

[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?  
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 [mbriones@cfah.org](mailto:mbriones@cfah.org) or [healthscholars@cfah.org](mailto:healthscholars@cfah.org).

## SOUNDING BOARD

## Congratulations Kellogg Scholars and Fellows

Dr. Jim Amell, Kellogg Health Scholars Program (KHSP) alumnus, recently accepted the position of Assistant Professor at the University of Minnesota-Duluth, Department of Social Work.

Laura Hughes, community mentor for Louis Graham, KHSP Finishing Scholar, was named to the Michigan Commission on Community Action and Economic Opportunity. <http://www.pridesource.com/article.html?article=53721>.

Dr. Suzanne Dolwick Grieb, KHSP Finishing Scholar, is extending her postdoctoral fellowship through funding by the Substance Abuse and Mental Health Services Administration to develop, implement, and evaluate a family intervention for re-entry and recovery.

Dr. Emily Ihara, Kellogg Fellows in Health Policy Research alumna, has received tenure and promotion to the rank of Associate Professor in the Department of Social Work at George Mason University.

Dr. Lovell Jones, University of Texas MD Anderson Cancer Center KHSP Site Director, was recently named by The American Society for Biochemistry and Molecular Biology as the 2012 recipient of The Ruth Kirschstein Diversity in Science Award for his dedication to increasing the pipeline of minority scholars. Dr. Jones was also named by the University of Texas Board of Regents as the Distinguished Teaching Professor and also honored by NAACP with their 2012 Unsung Hero award.

Dr. Dara Mendez, KHSP alumna, will be a Visiting Assistant Professor in the Department of Epidemiology at the Graduate School of Public Health at the University of Pittsburgh starting on August 1.

Dr. Emma Sanchez-Vaznaugh, KHSP alumna, was recently appointed to the Institute of Medicine's Committee on Physical Activity and Physical Education in the School Environment.

Dr. Lester K. Spence, Scholars in Health Disparities Program alumnus, recently received tenure and promotion as an Associate Professor, Political Science, at Johns Hopkins University. Dr. Spence specializes in the study of inter and intra-racial inequality.

Dr. Jesus Ramirez-Valles, Community Health Scholars Program alumnus, has a new position effective August 2012 as the Director of the Division of Community Health Sciences at the School of Public Health at the University of Illinois at Chicago.

Dr. Kim Dobson Sydnor, Morgan State University KHSP Site Director, has assumed the role of Interim Dean of the School of Community Health and Policy at Morgan State University, and will become Assistant Dean for Academic Affairs of SCHP as of July 1.

[back to top](#)

## ANNOUNCEMENTS

From Community-Based Public Health (CBPH) Caucus Program Planners Jim Amell (KHSP 2006-2008) and Mysha Wynn (KHSP Community Mentor):

The schedule for the CBPH Caucus at the APHA 140th Annual Meeting and Exposition San Francisco, CA, October 27-31, 2012 is now available online: <https://apha.confex.com/apha/140am/webprogram/CBPH.html>.

Below is the lineup for the special session dedicated to Kellogg Health Scholars. Please consider volunteering to be program planner for next year APHA. It'd be great to keep this great tradition going.

4017.0 The scholarship of CBPR

Tuesday, October 30, 2012: 8:30 AM - 10:00 AM

- [Using community-based participatory research to understand the social and community context of African American adolescents' HIV vulnerability](#) Briana Woods, PhD, Shay Hinton, DeQuandra Rankins, Alexandra Lightfoot, EdD, Melvin Jackson, MSPH and Linda Riggins, BA
- [Mi Cuerpo, Nuestra Responsabilidad: Using Photovoice to describe the assets and barriers to reproductive health among Latinos in North Carolina](#) Barbara Baquero, PhD, MPH, Shira Goldman, Candidate for MPH, Sadiya Muqueeth, Candidate for MPH, Anne Fitzgerald, Candidate for MPH, Amy Marietta, MPH,MSIV, Eugenia Eng, MPH, DrPH, Scott Rhodes, PhD, MPH, CHES, Janet Albino, Jessica Hernandez, Maria Ines Reyes, Maria Socorro Sanchez and Florence Simán, MPH
- [DRUMming up Data: A Maternal and Child Health CBPR Project in Baltimore City](#) Ndidi Amutah, PhD, MPH, CHES
- [Using community-based participatory research to address disparities in obesity and diabetes among Latinos and American Indians: A focus on the partnership development process](#) Lisa Rosas, PhD MPH, Jan V. Chacon, BS Health Science, CHES, Ramin Naderi, MA Kinesiology, Rhonda McClinton-Brown, MPH, Jill Evans, MPH, Liz Hunt, MSW and Randall Stafford, MD PhD
- [Community Capacity Building: A Key Element of Sustainability](#) Dawn M. Richardson, DrPH, MPH, Amy J. Schulz, PhD, Angela G. Reyes, MPH, Barbara A. Israel, DrPH and Alisha Opperman, MSW
- [You're the Quarterback: Increasing the Capacity of African American Men in Central Baltimore Neighborhoods](#) Lawrence Brown, PhD, MPA

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 ([mbriones@cfah.org](mailto:mbriones@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 Alumnus, Tod G. Hamilton, PhD...

Dr. Tod Hamilton is a 2010-2012 Kellogg Health Scholar Program postdoctoral fellow in the Department of Society, Human Development, and Health at the Harvard School of Public Health. He completed his PhD in Sociology from the University of Texas at Austin in the spring of 2010. He also holds an MA in Economics from the University of North Carolina at Greensboro. In the fall of 2012, Tod Hamilton will join the faculty at Princeton University as an Assistant Professor of Sociology and Faculty Associate of the Office of Population Research. His interests are in the field of demography, with an emphasis on immigration and health. His current research evaluates the relative importance of culture and selective migration in explaining differential patterns of stratification between U.S.-born and foreign-born individuals in the United States. Dr. Hamilton is particularly interested in the impact of increased immigration from the Caribbean and Africa on labor market and health disparities in the United States. Between 1960 and 2012, the foreign-born share of the entire black population of the United States increased more than twenty-two fold. These demographic changes mean that black immigrants and their descendants will play an increasingly important role in determining the welfare and health of all blacks in the United States as the population grows. Hamilton's health research evaluates: 1) the factors that explain initial differences in health and differences in health trajectories among subgroups of black immigrants within the U.S.; 2) the role that country of origin conditions play in explaining the health of black immigrants; and 3) the factors that explain divergent generational patterns in health among black immigrants in the U.S.

