

[Announcements](#)[Spotlight](#)[E-Workshops](#)[Call For Submissions](#)[Career Development](#)[Conferences and Events](#)[Resources](#)[Quick Links](#)[Kellogg Health Scholars Program Website](#)

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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 \(CFAH\)](#).

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

[Question?](#)

## SOUNDING BOARD

## Congratulations Kellogg Scholars and Fellows

Dr. Caree Jackson, Kellogg Health Scholars Program (KHSP) alumna, was married to Marty Cotwright, Jr., on September 29, 2012, in Atlanta, GA. Caree is now Dr. Caree Cotwright!

Dr. Lovell Jones, former KHSP site director, was honored as one of the 180 top African American scientists in the nation. See <http://www.thehistorymakers.com/biography/lovell-jones>.

Dr. Airin Martinez, recent KHSP alumna, will begin her new position in January, 2013 as Assistant Professor (tenure-track) at the School of Transborder Studies at Arizona State University.

Dr. Lester Spence, Scholars in Health Disparities Program alumnus, was one of the guests on MSNBC's show's Melissa Harris-Perry segment on "The American Family" featured on Saturday, November 24. During the show Ms. Harris-Perry and her guests, which also included Brooklyn Law School Professor Marcia Garrison, MSNBC's Thomas Roberts, and Center for American Progress' Aisha Moodie-Mills, discussed the expanding definition of family and looked at the "traditional" definition of marriage. The panel concluded that in order for households of all economic statuses and gender make up to thrive, policy and politics must reflect the changing culture. Click on the following links to view the full segment:

<http://www.msnbc.msn.com/id/46979745/vp/49947874#49947874>:  
<http://www.msnbc.msn.com/id/46979745/vp/49947940#49947940>:  
<http://www.msnbc.msn.com/id/46979745/vp/49948058#49948058>:  
<http://www.msnbc.msn.com/id/46979745/vp/49948152#49948152>:  
<http://www.msnbc.msn.com/id/46979745/vp/49948186#49948186>:  
<http://www.msnbc.msn.com/id/46979745/vp/49948259>:  
<http://www.msnbc.msn.com/id/46979745/vp/49948378>.

[back to top](#)

## 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

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).

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 Fellows in Health Policy Research Program alumnus, Stanley N. Bernard, DrPH...

Dr. Stanley N. Bernard is an Assistant Professor of Public Health and coordinator of public health internships at Southern Connecticut State University. Dr. Bernard holds a Doctorate in Public Health from Columbia University Mailman School of Public Health and a Master of Public Health from Yale University School of Epidemiology and Public Health. His dissertation was titled ***The Moderating Effect of Positive Father Engagement and Accessibility on a School-based System of Care Intervention for Mental Health Outcomes of Children.***

Dr. Bernard is a Kellogg Fellows in Health Policy Research Program alumnus and formerly the Director of the Partnership for Kids (PARK) Project. The PARK Project is an innovative project in Bridgeport, CT funded by the Substance Abuse and Mental Health Services Administration (SAMHSA). Dr. Bernard has worked as a social policy researcher, the Director of Administration and Human Resources, and Director of Special Projects at the National Center for Children in Poverty at Columbia University where he became recognized nationally for his reports on fatherhood and welfare reform. Dr. Bernard is also a published poet (*Why Does a Black Poet*), husband, and father of four children.

Dr. Bernard has focused his research on fatherhood, health disparities and children's mental health. He is currently working on a project called REACH 2020 in the City of Bridgeport, CT. He is developing collaboration between Southern Connecticut State University, the Bridgeport Health Department, and the local neighborhood revitalization zone to address nutritional disparities on the East End of Bridgeport. The project seeks to undo racism and work collectively to bring a supermarket to the neighborhood, which has been designated as a food desert due to the lack of accessibility to nutritious foods and the high levels of obesity, diabetes, and other health problems related to poor nutrition.

The Kellogg Fellows program has helped Dr. Bernard to focus his research and teaching skills. Currently, Dr. Bernard teaches health policy and health administration at Southern, where he is also coordinator of the graduate and undergraduate public health internship programs. He makes sure to include his training in health disparities research in his classrooms. He stresses racial and social equality and encourages his students to consider how health disparities impact both minority and non-minority groups. He will be presenting at the NIH Health Disparities Summit in December 2012 on the effects of zoning on health in poor communities

[back to top](#)

## 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).

[back to top](#)

## CALL FOR SUBMISSIONS

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

CCPH Board of Directors Recruitment

Deadline: January 7, 2013

The Community-Campus Partnerships for Health (CCPH) Board of Directors is recruiting new board members from the US and Canada! Applications are due January 7, 2013. We are searching for individuals from a wide variety of backgrounds, with a broad range of experience and expertise, a passion for community-campus partnerships as a strategy for social justice and the time and ability to contribute to an active board. We anticipate bringing on 3-5 new board members in Spring 2013. Please see the attached "call for applications" for details. If you have any questions, please don't hesitate to contact us at [programs@ccph.info](mailto:programs@ccph.info). For details and to apply:

<http://www.kellogghealthscholars.org/news/CCPHBOD-application2012F.pdf>.

Call for Abstracts - AcademyHealth

AcademyHealth Annual Research Meeting

Baltimore, MD

June 23-25, 2013

Abstracts are due Jan 17 for The AcademyHealth Annual Research Meeting (ARM), June 23-25, 2013 in Baltimore: <http://bit.ly/Vd2Z2H>. Abstracts are invited for four categories: call for papers, call for posters, call for research panels, and call for policy roundtables. Abstracts are sought on 18 themes reflecting a variety of critical areas of study in health services research, as well as proposals for panels that present research or discuss key health policy topics. Abstracts submitted to the call for papers will also be considered for publication in several peer-reviewed journals. Examples of some of the themes are: Disparities and Health Equity -- Interventions to address racial, ethnic, gender, and socioeconomic disparities that target patient-, provider-, or system-level factors; Methods Research -- Engagement of patients in research design and prioritization, Methods for disparities/equity research, Translational research; Patient-Centered Outcomes Research -- Engaging patients in research, Impact of stakeholders on research, including but not limited to priority setting, study design, and translation into practice.

Call for Submissions - International Positive Psychology Association  
Third World Congress on Positive Psychology

June 27-30, 2013

Los Angeles, CA

Deadline: January 14, 2013

The International Positive Psychology Association announces it is now accepting [abstract submissions](#) for presentation at the Third World Congress on Positive Psychology being held June 27-30, 2013 in Los Angeles, California. Abstracts will

be accepted in the following five diverse categories:

- Posters
- Organized Symposia
- Workshops
- Conversation Hour **New for 2013!**
- Individual Papers **New for 2013!**

Key Abstract dates are:

October 24, 2012 - Abstract Site open for Submissions

January 14, 2013 - Abstract Submission Deadline

March 1, 2013 - Abstract Disposition Notifications

June 27-30, 2013 - Third World Congress

Visit the IPPA website for additional information on the Congress, both past and present, membership, and updates in the world of Positive Psychology.

