minority Health Section (HDRMHS)

### Toolkit for Community Discussions about Factors That Impact Overall Health

The Michigan Department of Community Health (MDCH) Health Disparities Reduction and Minority Health Section (HDRMHS) has released a toolkit designed to engage communities around how where we live, learn, work, and play impacts health. Health Equity in Michigan: A Toolkit for Action explores how education, food access, stress, discrimination and access to health care are linked to the health and overall wellbeing of communities. The toolkit consists of a video, factsheets, activities, discussion questions, and additional resources about health. The toolkit also includes a facilitator guide for organizations and individuals who are interested in leading discussions in their communities. Access the toolkit and video by visiting [www.michigan.gov/minorityhealth](http://www.michigan.gov/minorityhealth).

### WHO Health Equity Monitor - live now!

<http://bit.ly/YJSKnE>

Health Equity Monitor of WHO Global Health Observatory has gone live. Monitor currently includes about 30 reproductive, maternal, neonatal and child health indicators in 91 countries - 90 of which are LMICs, disaggregated by child's sex, place of residence (rural vs. urban), wealth quintile, and education level. Apart from the database, it has two other core components: country profiles and interactive visualizations - showing inequalities in select health outcomes and services (situation and trends). Disaggregated data are useful to track progress on health goals, revealing differences between sub-groups that overall averages may mask. Health equity data provide an evidence base for equity-oriented interventions, and are a key component of the movement toward equitable universal health coverage. The Health Equity Monitor currently includes reproductive, maternal, neonatal and child health indicators, disaggregated by child's sex, place of residence (rural vs. urban), wealth quintile, and education level. Data are based on Demographic and Health Surveys (DHS) and Multiple Indicator Cluster Surveys (MICS) conducted in 91 countries, 90 of which are low- or middle-income countries.

Core components of the Health Equity Monitor include the database, country profiles and interactive visualizations:

- The database presents data for about 30 reproductive, maternal and child health indicators, collected from nearly 200 surveys in 1993-2011. For around half of the countries, data are available for at least two time points.
- Country profiles highlight disaggregated data for each of the 91 study countries, using the most recent available data.

Interactive visualizations show inequalities in select health outcomes and services (situation and trends).

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