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**About this  
newsletter...**

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 \(CFAH\)](#).

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María Briones-Jones,  
Deputy Director, KHSP  
National Program Office  
Brandon Moore,  
Director of New Media,  
CFAH

**SOUNDING BOARD****Congratulations Kellogg Scholars and Fellows**

Dr. Ndidi Amutah, Kellogg Health Scholars Program (KHSP) alumna, was selected as a Visiting Fellow for the 2013-2015 Research Education Institute for Diverse Scholars Program, a program designed to meet the challenges and barriers experienced by groups who are underrepresented in the field of HIV research. Dr. Amutah will attend a six-week Summer Institute at Yale University for two consecutive summers and receive sustained mentorship for two full years.

Dr. Keon Gilbert, KHSP alumnus, was recently selected from among a group of junior investigators to receive one of the 24-month \$100,000 grants from the Robert Wood Johnson Foundation's New Connections program. The grant will allow Dr. Gilbert to synthesize the scientific evidence regarding the multiple determinants influencing African American men's preventative health behaviors; define and delineate a comprehensive research and practice agenda to address racial, ethnic and gender health disparities; and identify effective community-based intervention strategies and define priorities for policies to further aid African American men to access and utilize health care services and improve health behaviors.

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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.

[back to top](#)**SPOTLIGHT ON KELLOGG SCHOLARS NETWORK**

Meet Kellogg Health Scholars Program alumna, Sze (Sam) Liu, PhD...

Dr. Sam Liu received her PhD in Epidemiology from Brown University. Her dissertation research examined the effect of school desegregation policy on reducing racial disparities in adolescent birth rates in the US. She was a Kellogg Health Scholar in the multidisciplinary track at the Harvard School of Public Health. At Harvard, she

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).

was also able to expand on her research interests and begin looking at other government and social policies that have led to health disparities in the US. Recent publications include how and why the health effects of GED credentials differ from a traditional HS degree and how education impacts distributions of health risk. Sam is currently a research associate at the Harvard Center for Population and Development Studies where she involved in research on how work and family policies influence health.

When asked to reflect on the impact of KHSP on her career, Dr. Liu says, "The Kellogg Health Scholars fellowship connected me to a network of mentors and colleagues that continues to inform and enrich my research. My research interests and skill set has expanded as a result of participating in the Kellogg Program. In addition, the Kellogg Program's emphasis on translating research into policy recommendations has helped train the next generation of scholars and researchers to focus on real-world solutions to eliminating health disparities."

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## ARCHIVED KHSP E-WORKSHOPS

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

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

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

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## FUNDING

Agency for Healthcare Research and Quality  
AHRQ Patient-Centered Outcomes Research (PCOR) Mentored  
Research Scientist Development Award (K01)  
(PA-13-181)

Deadline(s): [Standard dates](#) apply, by 5:00 PM local time of applicant organization.

Purpose: The overall goal of the AHRQ Patient-Centered Outcomes Research (PCOR) Mentored Research Scientist Development (K01) program is to help ensure that a diverse pool of highly trained scientists is available in appropriate scientific disciplines to address the Nation's health services research needs. More information about AHRQ Career programs may be found at the AHRQ [Training and Education](#) website and at the [NIH Extramural Training Mechanisms](#) website.

The objective of the AHRQ PCOR K01 program is to provide salary and research support for a sustained period of "protected time" (3-5 years) for individuals with research doctoral degrees (e.g., Ph.D., Sc.D., Dr.P.H.) The K01 provides support for an intensive, mentored research career development experience in comparative effectiveness research (CER) methods as applied to patient-centered outcomes research (PCOR). For purposes of this FOA, CER is defined as the conduct and synthesis of research comparing the benefits and harms of different interventions and

strategies to prevent, diagnose, treat and monitor health conditions, as well as the delivery of health care in "real world" settings. The award may be used by candidates with different levels of prior research training and at different stages in their career development. For example, a candidate with limited experience in health services research may use an award to support a career development experience that includes a designated period of didactic training followed by a period of closely supervised research experience. A candidate with previous health services research experience and training may not require extensive additional didactic preparation, and may use an award to support a career development experience that focuses on an intensive, supervised research experience.

Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-13-181.html>.

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## CALL FOR SUBMISSIONS

### Call for Poster Abstracts -- National Association of Community Health Centers

Community Health Institute  
Chicago, IL

August, 23-27, 2013

Deadline: May 3, 2013

Each year, the National Association of Community Health Centers hosts the Community Health Institute, the largest and most important annual conference of community-based health professionals. This year's conference will take place in Chicago from August 23 - 27. We wanted to encourage you to submit a poster abstract to this conference given your involvement in CBPR. We've heard from community-based organizations on how difficult it is to learn from others about research initiatives and best practices-this poster session is a unique opportunity to fill this gap. Meanwhile, having a poster is a great way to share your findings and provide beneficial examples for others while networking and receiving feedback. The poster session will take place on Sunday, August 25<sup>th</sup>.

The deadline to submit a poster abstract is Friday, May 3<sup>rd</sup>! All community-based organizations, health organizations, researchers, academics, and others are invited to submit. All topics will be considered. "Best in Show" awards will be given with winners receiving cash prizes and complimentary registrations to the 2014 Community Health Institute in San Diego! To submit a poster abstract, please go to <http://meetings.nachc.com/c-training/community-health-institute-and-expo/>. If you have any questions, feel free to email Michelle Jester at [mjester@nachc.org](mailto:mjester@nachc.org).

### Call for Abstracts - U.S. National AIDS Housing Coalition, the Ontario HIV Treatment Network and COCQ-SIDA (la Coalition des organismes communautaires québécois de lutte contre le sida)

2013 North American Housing and HIV/AIDS Research Summit  
Montreal, Quebec

Canada

September 25-27, 2013

Deadline: May 15, 2013

The HOUSING AND HIV/AIDS Research Summit series is an interdisciplinary, interactive forum to engage with research findings and program, policy, and advocacy initiatives that focus on housing status, poverty and other social determinants of HIV prevention and care outcomes. Summit meetings support knowledge transfer and public policy collaboration among people with HIV/AIDS, health and housing researchers, service providers, and policy makers at the global, national and local levels.