According to Dr. Hamilton, the Kellogg Health Scholar Program provided him with the necessary time to train in health disparities research and to launch his research agenda. Moreover, his interactions with postdoctoral colleagues and the faculty at the Harvard School of Public Health has helped him advance his thinking regarding the root causes of health disparities and how they can be ameliorated.

[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/t8TRa1>. For login and passcode information, please contact Brandon Moore at [bmoore@cfah.org](mailto:bmoore@cfah.org).

[back to top](#)

## FUNDING

National Institutes of Health  
Native American Research Centers for Health (NARCH)  
(PAR-12-182)  
Deadline: July 10, 2012

The purpose of this funding opportunity announcement (FOA) is to encourage grant applications for new or continued Native American Research Centers for Health (NARCH). The NARCH program supports opportunities for conducting research and research training to meet the needs of American Indian/Alaska Native (AI/AN) communities. This FOA is issued by the National Institute of General Medical Sciences in conjunction with the other Institutes/Centers of the National Institutes of Health (NIH) and the Indian Health Service (IHS). Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-12-182.html>.

National Institutes of Health/National Institute of Minority Health and Health Disparities  
NIMHD Community-Based Participatory Research (CBPR) Initiative in Reducing and Eliminating Health Disparities: Planning Phase  
(R24)  
(RFA-MD-12-006)  
Deadline: June 27, 2012

**Purpose and Background:** The goal of this FOA is to support partnerships between health disparity communities and researchers to engage in community-based participatory research (CBPR) to plan and implement interventions to reduce health disparities. Community-based participatory research is defined as scientific inquiry conducted in communities and in partnership with researchers. The process of scientific inquiry is such that community members, persons affected by the health condition, or other key stakeholders in the community's health have the opportunity to be full participants in each phase of the research (from conception-design-conduct-analysis-interpretation-conclusions-communication of results). CBPR is characterized by substantial community input in the development of the grant application. The benefits of the CBPR are numerous and include the creation of bridges between scientists and communities that facilitate the transfer of knowledge and skills. CBPR results in the creation of culturally-appropriate and effective interventions that improve a community's health and well-being when done successfully. The ultimate outcome of CBPR is to foster sustainable efforts at the community level that will accelerate the translation of research advances to health disparity populations and eliminate health disparities. The National Institute on Minority Health and Health Disparities (NIMHD) is interested in supporting applications that propose to develop and strengthen partnerships between health disparity communities and researchers to plan the implementation of effective health interventions that will improve community health and reduce health disparities. For the purposes of this FOA, the following definitions apply:

- Community-populations that may be defined by geography, race, ethnicity, gender, illness, or other health condition, or to groups that have a common interest of cause
- Health disparity populations - racial and ethnic minority groups delineated within Section 1707(g), Public Law 106-25 (i.e., American Indians or Alaska Natives, Asian Americans, Black or African American, Hispanics or Latinos/as, and Native Hawaiians and other Pacific Islanders)
- populations with low socioeconomic status
- medically underserved populations living in rural areas

Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-12-006.html>.

Patient Centered Outcomes Research Institute  
Funding Opportunities  
LOI Deadline: June 15, 2012  
Proposal Deadline: July 31, 2012

On May 22, the Patient Centered Outcomes Research Institute (PCORI) released its long-awaited research funding announcements. All have June 15 deadlines for required letters of intent and July 31 proposal deadlines. PCORI has allocated up to \$96 million in funding for the first four areas of focus, described below. An additional \$24 million has been allocated to a fifth PCORI Funding Announcement on Accelerating Patient-Centered and Methodological Research. That announcement will be released this summer. For details, visit <http://bit.ly/KN5oRb>.

**Assessment of Options for Prevention, Diagnosis, and Treatment Research** that:

- \* Compares effectiveness of two or more strategies for prevention, treatment, screening, diagnosis, or management
- \* Compares use of prognostication/risk-stratification tools with usual clinical approaches to treatment selection or administration
- \* Investigates the key individual determinants of outcomes following treatment decisions
- \* Emphasizes studies in typical clinical populations, full range of relevant patient-centered outcomes, possible differences among patient groups.

**Improving Health Care Systems Research** comparing alternative systems approaches to improving:

- \* Access to care, receipt of appropriate evidence-based care, safety of care
- \* Personalized decision-making and self-care
- \* Coordination of care across healthcare services or settings
- \* Efficiency and reduction in use of ineffective, redundant, wasteful care
- \* Timeliness of referrals and transitions in care
- \* Approaches include applications of health information systems, electronic health records, patient portals and personal health records, incentives directed at clinicians or patients, new/extended roles for allied health professionals - with emphasis on patient-centered outcomes.