[http://www.ippanetwork.org/world\\_congress\\_landing\\_page/](http://www.ippanetwork.org/world_congress_landing_page/).

Call for papers - **Action Research Journal**

Theme Issue on Action Research in Healthcare

Deadline: May 1, 2013

Special guest editors: Svante Lifvergren and Hilary Bradbury Huang

Action research as a broad approach to change has gained a growing legacy in the healthcare sector and this is the focus of this special journal issue. The co-editors see action research as representing a transformative orientation to knowledge creation for healthcare in that action researchers seek to take knowledge production beyond the gate-keeping of professional knowledge makers to empower all stakeholders in the healthcare arena. Their modest aspiration for this first special issue is to update healthcare clinician-scientists about the ever growing paradigm of action research. The call especially for papers that deal with the following questions, while at the same time remaining open to pleasant surprises in papers on topics not listed:

- Case studies of significant action research at first, second and third person levels
- Case studies of improved care delivery that highlights learning and action from a multi-disciplinary perspective, integrating knowledge from different scientific fields
- Tackling the issue of generating patient participation in AR projects
- Addressing especially the behavioral aspects of chronic illness and palliative care
- Transforming cultures that entrench the interests of powerful stakeholders
- Addressing presuppositions about how conventional healthcare research looks
- International networks of learning and collaboration to address healthcare disparities.

Papers from the developing world are especially welcome.

Full drafts of papers should be submitted online

(<http://mc.manuscriptcentral.com/ARJ>) no later than May 1, 2013. Please note: all papers should follow regular ARJ submission recommendations, that is, 5000-7000 words inclusive, using APA style. Questions should be directed to the special issue guest editor, Dr Svante Lifvergren ([svante.lifvergren@vregion.se](mailto:svante.lifvergren@vregion.se)). More detail on how to offer a manuscript may be found at [www.sagepub.arj.com](http://www.sagepub.arj.com).

[back to top](#)

## CAREER DEVELOPMENT

Alaska Native Tribal Health Consortium  
Senior Epidemiologist

Please consider this position and share with other social justice-minded people with a doctorate who want to make a real difference in health disparities and applied health systems change work with and for Alaska Native and American Indian people in Alaska. This is different than an academic job in that it is more about applied public health data surveillance, analysis, and technical assistance work rather than research (although it will likely include some options for

publishing), and that it allows work-life balance, a collaborative work environment, and pays well. Knowledge about and passion for ending domestic violence, sexual violence, and child maltreatment are a plus, as this would be a major part of the senior epidemiologist's projects, at least for the first few years. For those who don't know, Alaska and the Alaska Tribal Health System are unique and amazing. The Alaska Native Tribal Health Consortium is a tribal non-profit whose board is composed of Alaska Native leaders from all of the independent regional tribal health organizations in Alaska. At ANTHC, we assist all of the tribal health organizations throughout the state with data and business needs, run culturally-relevant public health and medical services, build infrastructure for healthy drinking water and environmental health, and work for improved Alaska Native/American Indian health care policy. At the Alaska Native Epidemiology Center, which is the department hiring for the Senior Epidemiologist, we do health surveillance and applied health studies, translate and disseminate health data for use by tribal health leaders and tribal leaders, provide technical assistance, engage in program evaluation, and participate in national tribal epicenter efforts. Job description and application can be found at: <http://www.anthc.org/jt/>, Job #: 20120753.

Boston Public Health Commission, Community Initiatives Bureau,  
Boston, MA  
Director, Boston REACH Obesity and Hypertension

Salary: \$65,000 - \$80,000 annually

Description:

*Background:* The Boston REACH Obesity and Hypertension Demonstration Project is one of two demonstration projects funded by the US Centers for Disease Prevention and Control (CDC) to implement and evaluate population-based policy, systems and environmental changes that can support healthy behaviors and reduce the prevalence of obesity and hypertension among Black and Latino residents. Boston has been funded for three years at \$4.6 million to develop, implement, evaluate and disseminate a portfolio of evidence-based strategies that build on past and current efforts for obesity and chronic disease prevention in the city of Boston. The Project is a collaborative partnership with the Boston REACH Coalition, YMCA of Greater Boston, and Harvard School of Public Health.

*Duties:*

- Overall responsibility for day to day program development and management of the Boston REACH Obesity and Hypertension Project.
- Work in a confidential capacity with Division Director/Principal Investigator to assure that Project workplan, resource allocation and activities align with the required project deliverables.
- Oversee assessment phase of project.
- Manage and coordinate Leadership Team activities including communications, agenda-setting and meetings.
- Work closely with core partners - Boston REACH Coalition, YMCA of Greater Boston, and Harvard School of Public Health - to coordinate all phases of project implementation.
- Ensure compliance with all funder (Centers for Disease Control and Prevention) requirements and maintain close liaison with the CDC project officer.
- Manage Project budget to be aligned with resource needs and to assure that BPHC and CDC budget and expenditure requirements are followed.
- Collaborate closely with other internal departments to assure seamless coordination of Boston REACH Project objectives across multiple organizational units.
-

In conjunction with Communications Office and leadership team manage media education efforts.

- Collaborate with Evaluator and other REACH staff and partners to ensure that overall evaluation plan aligns with implementation and that data collection methods are in place to ensure successful evaluation.

- Supervise assigned Project staff

- Oversee processes for procuring, monitoring and evaluating all sub-recipient contracts,.

- Overall coordination of partnership activities, including regular communications and meetings, trainings and technical assistance.

- Provide overall support for assuring that Boston REACH Project health equity goals are being successfully addressed, including coordination with Center for Health Equity and Social Justice.

- Prepare required grant reports.

- Develop and write grant applications to support additional activities related to Project.

- Works in a confidential capacity. Operates independently. Uses independent judgment and discretion to make decisions affecting the department and staff as it relates to unit operations/services and BPHC policy. Make and recommend management and personnel decisions for, including but not limited to promotion, transfer and assignment of staff, and imposition of discipline. Perform other duties as required.

Minimum Qualifications: Master's degree in public health or related field. Minimum five years progressively more responsible experience in program management, including budget, grant management, contract, and supervisory responsibilities in public health, community health, or related field. Demonstrated experience and skills in community health assessment, program planning and development, program management, and program evaluation. Strongly prefer experience in managing initiatives that address policy and systems change. Familiarity with models of health outcomes based on social determinants of health, and role of policy, environmental, and systems changes in health behavior change.

Commitment to role of public health in promoting social justice and health equity. Experience and excellent skills in working effectively with diverse community populations and broad based-coalitions. Excellent organizational skills, including ability to prioritize and to multi-task.

Ability to work in a fast-paced team environment, to meet deadlines, and to flexibly adapt to multiple priorities. Ability to work effectively in a team approach to program management.

Familiarity with Boston neighborhoods and Boston health and social service system preferred.

Excellent verbal communication skills with experience in facilitating large meetings and public speaking.