The theme of Summit VII is Closing the Housing Gap in the HIV Treatment Cascade, to highlight the potential of housing strategies to improve HIV treatment effectiveness and reduce HIV transmission. The 2013 North American Housing and HIV/AIDS Research Summit will be held September 25-27, 2013, in Montreal, Quebec. The U.S. National AIDS Housing Coalition (NAHC), the Ontario HIV Treatment Network (OHTN) and COCQ-SIDA (la Coalition des organismes communautaires québécois de lutte contre le sida) will convene the 2013 Summit, working in collaboration with the Johns Hopkins Bloomberg School of Public Health and other partners. The Summit conveners invite abstracts presenting the results of scientific research, economic analyses, program

evaluations, community-based interventions, and public policy strategies that reflect this theme. Of particular interest is work that broadens our understanding of housing need and interventions among members of vulnerable populations and in underserved communities, including displaced persons, rural areas, and resource-poor settings. International research is welcome and abstract submissions from the Caribbean, Mexico, and all regions of the United States and Canada are encouraged. Abstracts are due May 15, 2013, and notification of acceptance will be emailed no later than June 14, 2013. The conference fee is waived for the primary presenting author. For more information and to view the Call for Abstracts, please visit [www.hivhousingsummit.org](http://www.hivhousingsummit.org).

Call for Nominations for Appointment - HHS Office of Minority Health, Office of Assistant Secretary for Health, Office of the Secretary Advisory Committee on Minority Health

Deadline: May 31, 2013 (5:00 p.m. EST)

**Summary:** The Department of Health and Human Services (HHS), Office of Minority Health (OMH), is seeking nominations of qualified candidates to be considered for appointment as a member of the Advisory Committee on Minority Health (hereafter referred to as the "Committee or ACMH"). In accordance with Public Law 105-392, the Committee provides advice to the Deputy Assistant Secretary for Minority Health, on improving the health of each racial and ethnic minority group and on the development of goals and specific program activities of OMH designed to improve the health status and outcomes of racial and ethnic minorities. Nominations of qualified candidates are being sought to fill upcoming vacancies on the Committee.

**Dates:** Nominations for membership on the Committee must be received no later than 5:00 p.m. EST on May 31, 2013, at the address listed below.

**Addresses:** All nominations should be mailed to Ms. Monica Baltimore, Executive Director, Advisory Committee on Minority Health, Office of Minority Health, Department of Health and Human Services, 1101 Wootton Parkway, Suite 600, Rockville, MD 20852.

**For Further Information Contact:** Ms. Monica Baltimore, Executive Director, Advisory Committee on Minority Health, Office of Minority Health, Department of Health and Human Services, 1101 Wootton Parkway, Suite 600, Rockville, MD 20852; Telephone: (240) 453-2882.

A copy of the ACMH charter and list of the current membership can be obtained by contacting Ms. Baltimore or by accessing the Web site managed by OMH at [www.minorityhealth.hhs.gov](http://www.minorityhealth.hhs.gov).

**Supplementary Information:** Pursuant to Public Law 105-392, the Secretary of Health and Human Services established the ACMH. The Committee provides advice to the Deputy Assistant Secretary for Minority Health in carrying out the duties stipulated under Public Law 105-392. This includes providing advice on improving the health of racial and ethnic minority populations and in the development of goals and specific program activities of OMH, which are to: (1) Establish short-range and long-range goals and objectives and coordinate all other activities within the Public Health Service that relate to disease prevention, health promotion, service delivery, and research impacting racial and ethnic minority populations; (2) enter into interagency agreements with other agencies of the Public Health Service;

(3) support research, demonstrations, and evaluations to test new and innovative models; (4) increase knowledge and understanding of health risk factors; (5) develop mechanisms that support better information dissemination, education, prevention, and service delivery to individuals from disadvantaged backgrounds, including individuals who are members of racial or ethnic minority groups;

(6) ensure that the National Center for Health Statistics collects data on the health status of each minority group; (7) with respect to individuals who lack proficiency in speaking the English language, enter into contracts with public and nonprofit private providers of primary health services for the purpose of increasing the access of these individuals to such services by developing and carrying out programs to provide bilingual or interpretive services; (8) support a national minority health resource center to carry out the following: (a) facilitate the exchange of information regarding matters relating to health information and health promotion, preventive health services, and education in appropriate use of health care; (b) facilitate access to such information; (c) assist in the analysis of issues and problems relating to such matters; (d) provide technical assistance with respect to the exchange of such information (including facilitating the development of materials for such technical assistance); (9) carry out programs to improve access to health care services for individuals with limited

proficiency in speaking the English language. Activities under the preceding sentence shall include developing and evaluating model projects; and (10) advise in matters related to the development, implementation, and evaluation of health professions education in decreasing disparities in health care outcomes, including cultural competency as a method of eliminating health disparities. Management and support services for the ACMH are provided by OMH. *Nominations:* OMH is requesting nominations for upcoming vacancies on the ACMH. The Committee is composed of 12 voting members, in addition to non-voting *ex officio* members. This announcement is seeking nominations for voting members. Voting members of the Committee are appointed by the Secretary from individuals who are not officers or employees of the Federal Government and who have expertise regarding issues of minority health. To qualify for consideration of appointment to the Committee, an individual must possess demonstrated experience and expertise working on issues impacting the health of racial and ethnic minority populations. The Committee charter stipulates that the racial and ethnic minority groups shall be equally represented on the Committee membership. OMH is seeking candidates who can represent the health interest of Hispanics/Latino Americans; Blacks/African Americans; American Indians and Alaska Natives; and/or Asian Americans, Native Hawaiians, and other Pacific Islanders.

*Mandatory Professional/Technical Qualifications:* Nominees must meet all of the following mandatory qualifications to be eligible for consideration.

- (1) Expertise in minority health and racial and ethnic health disparities.
- (2) Expertise in developing or contributing to the development of science-based or evidence based health policies and/or programs. This expertise may include experience in the analysis, evaluation, and interpretation of federal/state health or regulatory policy.
- (3) Involvement in national, state, regional, tribal, and/or local efforts to improve the health status or outcomes among racial and ethnic minority populations.
- (4) Educational achievement, professional certification(s) in health-related fields (e.g., health professions, allied health, behavioral/mental health, public health, health policy, health administration/management, etc.), and professional experience that will support ability to give expert advice on issues related to improving minority health and eliminating racial and ethnic health disparities.
- (5) Expertise in population level health data for racial and ethnic minority groups. This expertise may include survey, administrative, and/or clinical data.

*Desirable Qualifications:*

- (1) Knowledge and experience in health care systems, cultural and linguistic competency, social determinants of health, evidence-based research, data collection (e.g., federal, state, tribal, or local data collection), or health promotion and disease prevention.
- (2) Nationally recognized via peer-reviewed publications, professional awards, advanced credentials, or involvement in national professional organizations.