**Communication and Dissemination Research** comparing the effectiveness of approaches to:

- \* Increase awareness of healthcare options among patients, caregivers and clinicians
- \* Encourage effective patient, caregiver, or clinician participation in shared-decision making
- \* Elicit or include patient-desired outcomes in healthcare decision-making process
- \* Providing new information to patients, caregivers or clinicians, via public health approaches and social media

**Addressing Disparities Research** comparing alternative approaches to:

- \* Reducing or eliminating disparities in patient-centered outcomes
- \* Reducing the impact of contextual factors such as socio-economic, demographic, or community factors on clinical outcomes
- \* Overcoming patient, provider or systems level barriers to identifying and making preferred choices for preventive, diagnostic, and treatment strategies
- \* Information-sharing about treatment outcomes and patient-centered research in various populations

[back to top](#)

## CALL FOR SUBMISSIONS

Call for Abstracts - National Institute on Minority Health and Health Disparities/NIH  
2012 Summit on the Science of Eliminating Health Disparities  
Integrating Science, Policy and Practice: Building a Healthier Society  
Gaylord National Resort and Convention Center  
National Harbor, MD

October 31-November 3, 2012

Deadline: June 29, 2012 (5:00 p.m. Eastern)

The 2012 Summit on the Science of Eliminating Health Disparities is now accepting abstracts for program sessions. All abstracts must be submitted no later than 5:00 p.m. Eastern Time on June 15, 2012. The abstract submission website will be available within the next few days with more detailed information. You will receive a follow-up e-mail as soon as the site is available for abstract submissions.

The Summit is organized around the core principle of integrating science, policy, and practice, and offers a forum to advance scholarship and translate new knowledge into action.

**Presentation Categories:** Abstracts will be accepted in three categories: posters, oral presentations, and integrated panel presentations. Applicants may submit

abstracts to more than one category, but each submission must be based on a separate research project. Additional information about each category is available below.

(a) Poster Presentations -- Word Limit: Please limit poster abstracts to 300 words.

(b) Oral Presentations -- Oral presentations will take place in a roundtable panel format. Each panel will have an assigned moderator in order to promote dialogue and stimulate discussion. Abstracts that are accepted for oral presentations will be presented as concurrent sessions. There is also the option of submitting an abstract in this category with the option to be considered for a poster presentation if the abstract is not accepted for oral presentation. Word Limit: Please limit oral presentation abstracts to 300 words.

(c) Integrated Panel Presentations -- Integrated panel presentations are designed to allow a group of presenters from diverse disciplines (i.e., Science, Practice, and Policy) to discuss health disparities and related findings on a similar theme. Abstracts for this category should focus on science, practice, policy, and include a community component or discuss societal issues that influence health disparities. Word Limit: Please limit integrated panel presentation abstracts to 500 words. This should also include the presentation title for each panelist.

**Presentation Tracks:** Proposals, regardless of category, should also fall under one of three tracks:

**Track 1: Translational and Transdisciplinary Research**

These presentations should promote the integration of science, practice and policy.

- Science or research abstracts might include basic and applied, health services, patient-oriented, epidemiological, environmental, behavioral, and social sciences research related to health disparities.
- Policy-oriented abstracts delve into policies linked to health or healthcare, or other areas impacting health such as public, social, and economic policies.
- Practice abstracts examine public health practice related to community health, healthcare, or social services delivery, and education and training.

Applicants must clearly articulate how findings lead to new knowledge in science, practice, or policy interventions in health disparities. For example, policy abstracts should include the scientific evidence or practice concept that led to the policy. If the submission is a science abstract, then applicants should indicate how the science translates into either practice or policy.

**Themes:** The following themes fall under Track 1: Translational and Transdisciplinary Research

- Integrating Biological, Social, Behavioral and Environmental Determinants of Health
- Health Disparity Populations, Disease Conditions and Risk Factors
- Primary Prevention and Health
- Discrimination, Racism and Stress
- Healthcare Disparities and Quality Research
- Best Practices and Approaches for Community Engagement
- Health Information Technology
- Global Population Health

**Track 2: Capacity-Building and Infrastructure**

Abstracts submitted under Track 2: Capacity-Building and Infrastructure, will explore the challenges and opportunities associated with building capacity for research, public health and primary care practice, services delivery, training, and education. These presentations will also investigate the implementation and sustainability of infrastructure and economic development in disparate communities.

**Themes:** The following themes fall under Track 2: Capacity-Building and Infrastructure

- Multi-sectoral Capacity-Building
- Health Workforce
- Community Capacity-Building and Sustainable Economic Development
- Data and Research Evaluation

**Track 3: Outreach, Partnerships, Collaborations, and Opportunities**

Eliminating health disparities requires effective outreach, partnerships, and collaborations across federal agencies, academic institutions, foundations, non-profit and private organizations. Track 3: Outreach, Partnerships, Collaborations, and Opportunities, provides a venue for representatives from various agencies and organizations to showcase their innovative partnerships, outreach, and dissemination efforts, including successful collaborations on addressing health disparities.

**Themes:** The following themes fall under Track 3: Outreach, Partnerships, Collaborations, and Opportunities

- Public Public-Private Partnerships
- Community Partnerships
- Outreach Dissemination
- Global Health Networks

**General Guidelines:**

- Abstracts will be peer reviewed
- Authors must select the track and theme under which their abstracts should be considered. Abstracts may be submitted under only one Summit theme, and must be related to one or more of the topics listed under the selected theme.
- General selection criteria will be based on: (1) quality of abstract; (2) implications for health disparities research, policy, or practice, or its application; (3) new insights for health disparities research or its application; (4) clarity and completeness of abstract; and (5) relevance to specified theme.
- Applicants may submit abstracts to more than one category, but each submission must come from a distinct research project.
- All abstract submissions are final, no changes or modifications will be permitted.

**Abstract Awards/Recognition:** Abstracts will be considered for recognition in the following award categories: outstanding scientific poster, outstanding policy poster, outstanding public health practice poster, outstanding clinical practice poster, and outstanding community-based health disparities research or intervention poster. Early investigators, junior faculty, community researchers, and policy professionals are eligible for recognition. More details to come.

For additional inquiries, please contact [2012Summit@mail.nih.gov](mailto:2012Summit@mail.nih.gov).