Excellent writing skills with extensive experience writing reports, grants, issue papers, and related documents. Excellent analytic skills, including ability to understand and interpret quantitative and qualitative data. Intermediate or higher level skill in Microsoft Office suite of Word, Excel, Powerpoint, and Internet Explorer. Spanish language capability preferred. Current Massachusetts driver's license and daily access to a car for travel to local meetings. This position may require direct client/patient contact and as a result of such direct contact, certain immunizations will be recommended and/or required prior to commencement of employment duties. A Criminal Offenders Records Information request must be completed for this position. However, a record is not an automatic bar to employment but is reviewed in relation to the job applied for. Boston residency

required, or willingness to relocate within 6 months of hire. Apply at <http://www.bphc.org/Careers/Pages/JobOpportunities.aspx>.

Community-Campus Partnerships for Health Jobs Listserv  
<https://mailman2.u.washington.edu/mailman/listinfo/cbprjobs>

The number of job opportunities in the fields of community-academic partnerships, community-based participatory research (CBPR) and service-learning is growing - including post-doctoral fellowships, faculty positions and research directors for community organizations to name a few. We launched the CBPR jobs listserv and CBPR jobs twitter feed in 2010 to make it easier for those offering and seeking these sorts of positions to connect. Over 1,000 people are now subscribed. If you have a position to announce - or are looking for a position - subscribe to the listserv today at <https://mailman2.u.washington.edu/mailman/listinfo/cbprjobs> and follow us on twitter at <http://www.twitter.com/cbprjobs>. The listserv is archived, making it easy to scan the positions that have been posted (you do not need to subscribe to post a position, but only subscribers receive the postings and access the archive).

The George Washington University School of Public Health and Health Services

Julio Bellber Post-Doctoral Fellowship in Community Health Policy Research

The George Washington University School of Public Health and Health Services, in collaboration with the RCHN Community Health Foundation, is recruiting for the Julio Bellber Post-Doctoral Fellowship in

Community Health Policy Research. The purpose of the fellowship is to help develop a new generation of health policy scholars whose focus, like that of health centers themselves, is on improving health and

health care for populations most at risk for disparate treatment and outcomes.

Housed in the GW Department of Health Policy, the Bellber Fellowship is a two-year post-doctoral research fellowship that includes a competitive salary and additional resources for research and professional activities. Minimum qualifications include a research-related doctoral degree such as a PhD, DrPH, or ScD.

Applicants with an MD, DDS, or JD must also hold an MPH, MS, MPP or other evidence of graduate-level research training. Qualifications also include research experience in a social science, public health, nursing, health services, health policy, or social work, and a demonstrated commitment to policy-focused research in medically-underserved populations in the United States. Applicants must be U.S. citizens or permanent residents, and have completed their doctoral degrees after August 1, 2010. To apply, please submit the following materials via e-mail to [gwbelb13@gwu.edu](mailto:gwbelb13@gwu.edu): 1) a curriculum vitae; 2) a letter of interest, including details regarding research interests and research agenda during the fellowship; 3) one paper or manuscript that demonstrates health-related research in underserved or low-income populations; 4) names/contact information for three references. To apply, you must also provide some information in an online application with George Washington University Human Resources, via the following link:

<https://www.gwu.jobs/postings/12626>. Application review will begin January 15,

2013 and continue until the fellowship position is filled. Questions about the fellowship should be directed to either of the co-directors of the fellowship: Paula Lantz, PhD, Professor and Chair of Health Policy ([plantz@gwu.edu](mailto:plantz@gwu.edu)) or Sara Rosenbaum, JD, Harold and Jane Hirsh Professor of Health Law and Policy ([sarar@gwu.edu](mailto:sarar@gwu.edu)).

Health Care For All, Boston, MA  
Development Associate

About the Organization: Health Care For All is a Boston-based non-profit advocacy and service organization dedicated to expanding access to quality affordable health care in Massachusetts. We seek to create a consumer-centered health care system that provides comprehensive, accessible and culturally-competent care for everyone, especially the most vulnerable. For over 25 years, HCFA has been a

leader in state health care policy, playing critical roles in major health reform efforts including the creation of MassHealth, private insurance patient's rights, and the 2006 Massachusetts health care reform law, known as Chapter 58. HCFA is now leading a major campaign for reducing costs in the health care delivery system, and is involved in implementation of the Affordable Care Act in Massachusetts. Besides doing advocacy and policy work, we also assist consumers directly through our HelpLine. HCFA HelpLine has fielded over 180,000 calls since 2006 and it is nationally recognized. HCFA is affiliated with Health Law Advocates, our legal advocacy arm, and Community Catalyst, which focuses on national health policy. For more information about Health Care For All, you can visit our website: [www.hcfama.org](http://www.hcfama.org).

Position Summary: Health Care For All's Development Associate will work as an integral part of the Development Team. Under supervision of the Director of Development, the Development Associate will assist with all aspects of HCFA's public and private grants program, ensure timely execution of all requests from partner foundations, and manage grant records and databases. The Development Associate is responsible for assisting with and/or taking the lead writing proposals and accompanying reports to help bring campaigns, programs and projects to scale. Working with the Director of Development, the Individual Giving and Events Manager, and other senior staff, the Development Associate will research prospective foundations, track outreach and work on all aspects of grant seeking work.

Major Responsibilities:

*Grant Management*

- Identify written requirements for each potential grant submission and manage process and timeline for drafting, reviewing, editing, and final preparation for letters of interests, concept papers, and final proposals;
- Work with financial staff to prepare and submit budgets and financial statements or audits to foundations;
- Maintain regular contact with funders to ensure regular communication through phone, emails, and in-person meetings;
- Manage the process to collect information from staff for needed reports; coordinate with the Development Director and the senior staff to draft, review, edit, and finalize all reports;
- Compile information for grant reports in accordance with funder guidelines;
- Ensure new grant applications meet funder guidelines and timelines;
- Coordinate and work with staff and contract grant writers, when needed, to produce effective fundraising materials.

*Development Administrative Support*

- Coordinate the administrative activities of the Development Department including but not limited to updated development spreadsheets, drafting correspondence, and collecting and organizing research materials;
- Work with Individual Giving and Events Manager to develop and maintain new donor tracking systems;
- Maintain proprietary and confidential information from outside visitors and all other persons who do not have a legitimate reason to see or use such information in accordance with the organizations WISP document.

*Development planning and other duties*

- Participate in organization-wide planning, fundraising and campaign activities;
- Support the Director of Development in seeking out partnerships with local and national foundations;
- Create and maintain a department calendar or events and deadlines;
- Write and edit copy for other development related materials, such as the website, blog and newsletters as needed.
- A positive, "can-do" attitude and a high degree of initiative;

- Strong organizational skills and attention to detail;
- Proficiency with the use of office technology including Microsoft Outlook, Word and Excel;
- Strong verbal communication skills and demonstrated ability to write clearly and persuasively;
- Ability to work collaboratively with a diverse group of stakeholders and coordinate a cross-disciplinary team;
- Experience using databases, research techniques and data evaluation;
- Track record of successfully performing under challenging deadlines;
- Ability to multi-task and manage competing demands and interests with diplomacy and courtesy;
- Demonstrated commitment to social justice and experience in non-profit work;
- 1-3 years of relevant work experience.