*Requirements for Nomination Submission:* Nominations should be typewritten (one nomination per nominator). Nomination package should include: (1) a letter of nomination that clearly states the name and affiliation of the nominee, the basis for the nomination (i.e., specific attributes which qualify the nominee for service in this capacity), and a statement from the nominee indicating a willingness to serve as a member of the Committee; (2) the nominee's contact information, including name, mailing address, telephone number, and email address; (3) the nominee's curriculum vitae, and (4) a summary of the nominee's experience and qualification relative to the mandatory professional and technical criteria listed above. Federal employees should not be nominated for consideration of appointment to this Committee. Individuals selected for appointment to the Committee shall be invited to serve four-year term. Committee members will receive a stipend for attending Committee meetings and conducting other business in the interest of the Committee, including per diem and reimbursement for travel expenses incurred. The Department makes every effort to ensure that the membership of HHS federal advisory committees is fairly balanced in terms of points of view represented and the committee's function. Every effort is made to ensure that a broad representation of geographic areas, females, racial and ethnic and minority groups, and the disabled are given consideration for membership on HHS federal advisory committees. Appointment to this Committee shall be made without discrimination because of a person's race, color, religion, sex (including pregnancy), national origin, age, disability, or genetic information. Nominations must state that the nominee is willing to serve as a member of ACMH and appears to have no conflict of



interest that would preclude membership. An ethics review is conducted for each selected nominee. Therefore, individuals selected for nomination will be required to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts to permit evaluation of possible sources of conflict of interest.

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## CAREER DEVELOPMENT

American Psychological Association Minority Fellowship Program  
2013 Minority Fellowship Program, Psychology Summer Institute  
Washington, DC

July 14-20, 2013

Deadline: May 1, 2013

The American Psychological Association Minority Fellowship Program is now accepting applications for our 2013 Minority Fellowship Program, Psychology Summer Institute to be held from July 14-20, 2013 in Washington, DC. Please see below and the attached flyer for more details which includes how to apply, or visit our website at:

<http://www.apa.org/pi/mfp/psychology/institute/>. The deadline is May 1, 2013. Please distribute to any applicable list. Thank you for your cooperation in advance. If you have any questions, please contact Kyra Kissam, Professional Development Specialist, at 202-336-6127 or via email at [mfp@apa.org](mailto:mfp@apa.org). PSI provides educational, professional development and mentoring experiences to advanced doctoral students of psychology and psychologists who are in the early stage of their careers. Participants are guided toward developing a grant proposal, postdoctoral fellowship, dissertation, treatment program, publication or program evaluation project. All projects must focus on issues affecting ethnic minority communities. Participants will receive one-on-one mentoring on their projects by a consultant. Expert faculty will present seminars on selected topics such as grant writing, publishing and specific areas of research or service delivery. There will also be opportunities to network with representatives from federal agencies and foundations. If you have any questions about PSI or the items on this webpage, please email the [Minority Fellowship Program \(MFP\)](#), or call MFP at (202) 336-6127.

Centers for Disease Control and Prevention, Port-Au-Prince, Haiti  
[Epidemiologist](#)

Deadline: May 10, 2013

Department: Department Of Health And Human Services

Agency: Centers for Disease Control and Prevention

Number of Job Opportunities & Location(s): 1 vacancies - Port-Au-Prince, Haiti

Salary: \$99,628.00 to \$129,517.00 / Per Year

Series and Grade: GS-0601-15

Open Period: Friday, April 26, 2013 to Friday, May 10, 2013

Position Information: Term - Full-Time

Who May Apply: United States Citizens

Centers for Disease Control and Prevention, Atlanta, GA  
[Health Scientist](#)

Deadline: May 3, 2013

Department: Department Of Health And Human Services

Agency: Centers for Disease Control and Prevention

Number of Job Opportunities & Location(s): 1 vacancies - Atlanta, Georgia

Salary: \$85,500.00 to \$111,148.00 / Per Year

Series and Grade: GS-0601-13

Open Period: Wednesday, April 24, 2013 to Friday, May 03, 2013

Position Information: Permanent - Full-Time

Who May Apply: United States Citizens

Centers for Disease Control and Prevention, Atlanta, GA  
[Public Health Advisor](#)

Deadline: May 8, 2013

Department: Department Of Health And Human Services

Agency: Centers for Disease Control and Prevention

Number of Job Opportunities & Location(s): 2 vacancies - Atlanta, Georgia  
Salary: \$71,901.00 to \$111,148.00 / Per Year  
Series and Grade: GS-0685-12/13  
Open Period: Thursday, April 25, 2013 to Wednesday, May 08, 2013  
Position Information: Permanent - Full-Time  
Who May Apply: United States Citizens

Centers for Disease Control and Prevention, Atlanta, GA  
[Public Health Analyst \(Extramural\)](#)

Deadline: May 6, 2013  
Department: Department Of Health And Human Services  
Agency: Centers for Disease Control and Prevention  
Number of Job Opportunities & Location(s): 1 vacancies - Atlanta, Georgia  
Salary: \$85,500.00 to \$111,148.00 / Per Year  
Series and Grade: GS-0685-13  
Open Period: Tuesday, April 23, 2013 to Monday, May 06, 2013  
Position Information: Permanent - Full-Time  
Who May Apply: United States Citizens

Centers for Disease Control and Prevention, Spokane, Washington  
[Research Physical Scientist](#)

Deadline: May 1, 2013  
Who May Apply: Status Candidates (Merit Promotion and VEOA Eligibles)  
Salary: \$81,823.00 - \$106,369.00 / Per Year  
Position Info: Full Time - Permanent  
Control Number: 341585600  
JOA Number: HHS-CDC-M2-13-875045

Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Unintentional Injury, Atlanta, GA  
Transportation Safety Fellowship

CDC's National Center for Injury Prevention and Control (NCIPC) is looking for an experienced evaluator to conduct a program analysis and develop and implement an evaluation plan of a safe teen driving program. NCIPC and the evaluator will conduct an analysis/review of the program curriculum, provide recommendations and resources based on the most recent and best available science, and provide in-depth consultation on and assistance with the evaluation of the program. The project period is 9 months and will begin June 2013. This is a term-limited, grant-funded independent contractor position which will support a specific project, funded by a donation to the CDC Foundation ([www.cdcfoundation.org](http://www.cdcfoundation.org)), which will be housed at the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention and lead by CDC staff. The appointment is full-time at CDC in the Atlanta, Georgia, area. The individual selected for this position will be responsible for:

- Developing conceptual and logic models, identifying evaluation methodologies, conducting qualitative and quantitative data analysis, writing of evaluation reports and documents applying the evaluation results to developing the program curriculum.
- Developing and implementing the evaluation plan of a program evaluation for the improvement of a safe teen driving program curriculum. The evaluation will include the an in-depth review of the curriculum and implementation of the curriculum.
- Collaborating with CDC staff, program developers, and external partners on the development and implementation of the evaluation.
- Developing and presenting a final report including the results of the in-depth consultation on and evaluation of the program. The final report will include actionable recommendations of how to improve the program curriculum and implementation based on the most recent and available science for preventing motor vehicle-related injury and death among teens.
- Identifying measures to for the ongoing evaluation of the safe teen driving

program and providing monitoring and evaluation assistance to the program developer.