**Call for Nominations -- Kellogg Fellows Leadership Alliance**

**Matusak Courageous Leadership Award**

Deadline: June 15, 2012

The Matusak Courageous Leadership Award was established by Lorraine Matusak to recognize leaders "who have shown courage to act authentically and speak up when silence means colluding with the problem." The Award will be conferred at Forum 2012 in Detroit, October 11-13. Fellows are encouraged to nominate the courageous leaders in their Fellowship classes, at their workplaces, or in their communities. To nominate: <http://www.kfla.org/programs/?p=p&c=5>.

**Call for Nominations - White House**

**White House Champions of Change: Alleviating Hunger at Home and Abroad**

Deadline: June 29, 2012

The White House Champions of Change program highlights the stories and examples of citizens across the country who are "Winning the Future" with projects and initiatives that move their communities forward. Each week, the Office of Public Engagement (OPE) hosts an event to honor those who are working to empower and inspire other members of their communities. Agency representatives and White House Policy Offices participate in the events and host discussions on amplifying best practices learned in each area. This September, OPE and the U.S. Department of Agriculture will host a [Champions of Change](#) event on "Alleviating Hunger at Home and Abroad." The purpose is to recognize individuals who are using innovative community-based approaches to reduce hunger and ensure that people have access to enough food both in the United States and internationally.

For example, a champion's work may entail:

- Organizing a community-based emergency food delivery network.
- Reaching food insecure families and individuals via outreach around federal nutrition assistance programs (such as SNAP, WIC, or school meals).
- Supplying food to underserved populations through a community garden, farmers market, or other local food project.
- Running a summer or after-school meal program for kids or helping to support that program with activities, transportation, outreach, or healthy meals.
- Implementing community-based strategies to increasing access to healthy, affordable food for underserved populations.
- Running a nutrition education program for low-income citizens to stretch the food dollar and heighten awareness of the connection between diet and health.
- Expanding access to and quality of school feeding programs.
- Researching innovative solutions to challenges that limit farmer productivity.
- Increasing agricultural productivity, especially with small landholder farmers internationally.
- Improving nutrition for mothers and children, especially during the critical 1,000 days from pregnancy to a child's second birthday.

Please submit nominations by midnight on Friday, June 29<sup>th</sup> by utilizing the form that could be found at

<http://www.whitehouse.gov/webform/white-house-champions-change-alleviating-hunger-home-and-abroad>.

Agriculture Secretary Vilsack's blog about this program: <http://blogs.usda.gov/2012/06/06/calling-all-champions-of-change/>.

**Call for Papers - Journal of Community and Applied Social Psychology**

Ageing and Community

Deadline: June 30, 2012

The Journal of Community and Applied Social Psychology has issued a call for papers on Ageing and Community. Abstracts are due June 30. See below for more info and complete details in the attachment. The rapidly rising proportion of older adults in countries around the world has become one of the key societal issues of the early 21st century. While discussions on that issue have often focused on issues of dependency and economic burden that accompany this new demographic reality, not enough has been said about the possibilities which ageing brings for local communities around the world. Social isolation and loneliness are key challenges for an ageing population, particularly in the contemporary era when families migrate across the world and where there are stark differences in community supportiveness both within and across world regions. Yet there is growing evidence of older adults' place in fostering community cohesion and productivity and of a range of responses aimed at integrating and supporting older people. Much of community vitality can be credited to older people themselves, and involves understanding how older people actively contribute to communities. However, knowledge gaps also remain in our understanding of which older adults are at risk of exclusion from social relationships, material resources and community settings that enhance quality of life-and which are most likely to be marginalized. This special issue aims to explore this diversity of older persons and of the communities in which they live by establishing a dialogue between social/community psychology and social gerontology. In particular, we want to examine how specific community arrangements can help fulfill a number of social psychological functions such as identity maintenance, quality of life and relational well-being and allow for a more empowering social representation of ageing and of older people. Reciprocally, we will welcome papers that can help us to understand better the social psychological factors, such as stereotypes between historical generations that can hinder or promote the development of age-friendly communities be they understood in the formal context of the WHO-sponsored initiative or in less formal arrangements. We will also welcome manuscripts that explore innovative research methods to study ageing in social and community psychology. Manuscripts from all world regions are welcome. For more information: [http://www.kellogghealthscholars.org/news/JCASP\\_Call\\_for\\_Papers.pdf](http://www.kellogghealthscholars.org/news/JCASP_Call_for_Papers.pdf).

Call for Nominations - The Robert Wood Johnson Foundation  
Young Leader Awards Recognizing Leadership for Healthier America  
Deadline: July

The Robert Wood Johnson Foundation Marks its 40th Year by Honoring Young Leaders through Awards. For 40 years the Robert Wood Johnson Foundation (RWJF) has been helping Americans lead healthier lives and get the care they need. As one way to mark its anniversary, RWJF has established the Young Leader Awards: Recognizing Leadership for a Healthier America. Up to 10 awards will be given to young leaders, 40 years of age and under, who offer great promise for leading the way to improved health and health care for all. Each winner will receive an individual award of \$40,000. Third party nominations will be accepted between May 31, 2012, and July 16, 2012. Award winners will be announced at a RWJF October 25/26, 2102 conference in Princeton, NJ. To view the Call for Nominations and complete information about selection criteria and nomination requirements, visit [www.RWJFyoungleaderawards.org](http://www.RWJFyoungleaderawards.org). The Young Leaders Awards will recognize emerging leaders who have demonstrated the characteristics needed to improve health and health care through leadership and innovation. These characteristics - a combination of personal attributes, commitment to health and health care, and successful experience - demonstrate an ability to lead and innovate and they signal the potential to become a greater leader in the coming years. Some of the characteristics a nominee will have demonstrated include:

- \* The ability to bring others together to achieve results greater than what a single person could bring about;
- \* The capacity to apply learning beyond the boundaries of a single discipline;
- \* Has developing great ideas into products, services or policies that have made a difference in the health and health care; and
- \* Made an impact on health and health care that extends beyond an initial group or people to reach additional populations and will likely be sustainable over the decades ahead.