Qualifications:

Benefits:

- Competitive Salary
- Generous paid time off policy
- Robust benefits package
- Convenient downtown Boston location

Applicants should submit a resume with a one page cover letter briefly summarizing their interest in and qualifications for the position to: [jobs@hcfama.org](mailto:jobs@hcfama.org). Please put "Development Associate" in the Subject line.

L'Oreal USA Fellowships for Women in Science  
Five Fellowship Awards

Deadline: December 20, 2012

Please find the attached information for the L'Oreal USA Fellowships for Women in Science (FWIS) program, a national awards program that annually recognizes and rewards U.S.-based women researchers at the beginning of their scientific careers. Five recipients receive up to \$60,000 each that they must put towards their postdoctoral research. Applications are open to female scientists, who will have completed their PhD and have started in a postdoctoral research position by September 1, 2013. Applicants must be American born, naturalized citizens or permanent residents and be affiliated with a U.S.-based academic or research institution. They should conduct their postdoctoral studies and research in the US and be involved in life or physical/material sciences, engineering, technology, computer science or mathematics. For more information and application, see [http://www.kellogghealthscholars.org/news/2013\\_ApplyNow\\_Poster\\_4\\_1\\_1.pdf](http://www.kellogghealthscholars.org/news/2013_ApplyNow_Poster_4_1_1.pdf) and [http://www.kellogghealthscholars.org/news/L'Oreal\\_FAQ\\_2011-12b\\_1\\_1.pdf](http://www.kellogghealthscholars.org/news/L'Oreal_FAQ_2011-12b_1_1.pdf) or visit <http://www.aaas.org/programs/education/loreal.shtml>. Applications close December 20, 2012.

National Cancer Institute  
[Early Independent Scientist Program](#)

Trans-NIH Recruitment

Deadline: December 14, 2012

Description: The Intramural Research Program (IRP) is home to more than 1,100 tenured and tenure-track principal investigators and 7,000 trainees. The NIH Director's Early Independence Award Program was developed to support recent doctoral graduates in independent positions without the need to train further in a post-doctoral fellowship. Candidates will be provided with the resources to establish an independent research program.

Qualifications: Ph.D., M.D., D.D.S., or equivalent doctoral researchers

Contact: Interested individuals should submit electronically a cover letter,

curriculum vitae, and a 3-page statement of research interests and future plans, and arrange to have 3 letters of reference sent to Charles Dearolf, Ph.D., Assistant Director for Intramural Research; NIH at [dearolfc@od.nih.gov](mailto:dearolfc@od.nih.gov).

National Center for Health Statistics, Hyattsville, MD  
Mathematical Statistician (Two openings)

Deadline: December 20, 2012

A vacancy announcement has been posted for a vacant position within the National Center for Health Statistics (NCHS), Office of Research and Methodology, Statistical Research and Survey Design Staff Branch in Hyattsville, MD. This position is for a Mathematical Statistician (Confidentiality), GS-1529-14. The vacancy numbers are HHS-CDC-M1-13-786541 and HHS-CDC-D1-13-786540 and the announcements open 11/21/12 and close 12/20/12. All interested and qualified individuals are encouraged to apply. The vacancy announcements can be found at:

<https://www.usajobs.gov/GetJob/PrintPreview/331148300> and  
<https://www.usajobs.gov/GetJob/PrintPreview/331148400>.

National Center for Health Statistics, Division of Vital Statistics,  
Office of the Director Branch, Hyattsville, MD  
Science Officer, GS-601-15

Deadline: December 28, 2012

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

Position Information: Full-time, Permanent

The vacancy announcement can be found at

<https://www.usajobs.gov/GetJob/ViewDetails/332088600> and  
<https://www.usajobs.gov/GetJob/ViewDetails/332085700>.

National Center for Health Statistics

Three Openings in Its Statistical Research and Survey Design  
Staff

Deadlines: See Below

The Centers for Disease Control and Prevention's National Center for Health Statistics (NCHS) is enhancing its statistical expertise and is seeking exceptional candidates for three positions in the Statistical Research and Survey Design Staff (SRSDS), Office of Research and Methodology (ORM). SRSDS, which contains the largest group of research statisticians in NCHS, conducts statistical research and technical assistance relevant to NCHS programs and the broader statistical and scientific communities. Recent work includes redesign of NCHS surveys, methods for modeling and analyzing survey data, small-area estimation, combining information from multiple data sources, quality control, statistical disclosure limitation and protection of confidentiality, handling missing data, and statistical computing. The three positions are described briefly below, together with links for more information and application procedures. The positions are open to qualified U.S. citizens and non-citizens under various hiring mechanisms. NCHS is the principal health statistics agency in the United States. Its mission is to compile accurate, relevant, and timely statistical information to guide actions and policies that improve the health of the American people. NCHS is a unique public resource for health information and a critical element of public health and health policy.

(1) Mathematical Statistician. Annual salary range: \$74,872 - \$115,742

Conducts statistical research and technical assistance relevant to NCHS programs and the broader statistical and scientific communities. Disseminates work via presentations and publications.

Title 5, General Schedule, Public Jobs (open to all U.S. Citizens):

<https://www.usajobs.gov/GetJob/ViewDetails/331149300> (closes December 12, 2012). Title 5, General Schedule, Status Candidates (Merit Promotion and VEOA Eligibles): <https://www.usajobs.gov/GetJob/ViewDetails/331179600> (closes

December 12, 2012). Title 42 Service Fellowship (open to all U.S. Citizens or legal permanent residents with work authorizations):

[http://www.cdc.gov/nchs/about/fellowship\\_mathematical\\_statistics.htm](http://www.cdc.gov/nchs/about/fellowship_mathematical_statistics.htm) (closes December 14, 2012)

(2) Mathematical Statistician (confidentiality). Annual salary range: \$105,211 - \$136,771

Conducts statistical research and technical assistance on a variety of issues and problems, particularly those relating to statistical disclosure limitation and protection of confidentiality in design, analysis, and dissemination for data systems in NCHS and elsewhere. Disseminates work via presentations and publications. Title 5, General Schedule, Public Jobs (open to all U.S. Citizens):

<https://www.usajobs.gov/GetJob/ViewDetails/331148400> (closes December 20, 2012). Title 5, General Schedule, Status Candidates (Merit Promotion and VEOA Eligibles): <https://www.usajobs.gov/GetJob/ViewDetails/331148300> (closes December 20, 2012). Title 42 Senior Service Fellowship (open to all U.S. Citizens or legal permanent residents with work authorizations):

[http://www.cdc.gov/nchs/about/fellowship\\_mathematical\\_statistics\\_confidentiality.htm](http://www.cdc.gov/nchs/about/fellowship_mathematical_statistics_confidentiality.htm) (closes December 21, 2012).