- Consulting with epidemiologists, statisticians, and public health professionals concerning on-going and established studies where extensive methodological or subject matter interpretation is required.

Qualifications:

- A Doctoral or other terminal degree in evaluation, psychology, sociology, public health, or another related field received within the last five years. ABD candidates will be considered.
- Experience or knowledge regarding injury and violence prevention and program evaluation, use of evaluation results for quality improvements, and evaluation methodology is desired.
- A track record of scientific productivity demonstrating strong skills in methodology and quantitative and qualitative analysis is also desired.
- Experience with youth development and education is preferred, but not required.

Please send resumes to Erin Sauber-Schatz at [ige7@cdc.gov](mailto:ige7@cdc.gov)

City Harvest, New York City

Associate Director, Community Partnerships

Now serving New York City for more than 30 years, City Harvest is the world's first food rescue organization, dedicated to feeding the city's hungry men, women, and children and improving the food landscape in low-income neighborhoods. This year, City Harvest will collect more than 42 million pounds of excess food from all segments of the food industry, including restaurants, grocers, corporate cafeterias, manufacturers, and farms. This food is then delivered free of charge to some 600 community food programs throughout New York City by a fleet of trucks and bikes. City Harvest helps feed the more than one million New Yorkers that face hunger each year. As a natural extension of our anti-hunger work, City Harvest developed Healthy Neighborhoods programs to respond to the need for emergency food, improve access to fruits and vegetables for residents in low-income communities and provide nutrition education that will inspire affordable, healthy meal choices. Through Healthy Neighborhoods programs, City Harvest partners with residents, community organizations, afterschool programs, and local businesses. Together we work to achieve a long-term impact in the fight against hunger by engaging residents in healthy choices and enhancing the local food landscape. Our Healthy Neighborhoods work is focused on five low resource neighborhoods: South Bronx; Bedford Stuyvesant Brooklyn; North Shore Staten Island; Washington Heights/Inwood; and Northwest Queens.

City Harvest seeks an Associate Director, Community Partnerships who will work with City Harvest neighborhood-based staff to develop, mobilize and grow community partnerships and resident-based networks in support of the Healthy Neighborhoods Initiative. This position will focus on the link between access to healthy food, nutritional knowledge, and food preparation skills, and community mobilization to promote the health of residents of the Healthy Neighborhoods. The Associate Director, in collaboration with the Healthy Neighborhoods team, will work to engage residents, neighborhood leaders and business to: create healthy retail options, implement resident-based fruit and vegetable promotions in support of the City Harvest Healthy Retail program, and organize around local advocacy for healthy food access in their neighborhoods. This position reports to the Director, Healthy Neighborhoods and manages 5 borough-based Healthy Neighborhood Assistant Managers.

Major responsibilities:

- In partnership with the Healthy Neighborhood Assistant Managers, cultivate, lead and grow strategic local and city-wide partnerships connected to increased healthy food access, improved dietary health, and improved community capacity across 5 Healthy Neighborhoods.
- Lead the strategic design and implementation of neighborhood-based Community Action Networks (CANs), managed by City Harvest neighborhood staff and made up of resident volunteers who are leaders in their community and dedicated to improving food access and dietary health in their neighborhoods. Work with CANs to implement community-led projects including:



- o Promoting fruit and vegetable access in their neighborhoods by supporting existing and emerging healthy retailers;
- o Creating a mechanism to support City Harvest's Healthy Supermarket and Corner Stores;
- o Developing and implementing resident-led local fruit and vegetable promotions;

o Creating and delivering advocacy messages around local healthy food access.

· Ensure Healthy Neighborhood programs are strategically integrated within each community by working with the City Harvest's Healthy Retail, Nutrition Education, Mobile Market and Emergency Food program teams.

· Work with Associate Director, Healthy Retail to create Healthy Retailer Networks for corner store operators, providing marketing, merchandising and business assistance to stores to ensure a future healthy retail space. Create mechanisms to connect store operators with their community through the CAN networks.

· Regularly engage in and lead neighborhood-based fieldwork to become familiar with the geography, character and population diversity of each Healthy Neighborhood.

· Ensure that Healthy Neighborhood activities are informed by an understanding of how diet-related diseases poverty and food insecurity interact with each other at the neighborhood level. Read supporting research around the connection of dietary health to food access, nutrition education, and community engagement.

· As senior HNI team leader, work with Director Healthy Neighborhoods, Director Evaluation, Director Policy and Government Affairs, and VP Community Impact to continue to develop and implement the Healthy Neighborhoods strategic vision, food access policy, and programmatic evaluations.

· In partnership with Volunteer Services, build and maintain a strong coalition of community volunteers that are invested in Healthy Neighborhood interventions and dedicate time to carry-out food access and nutrition programming.

· Develop and maintain strong working relationships with City Harvest colleagues in Marketing, Fund Raising, Food Sourcing and Agency Relations to further develop programs and impact.

· Manage 5 direct reports. Recruit and oversee interns, fellows and community volunteers to further engage in this work.

#### Requirements

· Graduate degree in public health, public administration, or comparable degree or equivalent work experience as a community organizer in food systems, food justice or community-based health related projects.

· 5+ years of experience in the development and management of urban public health programs.

· Outstanding track record of creating and cultivating partnerships including both community and city-wide partners.

· Strong track record of community organizing and engagement. Ability to train staff on community organizing approaches and best practices.

· Leadership experience with obesity-or diet-related disease prevention or treatment programs within the context of collaborative community partnerships a plus.

· Solid public health expertise with a deep interest in having a serious and sustained impact on community health in low resource communities of NYC.

· Ability to synthesize complex information and present it in a helpful and educational manner.