For the complete list of young leader characteristics sought, please visit [www.RWJFyoungleaderawards.org](http://www.RWJFyoungleaderawards.org). These Young Leaders might work, for example, in government, business or not-for-profit organizations and may come from a variety of geographic, disciplinary and philosophical orientations. Examples of potential young leaders include but are not limited to: scientists working on discontinuities with potential to cure or largely control major diseases; technology developers who could lower the cost of health care; role models or behavioral scientists who could greatly increase health consciousness and healthful behaviors; change agents shaping policy, systems, or behavior, who could successfully address important social factors for health; and developers of innovative community programs or new learning approaches that show the way for other communities. A prestigious panel of experts from diverse fields of innovation will select the awardees to recommend to RWJF.

Call for Abstracts - 4<sup>th</sup> Asia-Pacific HIA Conference  
HIA for enhanced healthy life expectancy and well-being  
October 9-11, 2012  
Deadline: End of July 2012

The 4th Asia-Pacific HIA Conference will be held 9-11 October 2012 in Seoul, South Korea. Instruction for abstract submission and HIA Themes can be found at the following Korean website: <http://hia.kihasa.re.kr/> (the English HIA website will be ready soon). Participants are welcome to present papers (oral or poster presentation) on HIA-related topics. Please email your abstract to [eunjin@kihasa.re.kr](mailto:eunjin@kihasa.re.kr) by the end of July 2012. The call for abstracts is available as PDF at <http://iaia.org/specialmeetings/asia-pacific-hia/documents/Invitation%20and%20Call%20for%20Abstracts0503.pdf>.

Call for Nominations - Kellogg Fellows Leadership Alliance  
Ray Gatchalian Spirit of Leadership Award  
Deadline: July 30, 2012

The Ray Gatchalian Spirit of Leadership Award recognizes compassionate, courage, and risk-taking individuals with a talent for getting things done in honor of the late Ray Gatchalian (KNFP-05). The Award will be conferred at Foro Latinoamericano y Caribeño in Valladolid, Mexico. All Fellows working in Latin America and the Caribbean are eligible for nomination. To nominate: <http://www.kfla.org/programs/?p=p&c=5>.

Call for Papers - **Progress in Community Health Partnerships** and the Albert Einstein College of Medicine of Yeshiva University  
Special Theme: Maximizing Community Contributions, Benefits, and Outcomes in Clinical and Translational Research  
Deadline: August 6, 2012

We are happy to remind you about the August 6, 2012 deadline for our special themed call for papers and products on "Maximizing Community Contributions, Benefits, and Outcomes in Clinical and Translational Research." This is a call for products for CES4Health.info and for manuscripts in partnership with the journal *Progress in Community Health Partnerships* (PCHP) and the Albert Einstein College of Medicine of Yeshiva University.

- **Content:** For this call, we are particularly interested in understanding the accomplishments, best practices and challenges that community partners have experienced in their engagements with Clinical and Translational Science Awards and other research institutions. We place a priority on community authored and co-authored papers and products that clearly reflect community perspectives on community-engaged research and evaluation.
- **Deadline and Information:** The deadline for submitting papers and products in response to this themed call is August 6, 2012. Visit <http://bit.ly/JTTypg> for details.

Call for Early Career Reviewers - National Institutes of Health, Center for Scientific Review  
Early Career Reviewer (ECR) Program

Please send your current CV or biosketch along with a list of terms that describe your scientific expertise to us at [CSREarlyCareerReviewer@mail.nih.gov](mailto:CSREarlyCareerReviewer@mail.nih.gov). For more information about the ECR Program, visit <http://public.csr.nih.gov/ReviewerResources/BecomeAREviewer/Pages/Overview-of-ECR-program.aspx>.

[back to top](#)

## CAREER DEVELOPMENT

Centers for Disease Control and Prevention

Fellowship on National HIV Behavioral Surveillance for Young Men who Have sex with Men Demonstration Project

**Background:** CDC's National HIV Behavioral Surveillance system (NHBS) collects risk behavior and seroprevalence data on adult men who have sex with men (MSM). There is currently no system to monitor MSM under the age of 18 and CDC will be implementing the young MSM (NHBS-YMSM) demonstration project. NHBS-YMSM will have the following goals: 1) identify the most effective recruitment strategies to reach young MSM (between 13 and 17 years of age) that could be used to conduct ongoing HIV behavioral surveillance, 2) assess differences in HIV risk behaviors, HIV seroprevalence, HIV incidence and other HIV-related outcomes by recruitment strategy, and 3) assess exposure to and use of prevention and HIV testing services among this population and identify gaps and missed opportunities for prevention interventions. We are recruiting an ORISE fellow to assist with this critical demonstration project. This fellowship offers the opportunity to work on a high-priority, high-impact issue in domestic HIV/AIDS surveillance. Given the rising incidence of HIV infection among young MSM, especially for those from racial and ethnic minorities, data from this demonstration project will provide valuable information for evaluating and guiding national and local HIV prevention efforts. NHBS-YMSM data may be used by public health officials and researchers to identify HIV prevention needs, allocate prevention resources, and develop and improve prevention programs that target the young MSM community. The fellow will also gain valuable work experience at CDC with the potential for renewing the fellowship for another year depending on availability of funds.

**Duties:** The exact duties of the fellow will be based upon consideration of his or her particular skill set and/or interests. However principal duties will be selected from among the following:

- Assist in writing and editing demonstration project protocols and submission packages, e.g. for institutional review boards or the Office of Management and Budget.
- Assist with development of data collection instruments, e.g. surveys, and analytic plans, for accomplishing demonstration project goals.
- Coordinate project activities among 3 demonstration sites. Field protocol questions and troubleshoot problems as they arise.
- Analyze data and present findings in document, PowerPoint, or oral form. Prepare manuscripts for publication in peer-reviewed journal.