(3) Chief of SRSDS. Annual salary range: \$123,758 - \$199,700

Develops and directs a program of statistical research, technical assistance, presentations, and publications relevant to NCHS programs and the broader statistical and scientific communities. Directs the staff of SRSDS and conducts individual research, technical assistance, and dissemination of work via presentations and publications. Establishes and maintains collaborative partnerships with outside researchers and professional associations. Works with other ORM leaders to consider issues and develop programs relevant to ORM and NCHS as a whole. Title 42 Distinguished Consultant (open to U.S. Citizens and non-citizens):

<https://www.usajobs.gov/GetJob/ViewDetails/329860900> (closes December 11, 2012). Further information:

[http://www.cdc.gov/nchs/about/supervisory\\_mathematical\\_statistician.htm](http://www.cdc.gov/nchs/about/supervisory_mathematical_statistician.htm).

University of Maryland School of Public Health, Department of Epidemiology and Biostatistics, College Park, MD  
Assistant Professor (Tenure-track)

The Department of Epidemiology and Biostatistics is seeking an Assistant Professor (tenure-track) position in Epidemiology in our School of Public Health. The Department's mission is to improve health and reduce health disparities in local communities, the state of Maryland, and the nation. We accomplish this by using established epidemiological and quantitative methods, as well as developing new scientifically grounded approaches, that are applied predominately to identifying determinants of health and discovering and evaluating primary and secondary prevention strategies for chronic diseases. We offer the MPH degree in the concentrations of Epidemiology and Biostatistics and a PhD in Epidemiology. The position represents a unique opportunity to join a growing department and make important contributions to an exciting research agenda and graduate student training program.

**Qualifications:** Candidates must possess a doctoral degree in Epidemiology. A record of professional publications and activities in epidemiology-related work that supports a tenure-track position at the rank of Assistant Professor is required. Assistant Professor candidates must demonstrate potential for developing a strong program of externally funded research. Research interests and expertise should align with those of the department and focus on population-based studies. Research areas of particular interest to the department include, but are not limited to, social and behavioral factors in health and epidemiology of chronic diseases (e.g. asthma, cardiovascular disease, cancer and diabetes), infectious diseases, and obesity. Special emphasis on health disparities, disease prevention, nutrition, and health promotion is desirable. Previous teaching experience, along with interests and ability to teach intermediate or advanced graduate level epidemiologic methods courses and mentor graduate students, is preferred. Demonstration of

collaborative work is highly desirable.

**Responsibilities:** Successful candidates are expected to be actively involved in extramurally-funded, multidisciplinary research (or demonstrate the potential for such activity), teach intermediate or advanced graduate level epidemiology courses, mentor graduate students, and engage in service. Effective interpersonal, communication, and collaborative skills are essential.

**Salary and Appointment Date:** This is a twelve-month tenure-track appointment with up to 75% state funding. Salary is competitive and commensurate with qualifications and experience. Appointments may begin August 2013.

**Application:** Applicants must apply electronically to <https://jobs.umd.edu> specifying 118647 under the faculty section. Review of applications will begin immediately and applications will be accepted until the position is filled. For best consideration, candidates are expected to submit materials by December 15, 2012. Applications should include the following: 1) cover letter describing qualifications for the position, 2) a current curriculum vitae, 3) a statement of research focus including current and planned research, 4) a statement of teaching experience and interest, 5) names and contact information of three individuals who can provide references (to be contacted only with candidate's approval), and 6) copies of the three most significant publications. Inquiries about the position should be directed to: Dr. Sandra Crouse Quinn, Search Committee Chair ([scquinn@umd.edu](mailto:scquinn@umd.edu)). For questions concerning application submission, please contact Ms. Karen Mackey ([klmackey@umd.edu](mailto:klmackey@umd.edu)).

**About the University of Maryland:** The University of Maryland is a Research Extensive University. College Park is the flagship campus of the University of Maryland System with over 2,500 faculty and 25,000 undergraduate and 10,000 graduate students. The University is located 8 miles from Washington D.C. and in close proximity to many federal agencies, including the National Center for Health Statistics. For further information on the Department of Epidemiology and Biostatistics, please visit our Web Site: <http://www.sph.umd.edu/EPiB>.

University of South Carolina Arnold School of Public Health  
Associate Professor or Professor, Social Determinants of Health  
The University of South Carolina's Arnold School of Public Health invites applications for a tenured/tenure-track faculty position at the level of Associate Professor or Professor for scholars interested in social determinants of health. This faculty member would contribute to the leadership and expansion of the school's existing strengths in research, teaching, and outreach related to addressing health disparities through understanding and acting on social determinants of health. Scholarly interests should be guided by a social-determinants perspective emphasizing social, political, economic, and/or cultural factors that are embedded in our society and influence population health. The position will be in the Department of Health Promotion, Education, and Behavior (<http://www.sph.sc.edu/hpeb>). The Department is interdisciplinary, collaborative, energetic, and progressive. Candidates are expected to demonstrate achievement in scholarship commensurate with appointment at full rank, a strong record of extramural funding, ability to mentor junior faculty members, and ability to foster our partnerships with community, state, national, and global organizations. Candidates should possess a doctoral degree in public health, health behavior or promotion, sociology, anthropology, policy sciences, psychology, epidemiology, or a related field. Candidates must qualify for appointment at the Associate Professor or Professor rank in the Arnold School of Public Health (<http://www.sph.sc.edu/academicaffairs/pdf/TPCriteria09.pdf>).

**To apply:** Send letter of application, curriculum vita, a copy of two scholarly works, and contact information for three references to: Donna Richter, Ed.D., Search Committee Chair, c/o Ann Cassidy, Department of Health Promotion, Education, and Behavior, Arnold School of Public Health, University of South Carolina, Columbia, SC 29208; Phone (803) 777-6558, Fax (803) 777-6290. Electronic applications may be sent to [cassadya@mailbox.sc.edu](mailto:cassadya@mailbox.sc.edu).

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

## Health

Ten Openings - Assistant Professor (Tenure-track) or Associate or Full Professor (Tenured)

Deadline: December 12, 2012

There are several exciting opportunity at the Joseph J Zilber School of Public Health at the University of Wisconsin - Milwaukee to advance policy, social justice and health equity. The Zilber school, founded in 2009 with an explicit commitment to social and environmental justice, is seeking exceptional candidates for 10 tenure-track/tenured positions to join us in developing novel, transdisciplinary research, education, and practice programs to improve overall population health and promote social and health equity. There are openings for scholars with expertise in public health policy/administration (4 openings), epidemiology, biostatistics, or environmental/occupational health. All areas of expertise within these disciplines will be considered. All positions will be 100% hard-funded tenure-track (Assistant Professor) or tenured (Associate or Full Professor) 9-month academic year appointments. The complete position descriptions are available at <http://www.publichealth.uwm.edu/facultyrecruitment>.