· Ability to speak and write fluently in Spanish highly preferred.

· Comfort with traveling around the city on public transportation as at least 50% of time will be spent in the field.

There are many fantastic benefits to a career at City Harvest. In addition to working to effect positive change in the lives of thousands of hungry New Yorkers, City Harvest offers its employees a business casual work and learning environment with generous benefits including medical, dental, life insurance, short- and long-term disability insurance, 403(b) and generous paid time off. There are also great perks including TransitChek, discounted health club memberships and movie tickets, and access to free checking accounts when electing direct deposit. Aside from a competitive salary and excellent benefits, you will enjoy a team-oriented and community based atmosphere while you work. At City Harvest, we enjoy working in a team-based environment and value the benefits of a diversified workplace. Women, people of color and other underrepresented minorities are strongly encouraged to apply. City Harvest is an equal

employment opportunity employer and does not discriminate based on age, citizenship, color, creed, physical or mental disability, ethnicity, family responsibilities, gender identity and expression, sexual orientation, marital status, race, religion, veteran status or other unlawful factors with respect to unemployment. City Harvest is committed to the maintenance of a drug-free workplace and ensuring compliance with the Drug-Free Workplace Act of 1988. Qualified candidates reflecting the cultural identity and ethnicity of the communities represented. Please use the following link to complete our application and to submit your resume and cover letter with salary requirements <https://home.eease.adp.com/recruit/?id=4800231>. Qualified candidates will be contacted by phone and/or email. City Harvest conducts background checks and writing and computer literacy tests for final candidates for this position. City Harvest conducts background checks for final candidates for this role.

Hispanic-Serving Health Professions Schools  
Professional Development and Data Systems Workshop  
Bethesda, MD  
July 25-26, 2013

Early Registration Deadline: May 1, 2013

On July 25-26, HSHPS is conducting a professional development and data systems workshop at in Bethesda, Maryland for junior faculty, post-doctoral students, and doctoral students interested in Hispanic health research. The two-day workshop is aimed to help prepare scholars interested in Hispanic health research strengthen their skills and knowledge to perform analytical studies of national and state health datasets to better contribute to Hispanic health care research and provision of adequate health care to Hispanics and other underserved populations. To learn more about the workshop, visit <http://www.hshps.org/events/faculty-development-workshop/2013>.

Workshop Travel Awards: Scholars Program Ten students and faculty from HSHPS member institutions will be selected as the first cohort of the HSHPS Health Services Research Scholars Program. The 12-month program will provide travel awards to attend the workshop. Participants are expected to:

- \* Attend pre & post workshop activities on the evening of July 24th and July 26th.
- \* Complete four (4) evaluation forms to track progress
- \* Attend four (4) two-hour online courses on datasets and scientific writing
- \* Participants will be responsible for identifying a mentor during the workshop
- \* Engage in analytical studies of state or national datasets to study Hispanic healthcare research topic with the intent to publish in a peer-reviewed journal.

To learn more about the program, visit <http://www.hshps.org/faculty/research-scholars>

Workshop Flyer:

[http://www.kellogghealthscholars.org/news/Workshop\\_Flyer\\_042913.pdf](http://www.kellogghealthscholars.org/news/Workshop_Flyer_042913.pdf)

Agenda Snap View:

[http://www.kellogghealthscholars.org/news/NR\\_Pittsburgh\\_Grant%20on\\_Infant\\_Mortality-FINAL.pdf](http://www.kellogghealthscholars.org/news/NR_Pittsburgh_Grant%20on_Infant_Mortality-FINAL.pdf)

Montana Department of Public Health and Human Services  
Epidemiologist BRFSS  
Deadline: May 15, 2013

Job opening at Montana Department of Public Health and Human Service (DPHHS) for the Behavioral Risk Factor Surveillance System Office, in the Office of Epidemiology and Scientific Support.

To be considered for the position, you must apply on line at:

<https://svc.mt.gov/statejobsearch/listingdetails.aspx?id=10137>

National Center for Health Statistics  
[Director, National Center for Health Statistics](#)

Deadline: Jun 7, 2013

Department: Department Of Health And Human Services

Agency: Centers for Disease Control and Prevention

Number of Job Opportunities & Location(s): 1 vacancies - Hyattsville, Maryland

Salary: \$118,846.00 to \$199,700.00 / Per Year

Series and Grade: AD-0601-00

Open Period: Friday, April 26, 2013 to Friday, June 07, 2013

Position Information: Temporary - Full-Time

Who May Apply: US Citizens and Non Citizens

National Center for Health Statistics, Hyattsville, MD  
Science Officer (Interdisciplinary Behavioral Scientist/Health  
Scientist/Statistician (Health))

Deadline: May 15, 2013

A vacancy announcement has been posted for a vacant position within the National Center for Health Statistics (NCHS), Division of Vital Statistics (DVS), Office of the Director in Hyattsville, MD. This position is for Science Officer (Interdisciplinary Behavioral Scientist/Health Scientist/Statistician (Health)) - GS-191/601/1530-15. The vacancy number is HHS-CDC-M2-13-876175 and HHS-CDC-D2-13-875929. The announcement opens 4/18/13 and closes 5/17/13. All interested and qualified individuals are encouraged to apply. The vacancy announcement can be found at:

MP announcement: <https://www.usajobs.gov/GetJob/ViewDetails/341726500>

DE announcement: <https://www.usajobs.gov/GetJob/ViewDetails/341726000>

Point(s) of Contact: Luigia Franks (301)-458-4217

Salary Range: \$123,758.00 to \$155,500.00 / Per Year

OPEN PERIOD: Thursday, April 18, 2013 to Friday, May 17, 2013

SERIES & GRADE: GS-0101/0601/1530-15

POSITION INFORMATION: Full Time - Permanent

PROMOTION POTENTIAL: 15

DUTY LOCATION: 1 vacancy in Hyattsville, MD United States

WHO MAY BE CONSIDERED: United States Citizens

DUTIES: The incumbent serves as the senior science advisor to the Division Director and Deputy Director, oversees the initiation, conduct and monitoring of research projects in which the Division is involved. Maintains liaison with external researchers and organizations engaged in vital statistics research. May be called on to provide testimony at OMB and Congressional hearings based on expertise relating to Division and Center research initiatives. Represents the Center and the Division at meetings with other federal agencies, State and local agencies, public health organizations, business and labor entities. Reviews all reports, articles or monographs completed as part of the research and programs of the Division of Vital Statistics to ensure that documents are of a high technical caliber, represent important additions to the knowledge base of vital statistics research, and command national and international attention in the public health and health services field. Monitors legislative and regulatory changes made by state and local jurisdictions governing the release of vital statistics data, and ensures that such changes are reflected in NCHS policies and processes. Plans, develops, implements and monitors policies and procedures for access to and release of micro-data, compressed data files, and web-based query systems based on vital statistics data under the terms of the National Vital Statistics Cooperative Agreement developed with the National Association for Public Health Statistics and Information Systems (NAPHSIS) and the states. Incumbent works closely with NAPHSIS, the states and local jurisdictions to collaborate on issues critical to the mission of NCHS and DVS such as improving data quality and developing criteria and performance measures for the transmission and release of vital statistics data.