**Qualifications:** The successful applicant will have some or all of the following qualifications specific to this position:

- Doctoral (PhD, MD, etc.) or Master's degree in epidemiology, public health or a related field required.
- Strong writing and communication skills. Experience in scientific writing preferred.
- Background in epidemiology and/or survey sampling preferred.
- Data management and data analysis (using SAS) experience preferred.
- Experience with populations at risk for HIV and/or adolescents preferred

This fellow will be hired through the Oak Ridge Institute Science and Education Fellowship (ORISE). Position will be based in the CDC Corporate Square offices, Atlanta, GA.  
[How to Apply:](mailto:dv17@cdc.gov) interested persons should send their CVs to Alexandra Balaji at [dv17@cdc.gov](mailto:dv17@cdc.gov), 404-639-4336.

Johns Hopkins Medicine International  
 Director (req # 41077) and Senior Associate (req # 40469)

The link for the positions open with Hopkins, each with descriptions: [https://www.healthcaresource.com/johnshopkins\\_i/index.cfm?&jobcatid=100&cjobattr1=All&reqnum=&fuseaction=search%2EjobList&nkeywordsearch=&jobbrowser=1&template=dsp\\_job\\_list%2Ecfm&ifacilityid=10000&ideptid=51883](https://www.healthcaresource.com/johnshopkins_i/index.cfm?&jobcatid=100&cjobattr1=All&reqnum=&fuseaction=search%2EjobList&nkeywordsearch=&jobbrowser=1&template=dsp_job_list%2Ecfm&ifacilityid=10000&ideptid=51883). Particularly of importance is the Director (req # 41077) and Senior Associate (req # 40469) positions. If interested please have email [buttle1@jhmi.edu](mailto:buttle1@jhmi.edu) (even if they apply online), this helps ensure they track any good candidates.

Physicians for a National Health Program, Chicago, IL  
 Executive Director

Physicians for a National Health Program ([www.pnhp.org](http://www.pnhp.org)), a not-for-profit membership organization of physicians and other health professionals advocating single payer "Improved Medicare for All" national health insurance, headquartered in Chicago, seeks an Executive Director with exceptional development, marketing, and communication skills to lead organizational growth. Salary and benefits commensurate with qualifications. Send resume, cover letter, and writing sample to [FDsearch@pnhp.org](mailto:FDsearch@pnhp.org). Applications will be accepted until the position is filled. PNHPP is a member-led organization. The Executive Director is responsible for facilitating and coordinating the efforts of the members, who mainly carry out the organization's work, and will have the challenge of answering to a large leadership group with extensive training and experience in health care and holding strong opinions on health policy. However, willingness to work in this way is essential to the Executive Director's and the organization's success. Bachelor's degree required; a Masters or Doctorate in health policy, medicine, public health, public administration, law, or a related field is desirable.

"Experience and Motivation"

1. Commitment to social justice and not-for-profit single payer national health insurance.
2. Experience in health policy or a related field.
3. Experience in professional marketing, organizing, or other relevant organization building experience in a not-for-profit setting.
4. Project management and staff supervision.
5. Grant writing.

"Communication and Leadership"

1. Demonstrated leadership and supervision skills.
2. Strong written and verbal communication skills
3. Strong interpersonal skills.
4. Ability to work well with physicians, medical residents, and students.
5. Ability to promote collaboration among the staff, chapters, membership, and the Board to achieve PNHPP's mission.

University of Alabama at Birmingham  
 Faculty Positions-Open Rank

Two faculty positions at the Associate or Professor levels with a 12-month appointment are being sought by the Department of Health Behavior, School of Public Health, University of Alabama at Birmingham (UAB). An established record of research and publications in the modification of health-related behavior risk factors is required. The Department has established research programs in substance misuse and behavioral economics; tobacco control; obesity and physical activity; STI/HIV prevention; child health; family care-giving; and risk and resilience in emerging adults. Candidates with theoretical frameworks relevant to health behaviors such as behavioral economics, experience with multidisciplinary collaboration, and strong quantitative skills are encouraged to apply. The applicant must have a PhD, DrPH, or ScD in the social, behavioral, or related sciences. A record of publications, extramural funding, and excellence in teaching are required for the Associate Professor or Professor ranks. Successful candidates are expected to pursue independent research, participate in collaborative research programs as appropriate to her/his interests, and teach in the department's MPH and PhD degree programs. Rank, tenure status, and salary will be commensurate with candidate qualifications. The positions will remain open until filled. UAB is an urban, dynamic Research University with over 17,500 students enrolled in 10 schools and the College of Arts & Sciences. UAB ranks among the top 25 universities receiving NIH funding, 10<sup>th</sup> among public universities. UAB has over 20 University-wide Interdisciplinary Research Centers and is nationally recognized for its high quality medical center and research and training programs in health sciences. UAB is dedicated to broadening the diversity of its faculty, staff, and students. We serve a multicultural student body. Students enroll from every region of the nation and from some 100 countries worldwide. Established in 1981, the UAB School of Public Health has about 90 full-time faculty members and 350 students. In recent years the School has consistently ranked second among UAB schools in successfully competing for extramural funding. Interested applicants should submit current curriculum vitae, a sample of recent publications, a cover letter that discusses qualifications and reasons for interest in a position, and four letters of support to Dr. Susan Davies, PhD, Search Committee Chair, RPHB 227, 1530 3<sup>rd</sup> Avenue South, Birmingham, AL 35294-0022, (205) 934-6020, or by e-mail to [cstrahan@uab.edu](mailto:cstrahan@uab.edu).