Please note that our ad states that applications should be completed online by November 30th for full consideration; however our initial review will consider all policy applications completed by midnight CST December 12, 2012. We welcome questions or inquiries about these positions - please contact Ms. Tanika Reesnes, (414) 227-3131, [reesnes@uwm.edu](mailto:reesnes@uwm.edu) or Dr. Lorraine Halinka Malcoe, (414) 227-4074 or (414) 229-7229, [malcoe@uwm.edu](mailto:malcoe@uwm.edu).

[back to top](#)

## CONFERENCES AND EVENTS

Second Latin American and Caribbean Global Health Conference  
"Transcending borders for health equity"

Santiago, Chile January 9-11, 2013 - <http://bit.ly/Z8hwAH>

Conveners: The Latin American Alliance for Global Health (ALASAG); The School of Public Health "Dr. Salvador Allende G." of the University of Chile; The Latin American Association of Schools of Public Health (ALAESP).

The objective is to share knowledge and strengthen partnerships for education, research and advocacy in Global Health in Latin America and The Caribbean. The conference also seeks to contribute a Latin American outlook to the most pressing issues in the global health and development agenda, such as the impact of the economic crisis, social movements and conflicts and the Millennium Development Goals (MDGs). The Conference is intended as a forum for discussion and proposal for progress toward achieving greater equity and social justice within and among all countries. The program is organized under the following thematic areas:

- \* Migration, violence and population displacements
- \* Education and Human Resource Development in Global Health
- \* Health law and human rights
- \* Nutrition and food security
- \* Challenges of social movements and social media networks
- \* Development cooperation and global health, peace, and diplomacy
- \* Universal coverage and social protection
- \* Research, innovation and implementation in global health
- \* Working towards the post Millennium Development Sustainable Goals
- \* The economic crisis and its impact on public health
- \* Climate Change, Challenges and Opportunities for Global Health

**Speakers:** The following speakers have confirmed their attendance

- Sr. Ricardo Lagos Escobar, former President of Chile and Commissioner of the WHO Social Determinants of Health Commission,
- Dr. Jaime Mañalich, Minister of Health, Chile,
- Dr. Ginés Gonzalez, President Emeritus ISalud University, Buenos Aires, Argentina Ambassador to Chile and ex- Minister of Health, Argentina,
- A representative of Dr. Mirta Roses, Regional Director of the Pan American

- Health Organization (PAHO / WHO),
- Sir Michael Marmot, UCL International Institute for Society and Health;
  - Prof. Ronald Labonte, University of Ottawa,
  - Dr. Paulo Buss, Fiocruz Foundation,
  - Dr. Anvar Velji, Consortium of Universities for Global Health (GHEC-CUGH),
  - Prof. Oscar Cabrera, O'Neill Institute for National and Global Health Law at Georgetown University,
  - Dr. Pierre Beukens, Tulane University School of Public Health and Tropical Medicine and CUGH,
  - Dr. Haile Debas, University of California San Francisco, and CUGH,
  - Dr. Wolfgang Munar-Angulo, Gates Foundation,
  - Dr. Roger Glass, Fogarty International Center,
  - Dr. Jeannette Vega, Rockefeller Foundation,
  - Dr. Ilona Kickbusch, The Graduate Institute, Switzerland.

**Partners:** Many individuals and organizations in Chile, Latin America, the Caribbean, North America and Europe have contributed significant resources to ensure that this second Conference is as successful as the first one. The School of Public Health at the University of Chile, as host of the event, has generously contributed its own resources and from other Chilean funding sources to ensure the success of the Congress. The members of ALASAG in 10 LAC nations are working to promote the conference in their own countries. At the time of this announcement, the following organizations have agreed to partner with ALASAG and the University of Chile to co-sponsor the conference: the Ministry of Health of the Chilean Government, the Pan American Health Organization, Consortium of Universities for Global Health, Columbia University Global Center in Latin America (Santiago), the Fogarty International Center, the O'Neill Institute for National and Global Health Law, Georgetown University, Canadian Society for International Health, Chilean Occupational Health Safety Association (ACHS), Aguas Andinas Corporation, Clínica Las Condes and Pfizer Chile, S.A. Giorgio Solimano Cantuarias President 2nd Latinamerican and Carribean Global Health Conference School of Public Health Universidad de Chile, V. Nelly Salgado de Snyder Technical Secretariat Alianza Latinoamericana de Salud Global (ALASAG), National Institute of Public Health Cuernavaca, México

[back to top](#)

## RESOURCES

### Publications

**Differences in patient-reported experiences of care by race and acculturation status** Hasnain M, Schwartz A, Girotti J, et al, *Journal of Immigrant and Minority Health*. 2012 Nov; DOI: 10.1007/s10903-012-9728-x

Using data from the Consumer Assessment of Healthcare Providers and Systems Clinician & Group Survey Adult Primary Care instrument, this study found that race and acculturation status were significantly associated with experiences of care, including patient ratings of their provider and perceptions of shared decision making and helpfulness. Consistent with previous research, unacculturated Hispanics had the poorest self-rated health scores, gave significantly higher provider ratings, and had more interest in shared decision making than other groups. The authors conclude that race and acculturation may play a role in physician-patient relationships and overall health care delivery. (Hasnain M, Schwartz A, Girotti J, et al. [Differences in patient-reported experiences of care by race and acculturation status](#). *Journal of Immigrant and Minority Health*. 2012 Nov; DOI: 10.1007/s10903-012-9728-x).

Factors That Mediate Racial/Ethnic Disparities In U.S. Fetal Death

Rates

Lorch SA, Kroelinger CD, Ahlberg C, Barfield WD. *American Journal of Public Health*. 2012 Oct; 102(10): 1902-1910

This study examined the impact of socioeconomic status, maternal health, complications during pregnancy, and fetal health status on racial disparities in fetal death. Using hospital delivery data from three states between 1993 and 2005, the researchers found that these factors influenced fetal death disparities, but the role of the factors varied across groups. The authors conclude that additional research is needed to understand the role of mediating factors and suggest that those amenable to intervention should be the focus of immediate efforts to reduce fetal death disparities.

(Lorch SA, Kroelinger CD, Ahlberg C, Barfield WD. [Factors that mediate racial/ethnic disparities in U.S. fetal death rates](#). *American Journal of Public Health*. 2012 Oct; 102(10): 1902-1910).

Healthcare Utilization Among Hispanic Immigrants With Diabetes: Investigating The Effect Of U.S. Documentation Status

Do E, Matsuyama RK. *Journal of Immigrant Minority Health*. 2012 Oct; DOI: 10.1007/s10903-012-9729-9)

This study examined differences in the use of health care between documented and undocumented Hispanic immigrants with diabetes using data from the 2007 Hispanic Healthcare Survey. The analysis found that, among Hispanics with diabetes, undocumented immigrants were less likely to have seen a health care provider in the previous six months, report having a usual source of care, and have health insurance compared to documented immigrants. These findings build on existing research by detailing new differences by documentation status. The authors suggest additional research using primary data collection and quantitative analyses be conducted to further understand the causal factors that influence Hispanic immigrants' decisions to seek medical care.