Communicating Public Health in the Media

The Epidemiology and Population Health Summer Institute at Columbia University (EPIC)

New York

June 3 - 28, 2013

Deadline: May 1, 2013

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

This course will provide early- and mid-career scientists and public health practitioners with a toolkit for engaging the public.

As a pragmatic science focused on the health of populations, public health is of inherent relevance to consumers of mass media, and its accurate and engaging portrayal is crucial to informing public conversation about health policy.

This course will provide a bridge between the distinct orientations of scientists (who want to know, "what's next?") and

the public (which wants to know, "what does this mean for my health?").

Explore the real-world impact of media coverage of public health on science and society by examining:

1) how journalists and editors determine whether they will cover scientific findings and

public health initiatives;  
2) highlighting common obstacles for communication between scientists and non-experts; and  
3) emphasizing techniques to avoid them in both verbal and written formats.  
By the end of the course, participants will be able to:

- Identify opportunities to bring a public health issue into the news by identifying the "scoop" in their science
- Understand how to successfully translate science to the public audience
- Dissect and map the anatomy of mainstream health or science coverage, and understand how it differs from a journal article, press release, and informational content (such as that found on government websites like MedlinePlus)
- Draft a pitch letter to an editor or reporter
- Outline a news analysis or commentary on a public health topic of appeal to a general audience
- Use social media to engage the public in scientific discourse

University of Oxford, Department of Sociology  
Postdoctoral Researcher in Quantitative Sociology  
Deadline: May 17, 2013

Grade 7: Salary in the range £29,541 - £31,331 p.a.

The Department of Sociology is seeking an enthusiastic quantitative researcher to work with Dr David Stuckler on his EU and ESRC funded projects. This is an exciting opportunity to contribute to the development of world-leading research to evaluate the health effects of economic and political factors on global health at the University of Oxford. The successful candidate will be working with Dr David Stuckler to assess resilience to health effects of economic and social changes in the context of recessions and natural policy experiments worldwide, taking responsibility for leading several cross-national and multi-level analyses using secondary datasets. They will also be engaged in writing research proposals on related topics. The post is full-time, on a fixed-term contract, commencing on 1 July 2013 for 30 months. Applications, including a curriculum vitae, should be submitted by 12.00 noon on Friday 17 May 2013. Interviews will be held as soon as possible after the closing date, ideally in the week commencing 3 June 2013. <http://www.jobs.ac.uk/job/AGJ094/postdoctoral-researcher-in-quantitative-sociology/>.

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## CONFERENCES AND EVENTS

Community Network for Research Equity & Impact  
Coaching Conference Calls

May 13, June 17, July 15, and August 26, 2013 (4:00 p.m.-5:30 p.m.)  
Registration Deadline: No later than the Friday before the call you would like to join.

As you may know, the Community Network for Research Equity & Impact emerged from the 2011 and 2012 National Community Partner Forums co-sponsored by CCPH and the Center for Community Health Education Research and Service. The Community Network's mission is to ensure that communities have a significant voice in decisions about research practice and policy, are true partners in research, and fully benefit from the knowledge gained through research. The Community Network is excited to announce a free monthly series of coaching conference calls for community partners who are considering or already engaged in research partnerships with academic partners. Community partners include individuals who are community activists, community organizers, patient advocates or staff or volunteers with community-based organizations or patient advocacy organizations. The calls respond to needs expressed by community partners from across the country for low-cost, easy ways to access confidential coaching, advice and support from their seasoned peers. We are eager to support community partners in successfully navigating the issues and challenges that can arise in community-academic research partnerships. Whether dealing with conflicts around a budget issue, disagreements about how study findings will be disseminated, tensions

over the community's role as advisor vs. decision maker, etc., we are here to help! Facilitating the calls will be Ann-Gel Palermo, CCPH board member and Chair of the Harlem Community and Academic Partnership, who may be joined from time to time by other experienced Network members. See Ann-Gel's bio at <http://bit.ly/mN205U>. The calls are offered on these Mondays from 4-5:30 pm ET: Apr 22, May 13, June 17, July 15 and Aug 26. Each call will be limited to 10 people in order to maximize participation. To apply to participate in a coaching call, community partners should simply complete this form no later than the Friday before the call you would like to join: <https://catalyst.uw.edu/webq/survey/ccphirb/198512>. The information provided will only be shared with the call facilitators. Participants on the calls agree to maintain a "safe space" for honest and open communications. Unless someone on the call specifically gives permission to share information with others, the discussions are to be kept confidential. Participants also agree to complete a brief anonymous online evaluation form to help the Community Network determine if the calls were helpful and should be continued. Community partners may join the Community Network for Research Equity & Impact (it's free!) at <http://bit.ly/XhMuY6>. If you have any questions, don't hesitate to contact [programs@ccph.info](mailto:programs@ccph.info).

National Academy of Sciences, National Research Council, Division of Behavioral and Social Sciences and Education  
Public Access to Federally-Supported Research and Development Data and Publications  
National Academy of Sciences  
2101 Constitution Ave., NW  
Washington, DC 20418  
Auditorium

Deadline: April 30, 2013

Two Planning Meetings:

(1) Public Comment Meeting: [PUBLICATIONS](#)

May 14, 2013 (9:00 a.m. to 5:00 p.m.)

May 15, 2013 (9:00 a.m.-12:00 p.m.)

(2) Public Comment Meeting: [DATA](#)

16 May 2013 (9:00 a.m. - 5:00 p.m.)

17 May 2013 (9:00 a.m. - 12:00 p.m.)

On behalf of the several sponsoring agencies, the Division of Behavioral and Social Sciences and Education (DBASSE) of the National Research Council invites you to register to attend one or both of two planning meetings. The meetings are free and open to the public, but registration is required.