University of Washington

Assistant Professor (WOT), Global Health Economics The Institute for Health Metrics and Evaluation and the Department of Global Health within the School of Medicine and the School of Public Health at the University of Washington are recruiting to fill one full-time faculty position at the Assistant Professor without tenure level, Primary in the School of Medicine, and joint (secondary) in the School of Public Health. The successful applicant will have a PhD in economics or health economics. The successful applicant will have demonstrated research involving financial, economic or statistical analysis with a focus in health. Prefer experience in working on quantitative research linked directly to global health policy. This faculty member will take on an important leadership role in mentoring pre-doctoral and post-doctoral fellows working with analytical methods applied to health challenges. All University of Washington faculty engage in teaching, research, and service. Salary DOE + excellent benefits. Applicants should forward their curriculum vitae, a brief statement outlining their research interests and at least 4 letters of reference to:

Christopher J.L. Murray, MD, D.Phil., Institute Director  
 Institute for Health Metrics and Evaluation  
 University of Washington 2301 5th Avenue, Suite 600  
 Seattle, WA 98121

World Bank  
 Consultants in Health Equity and Financial Protection Analysis

In carrying out its analytical work and supervising the implementation of projects, the World Bank relies on the support of experienced consultants. The analysis of household surveys, and especially the measurement of equity and financial protection, is one area where expert help is often needed. Consequently, we would like to maintain a database of consultants with expertise in this field. If you are interested in being included in this database, please reply to this email with:

- (i) a recent CV
- (ii) the supplemental questionnaire included in this email.

There is no deadline, but since opportunities keep becoming available, your expressions of interest are keenly anticipated. Your CVs and supplemental questionnaires will be made available ONLY to Bank staff, either via email or via the intranet. They will not be shared externally or posted on the internet. Please reply to [adep@worldbank.org](mailto:adep@worldbank.org) and feel free to share with others who might be interested.

[back to top](#)

## CONFERENCES AND EVENTS

American Public Health Association Annual Meeting and Exposition  
 Prevention and Wellness Across the Life Span

San Francisco, CA  
 October 27-31, 2012

Join your colleagues at the American Public Health Association Annual Meeting and Exposition in San Francisco, CA, October 27-31. Experience over 1,000 scientific sessions focusing on the latest public health challenges, 700 booths of state-of-the-art public health products, networking opportunities, Public Health CareerMart and so much more! The meeting theme this year is [Prevention and Wellness Across the Life Span](#). Registration and Housing for the 2012 Annual Meeting & Exposition are now open! Take advantage of early-bird discounts and register today at <http://www.apha.org/meetings/registration>. Complete your online registration and you will be linked to a housing form pre-populated with your contact information. Special APHA discounted hotel rates have been negotiated at 17 San Francisco hotels. APHA attendees are able to view hotel photos and details on the APHA housing website. Make your reservation early to select the hotel of your choice. Reserve your room today at <http://www.apha.org/meetings/housing>.

[2012 Annual Meeting Highlights](#)

Opening General Session - The Opening will feature best-selling author, Gail Sheehy; CDC Director, Dr. Thomas Frieden and Executive Vice President and Chief of Medical Affairs at UnitedHealth Group, Dr. Reed Tuckson. [Closing General Session](#) - The Closing will focus on Incarceration, Justice and Health. Keynote Speaker, Angela Davis, will discuss her research into prison systems around the world and the importance of building communities of struggle for economic, racial and gender justice. More information at <http://www.apha.org/meetings/highlights>.

To register: <https://show.jsargo.com/apha12/Registration/default.aspx>.

HIA 2012  
12<sup>th</sup> HIA International Conference  
Quebec City, Canada  
August 29-31, 2012

HIA Conference 2012: Registration is open. We received nearly 200 proposals for oral presentations and posters from the five continents. This unprecedented interest gives us the opportunity to develop a program to meet your expectations, consistent with previous editions. The preliminary program is available on the Website of the conference: [www.hia2012.ca/105/Preliminary\\_Program.html](http://www.hia2012.ca/105/Preliminary_Program.html). In summer, Quebec City takes on a festive atmosphere. Join us! Register by visiting the website of the conference: [www.hia2012.ca/98/Online\\_registration.html](http://www.hia2012.ca/98/Online_registration.html).

[Hopkins Center for Health Disparities Solutions at the Johns Hopkins International Conference on Health in the African Diaspora](#)

Baltimore Renaissance Harborplace Hotel  
July 5-8, 2012

[ICHAD.com](http://ICHAD.com)

A uniquely multidisciplinary conference, ICHAD 2012 will bring a broad spectrum researchers, policymakers, health and development advocates, and health journalists from across the globe. Conference participants will share critical knowledge about major health challenges confronting African descendants, including chronic disease, HIV/AIDS, maternal and child health, mental health, healthcare access and quality, and the social determinants of health. ICHAD 2012 will have nearly 30 speakers from a dozen disciplines focusing on 14 countries, including Belize, Brazil, Canada, Colombia, Jamaica, Panama, Peru, and the United States. The project will produce a book comprising conference papers. Do humans carry history in their bodies? According to organizers of the International Conference on Health in the African Diaspora - ICHAD 2012 - today's health disparities facing people of African descent across the Western Hemisphere are in no small part "a ripple effect of the Transatlantic Slave Trade," which ended over a century ago. "ICHAD 2012 is essentially a 'case study' of a regional population with a peculiar social history," said Dr. Thomas LaVeist. He said this history has given rise to social, cultural, and economic patterns that, in turn, perpetuate distinctive racial patterns in health. Today, there are approximately 160 million descendants of the Transatlantic Slave Trade living in the Western Hemisphere - from Canada to Argentina. Roughly 3 out of 4 blacks in the region live south of the US border. During the period of slavery, which lasted from the 15th to the late 19th centuries, African captives were shipped across the Atlantic and dispersed widely throughout North America, Latin America and the Caribbean. The demise of slavery was promptly followed by regional patterns of racial marginalization. Sharp racial inequities persist to the present day. Throughout the hemisphere, people of African descent tend to live poorer and sicker, receive less health care and a lower quality of care, and die younger than the general population. Afro-Brazilians are twice as likely to live in poverty compared to the general population. In Colombia, babies of African descent are twice as likely to die before their first birthday compared to the national average. The same distinctive pattern holds true for African American babies in the United States. ICHAD 2012, which will be held July 4-8 in Baltimore, Maryland, USA, is a multidisciplinary conference that will explore how the descendants of the slave trade are faring and what can be done to improve their health. "History provides a powerful lens for understanding the present," said LaVeist, "because it shows how the social determinants of health operate across time and regional geography," said LaVeist. He said conference organizers strongly support the [United Nations International Day of Remembrance of the Victims of Slavery and the Transatlantic Slave Trade](#) (March 25). ICHAD 2012 is organized by the Hopkins Center for Health Disparities Solutions of the Johns Hopkins Bloomberg School of Public Health. The conference is funded by a grant from the W.K. Kellogg Foundation. To register or obtain more information, visit [www.ICHAD.com](http://www.ICHAD.com). The website is available in English, Spanish, and Portuguese