(Do E, Matsuyama RK. [Healthcare utilization among Hispanic immigrants with diabetes: investigating the effect of U.S. documentation status](#). *Journal of Immigrant Minority Health*. 2012 Oct; DOI: 10.1007/s10903-012-9729-9).

Life gets under your skin

International Centre for Lifecourse Studies in Society and Health  
Edited by Professor Mel Bartley

<http://bit.ly/Q03KzQ>

Published by UCL Research Department of Epidemiology and Public Health on behalf of the ESRC International Centre for Lifecourse Studies in Society and Health - 2012

".....The booklet demonstrates how social policy related to family life, education, employment and welfare can have beneficial effects for the overall health of individuals. It also shows how multi disciplinary, longitudinal research can deliver findings valuable to the individual, society and the economy....In this booklet we have tried to give a flavour of what lifecourse research is discovering about health and well-being. For some time now, doctors, psychologists and economists have realised that health is not all about biology, and happiness is not all about money...There is an interplay between what is around us in our everyday lives and what we bring with us from earlier in life. Children learn more at school when their family environment has prepared them to be 'school-ready'. Many young adults experiment with risk-taking for a while and then move on easily, while others find it harder. We all know some people who are able to 'make the best' of situations, even difficult ones, at home or at work, while others fail to cope. And most of us will know other people who have obvious talents which somehow they just never manage to make much of, who 'snatch defeat from the jaws of victory'...By looking across the whole of the lifecourse at how biological, economic and psychological factors influence each other, we are just beginning to understand why individuals are the way they are...Of course everyone is fascinated to understand themselves and those close to them. We watch TV soap operas in order to see all these individual life stories in a less threatening way, because they are not 'real',

although they may remind us strongly of our own lives. But the understanding that lifecourse research can achieve has other significance as well. Many of the diseases of ageing have their roots much earlier in life, and are more likely to be prevented by starting early. How much friendlier would our neighbourhoods be if everyone brought with them from childhood the general idea that other people are to be respected and valued? How much more productive would our national economy be if everyone made full use of their talents and abilities?...We hope that we have given some flavour of the promise held out by lifecourse research and how it could be applied to the real world..."

Racial Disparity In U.S. Diagnoses Of Acquired Immune Deficiency Syndrome, 2000-2009

An Q, Prejean J, Hall I. *American Journal of Preventive Medicine*. 2012 Oct; 43(5): 461-466

Using data from the national HIV surveillance records, this study, analyzed trends in racial/ethnic disparities in rates of AIDS diagnoses in all 50 states and the District of Columbia. The analysis found that between 2000 and 2009, disparities in the rate of AIDS diagnoses decreased between all racial/ethnic groups except those between black and white men aged 13-24, for whom disparities increased. The findings indicate progress in reducing overall racial/ethnic disparities in AIDS diagnoses in the last decade but highlight widening black-white disparities among young men nationwide.

(An Q, Prejean J, Hall I. [Racial disparity in U.S. diagnoses of acquired immune deficiency syndrome](#), 2000-2009. *American Journal of Preventive Medicine*. 2012 Oct; 43(5): 461-466).

Racial/Ethnic Disparities In Health And Health Care Among U.S. Adolescents

Lau M, Lin H, Flores G. *Health Services Research*. 2012 Oct; 47(5): 2031-2059

This study examined racial and ethnic disparities in health status, access to care, and use of services among U.S. adolescents using data from the 2003 National Survey of Children's Health. The analysis found lower rates of coverage and care and poorer health status among racial and ethnic minority groups compared to whites and particularly significant disparities for specific groups. For example, American Indians/Alaska Natives had the largest number of disparities at age 18, Latinos had the highest uninsured rate, and African Americans had the largest number of health status disparities. The study found several unique disparities among adolescents that have not previously been identified in children's health, which may have implications for future research, practice, and policy.

(Lau M, Lin H, Flores G. [Racial/ethnic disparities in health and health care among U.S. adolescents](#). *Health Services Research*. 2012 Oct; 47(5): 2031-2059).

Social protection and social exclusion: an analytical framework to assess the links

The Overseas Development Institute (ODI) Background Notes - October 2012

Babken Babajanian and Jessica Hagen-Zanker

<http://bit.ly/XdO4w4>

Social protection refers to publicly-mandated policies and programmes to address risk and vulnerability among poor and near-poor households. Social exclusion is used in social policy and social development literature as a framework to conceptualise human deprivation and establish the mechanisms that produce and reproduce it. This ODI Background Note discusses current trends in social protection discourse, and some specific examples of how social protection could promote social inclusion by addressing some of the main outcomes and drivers of exclusion. It is suggested that the social exclusion framework can place a social protection intervention within a specific social and institutional context, generating understanding not only about its livelihood effects, but also about the factors and conditions that affect people's lives and livelihoods, making it possible to go beyond

a narrow impact evaluation approach. The social exclusion lens also makes it possible to unpack the complex relationship between income and non-income aspects of well-being, by focusing on the role of income in access to essential services and social participation, and by highlighting the role of social and institutional factors that translate into economic vulnerability. The framework suggested here establishes the conceptual and operational linkages between social protection and social exclusion, providing examples of how social protection can contribute to social inclusion, by pulling together different strands of literature and presenting an approach for structuring the analysis and evaluation of social protection, rather than prescribing 'road map' steps for implementation....."

The essential elements of health impact assessment and healthy public policy: a qualitative study of practitioner perspectives  
Patrick John Harri, Lynn Amanda Kemp, Peter Sainsbury, *BMJ Open* 2012;2:e001245 November 2012

<http://bit.ly/118JY6s>

".....This study uses critical realist methodology to identify the essential and contingent elements of Health Impact Assessment (HIA) and Healthy Public Policy (HPP) as operationalised by practitioners.

*Design Data collection*-qualitative interviews and a workshop were conducted with HIA and HPP practitioners working in differing contexts.

*Data analysis* Critical realist analytical questions identified the essential elements of HIA and HPP, the relationship between them, and the influences of public policy and other contingencies on the practice of both.

*Participants* Nine interviews were conducted with purposively sampled participants working in Europe, USA and Australasia. 17 self-selected participants who worked in Europe, South East Asia and Australasia attended the workshop.

*Results* The results clarify that HIA and HPP are different but mutually supporting. HIA has four characteristics: assessing a policy proposal to predict population health and equity impacts, a structured process for stakeholder dialogue, making recommendations and flexibly adapting to the policy process.

HPP has four characteristics:

- concern with a broad definition of health,
- designing policy to improve people's health and reduce health inequities,
- intersectoral collaboration and
- influencing the policy cycle from inception to completion.