The topics of these meetings are directly related to the 22 February [memorandum](#) from the Office of Science and Technology Policy (OSTP) entitled "Increasing Access to the Results of Federally Funded Scientific Research." Interested parties are invited to provide brief verbal or written contributions (instructions regarding these are available on the registration sites) to present ideas for consideration by federal agencies as they plan for accomplishing the goals set forth in the OSTP memo.

U.S. Census Bureau Webinar

How to Navigate American FactFinder

June 6, 2013 (1:00 p.m. to 3:00 p.m. Eastern)

Gain experience in using the American FactFinder data access tool. Learn how to use the search and navigation features to access some of the Census Bureau's programs, datasets and topics. To register for this webinar, click on the "more info" link to complete the online registration form.

Contact: Education, Training, and Dissemination Staff

Email: [clmso.training@census.gov](mailto:clmso.training@census.gov)

Phone: 301-763-4308

More Info: <https://questionweb.com/83870>

University of Texas, M.D. Anderson Cancer Center

11th Annual Disparities in Health in America: Working Toward Social Justice

Prairie View A&M University College of Nursing



Main Auditorium, 1<sup>st</sup> Florrd, Room 134  
6436 Fannin Street  
Houston, TX  
June 17-22, 2013

Program Chair: Lovell A. Jones, Ph.D.

PVAMU College of Nursing: Betty N. Adams, Ph.D., Dean

Goal:The goal of the Annual Disparities in Health Summer Workshop/Course is to provide a comprehensive understanding of health disparities, to investigate approaches to enhancing health equity, and to provide participants with a broad base of knowledge related to a bio-psychosocial approach in addressing health disparities in a minority and the medically underserved populations.

Registration is now open for the 11th Annual Disparities in Health in America: Working Toward Social Justice. The workshop/course offers opportunities for undergraduate and graduate students to obtain 3 units of academic credit. It is the first time this workshop/course will be held on a HBCU campus in association with the University of Houston and the University of Texas MD Anderson Cancer Center. For more information regarding Parking and Registration visit: The University of Texas MD Anderson and Prairie View A&M University College of Nursing websites: [www.mdanderson.org/cheer](http://www.mdanderson.org/cheer); [www.pvamu.edu/pages/290.asp](http://www.pvamu.edu/pages/290.asp).

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## RESOURCES

### Publications

Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts  
Trust for America's Health, April 2013

<http://healthyamericans.org/report/105/>

For too long, the country has focused on treating people after they become sick instead of preventing diseases before they occur. Investing in disease prevention is the most effective, common-sense way to improve health helping to spare millions of Americans from developing preventable illnesses, reduce healthcare costs, and improve the productivity of the American workforce so we can be competitive with the rest of the world. Tens of millions of Americans are currently suffering from preventable diseases such as cancer, heart disease and diabetes. And, today's children are in danger of becoming the first

generation in American history to live shorter, less healthy lives than their parents. The nation's public health system is responsible for improving the health of Americans. But, the public health system has been chronically underfunded for decades. Analyses from the Institute of Medicine (IOM), The New York Academy of Medicine (NYAM), the U.S. Centers for Disease Control and Prevention (CDC), and a range of other experts have found that federal, state and local public health departments have been hampered due to limited funds and have not been able to adequately carry out many core functions,

including programs to prevent disease and prepare for health emergencies. In Investing in America's Health: A State-by-State Look at Public Health Funding and Key Health Facts, the Trust for America's Health (TFAH) and Robert Wood Johnson Foundation (RWJF) examine public health funding and key health facts in states around the country, finding:

\* Inadequate Federal Funding: Federal funding for public health has remained at a relatively flat and insufficient level for years. The budget for CDC has decreased from a high of \$7.31 billion in 2005 to \$6.13 billion in 2012. Spending through CDC averaged to only \$19.54 per person in FY 2012. And the amount of federal funding spent to prevent disease and improve health in communities ranged significantly from state to state, with a per capita low of \$13.72 in Indiana to a high of \$53.07 in Alaska.

\* Cuts in State and Local Funding: At the state and local levels, public health budgets have been cut at drastic rates in recent years. According to a TFAH analysis, 29 states decreased their public health budgets from FY 2010-11 to FY 2011-12. Budgets in 23

states decreased for two or more years in a row, and budgets in 14 states decreased for three or more years in a row. In FY 2011-12, the median state funding for public health was \$27.40 per capita, ranging from a high of \$154.99 in Hawaii to a low of \$3.28 in Nevada. From FY 2008 to FY 2012, the median per capita state spending decreased from \$33.71 to \$27.40. This represents a cut of more than \$1.15 billion, based on the total states' budgets from those years, which would be \$1.9 billion adjusted for inflation. According to a survey by the Association of State and Territorial Health Officials (ASTHO), 48 state health agencies (SHAs) reported experiencing budget cuts since 2008. According to the Center on Budget and Policy Priorities (CBPP), states have experienced overall budgetary shortfalls of \$540 billion combined from FY 2009 to FY 2012 and 31 states have projected or closed budget gaps totaling \$55 billion in FY 2013. State and local health departments have cut more than 45,700 jobs across the country since 2008. During 2011, 57 percent of all local health departments reduced or eliminated at least one program. The report also finds:

\* **Wide Variation in Health Statistics by State:** There are major differences in disease rates and other health factors in states around the country. For instance, only 6.7 percent of adults in Colorado and Utah have diabetes compared to 12.3 percent in Mississippi, and less than 12 percent of adults in Utah are current smokers while almost 30 percent report smoking in Kentucky.

\* **Wide Variation in Health Statistics by County:** There are also major differences in disease rates and health factors within each state. County Health Rankings, published by RWJF and University of Wisconsin Population Health Institute, provide county-level data on a number of key health factors for nearly every county in the country. The rankings assess health behaviors (tobacco use, diet, alcohol use, etc.), clinical care (access to and quality of care), social and economic factors (education, employment, income, etc.) and physical environment (environmental quality and the built environment). The Rankings highlight the healthiest and least healthy counties in every state and identify factors that influence health, outside of the doctor's office. The rankings do not currently include budget data by county. Overall, *Investing in America's Health* concludes that a sustained and sufficient level of investment in prevention is essential to improving health in the United States, and that differences in disease rates will not be changed unless an adequate level of funding is provided to support public health departments and disease prevention efforts.