HIA brings to HPP prediction about a policy's broad health impacts, and a structured space for intersectoral engagement, but is one approach within a broader suite of HPP activities. Five features of public policy and seven contingent influences on HIA and HPP practice are identified.

*Conclusions:* This study clarifies the core attributes of HIA and HPP as separate yet overlapping while subject to wider influences. This provides the necessary common language to describe the application of both and avoid conflated expectations of either. The findings present the conceptual importance of public policy and the institutional role of public health as distinct and important influences on the practice of Health Impact Assessment (HIA) and Healthy Public Policy (HPP)...."

Tools and Approaches for Assessing and Supporting Public Health Action on the Social Determinants of Health and Health Equity Collaborative project between the National Collaborating Centres for Determinants of Health (NCCDH) and for Healthy Public Policy (NCCHPP) Canada - November 2012

<http://bit.ly/XBHqQt>

.... this document provides examples of the tools and approaches to health equity that have been adopted or applied by the public health sector.

All of the identified resources are summarized using a quick reference table format to help facilitate comparison and have been grouped into three broad areas:

1. Checklists and Lenses - these can be applied to and/or integrated into existing planning and implementation activities.

2. Processes - these include impact assessments that can be used to guide and support a more comprehensive and structured planning approach to integrating social determinants and health equity.

3. Support structures - these can be developed and implemented as part of public health organizations to support the implementation of a health equity approach throughout the organization.

The various tables contained herein outline a number of resources that can be quickly referenced to find those that best suit a particular context. For example, a health unit that is adapting a pre-natal parenting program may wish to apply a quick "checklist" to ensure they are not increasing inequity in access to this public health service. Alternatively, a health authority that is starting a new 4-year strategic planning cycle may want to consider the establishment of a "health equity office" to ensure health equity objectives are supported throughout the organization. One key to the success of each of these tools and approaches is that they be integrated as early as possible in the program planning and implementation cycle. ...."

### ***Walk Softly and Listen Carefully: Building Research Relationships with Tribal Communities***

National Congress of American Indians Policy Research Center and Montana State University's Center for Native Health Partnerships  
<http://cnhp.montana.edu/WalkSoftly.htm>

The National Congress of American Indians Policy Research Center and Montana State University's Center for Native Health Partnerships are pleased to share a new resource. *Walk Softly and Listen Carefully: Building Research Relationships with Tribal Communities* was produced with insights from those involved with tribal research in Montana and elsewhere. Increasingly, tribal leaders acknowledge that research is a key tool of tribal sovereignty in providing data and information to guide community planning, cross-community coordination, and program and policy development. Efforts to address longstanding issues, such as health disparities for American Indians and Alaska Natives (AI/AN), have increasingly used partnership research approaches. This document seeks to strengthen these partnerships by providing insight about how culture, sovereignty, and experience matter in research with Native communities. If you would like a hard copy of the document, please email your name and address to Michele Henson at [michelehenson@montana.edu](mailto:michelehenson@montana.edu). We gratefully acknowledge the various contributors and the support of the National Institute on Minority Health and Health Disparities, grant number P20MD002317. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institute on Minority Health and Health Disparities or the National Institutes of Health.

### Others

Centers for Disease Control and Prevention, Division of Diabetes Translation

Diabetes Interactive Atlases

<http://www.cdc.gov/diabetes/atlas>

Diabetes, of which 90%-95% of all cases are type 2, is becoming more common in the United States, driven in part by the increasing prevalence of risk factors for type 2 diabetes, such as obesity and physical inactivity (1). However, among adults at risk, lifestyle changes such as losing weight and increasing physical activity can prevent or delay type 2 diabetes (2). CDC's Division of Diabetes Translation has released the Diabetes Interactive Atlases (<http://www.cdc.gov/diabetes/atlas>), interactive Internet tools for the public to view data and trends of diagnosed diabetes (both prevalence and incidence), obesity, and leisure-time physical inactivity at the national, state, and county levels. Users will be able to access 1) state and county-level data in the United States, 2) data on how counties compare with each other, and 3) maps and motion charts to examine how changes in

diabetes coincide with changes in obesity over time and by location. The Diabetes Interactive Atlases build awareness about the burden of diabetes, obesity, and leisure-time physical inactivity in the United States and can help the public to better use existing resources for diabetes management and prevention efforts.

#### Social Expenditure Database (SOCX)

<http://bit.ly/U1DW5C>

The OECD Social Expenditure Database (SOCX) has been developed in order to serve a growing need for indicators of social policy. It includes reliable and internationally comparable statistics on public and (mandatory and voluntary) private social expenditure at programme level. This version also includes estimates of net total social spending for 2009 for 30 OECD countries. SOCX provides a tool for monitoring trends in aggregate social expenditure and analysing changes in its composition.

It covers 34 OECD countries for the period 1980-2009 and estimates for 2010-2012. The main social policy areas are as follows: Old age, Survivors, Incapacity-related benefits, Health, Family, Active labour market programmes, Unemployment, Housing, and Other social policy areas.

#### Sortable Stats 2.0

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

Would you appreciate having data on death rates, risk factors, and other public health indicators for a state/region at the click of your mouse? The updated Sortable Stats 2.0 site (<http://1.usa.gov/XMFaEL>) provides users with easy access to extensive public health data on a state/region and enables comparison with other states/regions and the nation. Sortable Stats is an interactive database with data on 31 behavioral risk factors and health indicators. With Sortable Stats 2.0, users can:

- View, sort, and analyze data at the state, regional, and national levels.
- Sort indicator data by demographic categories (e.g., race, gender, age) and historical trends.
- View data in graphs, tables, and maps.
- Easily export data to Excel spreadsheets, PowerPoint, or for use in other materials.

Please share the application widely and let the Office of the Associate Director for Program ([ADProgram@cdc.gov](mailto:ADProgram@cdc.gov)) know if there are updates or expansions that would better meet your needs.

Also, many government agencies are working to provide public access data on data.gov. This clearinghouse hosts data available on other sites (e.g., U.S. Census) as well as serving as a home for data not available elsewhere.

[back to top](#)

## ABOUT THIS NEWSLETTER

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

To SUBSCRIBE/UNSUBSCRIBE to Kellogg Connection, please e-mail [healthscholars@cfah.org](mailto:healthscholars@cfah.org) stating the e-mail address you would like added/removed.

The Kellogg Health Scholars Program is a program of the Center for Advancing Health (CFAH). Since its founding in 1992, The Center for Advancing Health (CFAH) has worked to translate complex scientific evidence into information, policies and programs that will ensure that each person can make good decisions about their health and interact effectively with their health care providers. CFAH

receives unrestricted funding from a number of foundations, principally The Annenberg Foundation, and restricted funding from the W. K. Kellogg Foundation. To contact CFAH, e-mail us at [info@cfah.org](mailto:info@cfah.org), call us at (202) 387-2829 or visit our website at [www.cfah.org](http://www.cfah.org).

[back to top](#)

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[CFAH Logo sm](#)