The life course: challenges and opportunities for public health research  
Matthias Richter, David Blane, *International Journal of Public Health* - February 2013, Volume 58, Issue 1, Editorial

<http://bit.ly/XN6hA0> and <http://bit.ly/13O8uio>

".....With origins in research on health inequalities, the hypothesis of biological programming and the availability of national longitudinal data, life course epidemiology has been investigating the long-term effects of biological, physical and social exposures on health and chronic disease risk during gestation, childhood, adolescence, young adulthood and later adult life and across the generations..

In this context, a wealth of innovative findings were gained by integrating determinants and mechanisms acting earlier in life to the explanation of health and health inequalities in adulthood. Life course influences are increasingly seen to hold the key to a better understanding of disease aetiology and the existence of social inequalities in health. Present-day life course research in the field of epidemiology and public health faces several challenges and opportunities, which we address in this special issue of the *International Journal of Public Health (issue 58-1, 2013)*. Life course thinking is interdisciplinary in nature. However, life course research on health and health inequalities was largely dominated by epidemiological studies, which paid relatively little attention to other disciplines also relevant for public health. The significant benefits potentially available from bringing together the separate traditions, for example, in demography, epidemiology and sociology have not been fully utilized. With this in mind, the special issue on life course research explicitly covers contributions from several disciplines dealing with health: Mortelmans and Vannieuwenhuyze and Leopold and Engelhardt illustrate the contribution of sociology, Siegel et al. of econometrics, and

Neels et al. of demography.

Another challenge related to the disciplinary exchange is the further development of conceptual models that elucidate the risk and protective factors at each life stage as well as the underlying mechanisms that link them together across one or more generations....."

Untapped potential of health impact assessment

Mirko S Winkler, Gary R Krieger, Mark J Divall, Guéladio Cissé, Mark Wielga, Burton H Singer, Marcel Tanner & Jürg Utzinger, Bulletin of the World Health Organization - April 2013

<http://bit.ly/Z3bzt2>

".....The World Health Organization has promoted health impact assessment (HIA) for over 20 years. At the 2012 United Nations Conference on Sustainable Development (Rio+20), HIA was discussed as a critical method for linking health to "green economy" and "institutional framework" strategies for sustainable development. In countries having a high human development index (HDI), HIA has been added to the overall assessment suite that typically includes potential environmental and social impacts, but it is rarely required as part of the environmental and social impact assessment for large development projects. When they are performed, project-driven health impact assessment HIAs are governed by a combination of project proponent and multilateral lender performance standards rather than host country requirements. Not surprisingly, in low-HDI countries HIA is missing from the programme and policy arena in the absence of an external project driver. Major drivers of global change (e.g. population growth and urbanization, growing pressure on natural resources and climate change) inordinately affect low- and medium-HDI countries; however, in such countries HIA is conspicuously absent. If the cloak of HIA invisibility is to be removed, it must be shown that health impact assessment HIA is useful and beneficial and, hence, an essential component of the 21st century's sustainable development agenda. We analyse where and how health impact assessment HIA can become fully integrated into the impact assessment suite and argue that the impact of HIA must not remain obscure...."

Why Does Education Matter So Much to Health?

Robert Wood Johnson Foundation, Updated March 2013

[http://www.rwjf.org/en/blogs/new-public-health/2012/08/better\\_educationhea.html](http://www.rwjf.org/en/blogs/new-public-health/2012/08/better_educationhea.html)

<http://www.rwjf.org/en/research-publications/find-rwjf-research/2012/12/why-does-education-matter-so-much-to-health-.html>

While it's known that education leads to better jobs and higher income, research also shows strong links between education and longevity, reduced risk of illness, and increased vitality and school success for future generations. Yet, changing demographic trends and rising college costs portend poorly for health. This brief examines the role that education plays in health and finds that:

- \* Better-educated individuals live longer, healthier lives than those with less education, and their children are more likely to thrive.

- \* An action plan released by the National Prevention Council, comprised of 17 federal departments, includes efforts to bolster education outcomes for youth.

- \* Changing demographics and other trends forecast that young people in the United States today are less likely than members of their parents' generation to graduate from high school, posing challenges to efforts to improve health status.

### Others

Health Policy Toolkit

The World Bank

<http://bit.ly/zp8Ysm>

Health Policy Toolkit, which offers health policy stakeholders and practitioners online access to a growing collection of information about policies and practices that can help enhance the contribution of the private sector to important health goals in developing countries.

The Toolkit includes links to key policy resources in a variety of formats.

Module 1: Fundamentals

This module discusses health systems, the policy cycle, public sector stewardship towards the private health sector, the importance of the private health sector, and policy mechanisms governments can use to better engage the private health sector. In this module:

- \*Health systems and the policy cycle;
- \*The concepts of stewardship and engagement;
- \*Actors involved in the private health sector;
- \*Why the private health sector matters and who uses it;
- \*Policy instruments to engage the private health sector.

#### Module 2: Assessment

This module helps stakeholders including policymakers, technical staff, businesses and financial institutions to understand how to better engage the public and private sectors through the results of an assessment process.

The reader will understand:

- \*Health systems frameworks for a health sector assessment
- \*The dimensions of a health sector assessment
- \*The dynamics of a private health sector assessment process
- \*Options for sources of secondary data
- \*The types of instruments which can be used for primary data collection
- \*Steps in the assessment process

#### Module 3: Engagement

This module focuses on engaging with the private health sector by designing, implementing, and evaluating a public private dialogue.

The reader will:

- \*Be able to define engagement, public private dialogue, and public-private partnership and understand the major policy instruments used to collaborate with the private health sector.
- \*Understand the stages of the policy cycle and how it relates to a public private dialogue.
- \*Know the essential elements to consider when designing and implementing a public-private dialogue project in health.

#### Module 4: Capacity Development

This module provides policymakers and capacity builders with tools to better understand how to work with the private health sector.

The reader will:

- \*Review the concept of capacity development and how it relates to policy engagement and private health sector assessment;
- \*View a sample course agenda and training materials on strategies for strengthening private health policy to achieve health goals;
- \*Understand how to conduct a private health sector assessment;
- \*Gain exposure to policy instruments for engaging the private sector.

[Public-Private Dialogue Handbook](#) (pdf, 3.84mb) <http://bit.ly/A9nIOt>

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## ABOUT THIS NEWSLETTER

To contribute information, resources or announcements to Kellogg Connection, e-mail [healthscholars@cfah.org](mailto:healthscholars@cfah.org). The Kellogg Connection is a monthly electronic newsletter that connects W.K. Kellogg programs: Kellogg Health Scholars, Scholars in Health Disparities, Community Health Scholars, Kellogg Fellows in Health Policy Research and H. Jack Geiger Congressional Health Policy Fellows.

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