International Community Psychology Conference

Barcelona, Spain  
June 21-23, 2012

I'd like to bring to the attention of all the CBPR list the upcoming International Community Psychology Conference being held in Barcelona, Spain, June 21-23, 2012. While largely based in psychology, the conference crosses disciplinary boundaries, and is focused on social justice and community change.

From their website: "At this conference we propose, as a specific focus of discussion and reflection, the possibilities and conditions of empowerment in the context of the psychological crisis, social crisis and the social exclusion presented in various national and local realities.

[University of Geneva - Switzerland](#)

- Community development and empowerment.
- Diversity theoretical, methodological and evaluative research and community action.
- Community Action and Public Policy.
- Interdisciplinary social work and community work.
- Community and sense of community.
- Ethical and value aspects of action and community role.
- Community and community action at the crossroads of the local and global.
- Community social implications of "new technologies" and educational software.
- Visible and invisible violence."

For more information, go to: <http://www.4cipc2012.org/?lang=en>.

Kellogg Fellows Leadership Alliance (KFLA)

Forum 2012: Leading Communities in the 21<sup>st</sup> Century, Resilience, Transformation, Transcendence  
Detroit, MI

October 11-13, 2012

It's about asking provocative questions

What is your recipe for Resilience? - What does the unfolding story of Detroit tell us about the future of the world?

- Our systems fail our children. What's worth saving? [It's about working across disciplines](#)

Today's problems are too complex for yesterday's solutions. Take a bold, new approach with innovative, cross cutting and intersecting programming. [It's about celebrating relationships](#)

Our resilience is fueled by the people who care about us, our well-being and our communities. Celebrate these relationships through class reunions and dedicated time to share stories.

[It's about asking provocative questions](#)

This gathering will bring together what are often viewed as divergent approaches to working on equity (policy, systems, data and advocacy) and healing (personal impact, stories, feelings and transformation) between race, ethnicities and ancestries. Participants at this gathering will be expected to delve into both approaches.

To register: <http://www.kfla.org/programs/?p=p&c=275>. For more information: <http://www.kfla.org/forum2012>

National Academy for State Health Policy

New Webinar: States Prepare for Medicaid's Growth Spurt  
June 20, 2:30-4:00 PM (EDT)

[Register here](#)

By 2019, Medicaid is estimated to cover an additional 16 million of the most vulnerable Americans, significantly increasing the shape and size of the program. On this [State Refor\(u\)m](#) webinar, officials from three states will provide a closer look at what states are doing to prepare. The speakers are:

- Nathan Johnson, Medicaid Policy Manager, Washington
- Elena Nicoletta, Medicaid Director, Rhode Island
- Julie Weinberg, Medical Assistance Division Director, New Mexico

National Center for Health Statistics (NCHS)

NCHS Course Offered at APHA 2012 - Monitoring the Public's Health: Using Data from the National Center for Health Statistics (LI2014)

This course will introduce participants to the wide range of NCHS data sets, including those of the National Vital Statistics System, National Health Interview Survey, National Health and Nutrition Examination Survey, National Survey of Family Growth, and National Health Care Surveys. Data collection methods, analytic considerations, and methods of data access will be discussed. Examples of how NCHS data have been used to understand the population's health, influences on health, health outcomes, and health care access and use will be presented. For course information, go to

<http://www.apha.org/programs/education/edannualmtg/LISchedule> or contact Kassi Webster at [kwebster@cdc.gov](mailto:kwebster@cdc.gov) or 301-458-4510.

Public Health Association of Australia (NSW), the Australian Health Promotion Association (NSW) and the UNSW Centre for Primary Health Care and Equity

Webinar: The Role of Health Impact Assessment in Promoting Healthy Urban Development: Webinar and Public Lecture in Sydney  
June 12, 2012 (4:00 p.m.-6:00 p.m. Australian Eastern Standard Time, Sydney)

The Public Health Association of Australia (NSW), the Australian Health Promotion Association (NSW) and the UNSW Centre for Primary Health Care and Equity would like to invite you to a webinar and public lecture by Professor Andy Dannenberg on Tuesday, 12th June. Date: Tuesday, 12th June 2012, 4pm-6pm Australian Eastern Standard Time (Sydney). Venue: Webinar or Kirribilli Club, 11 Harbourview Crescent, Lavender Bay, Sydney. RSVP: [mary.knopp@sswahs.nsw.gov.au](mailto:mary.knopp@sswahs.nsw.gov.au) for login details or to register attendance. Please see the flyer at <http://benhr.net/L9taDF>. Due to high demand the previously-publicised meeting on the Effectiveness of Health Impact Assessment in Australia and New Zealand on Friday 15 June is now also being webcast. Details on how to register are at the bottom of the flyer.

Rockefeller University, Weill Cornell Medical College, and Memorial Sloan Kettering Cancer Center  
Successful and Productive Academic Research Careers  
The Rockefeller University  
New York, NY

June 21, 2012 (11:45 a.m.-6:00 p.m.)

The Rockefeller University, Weill Cornell Medical College, and Memorial Sloan Kettering Cancer Center invite you to attend the second annual SPARC (achieving Successful and Productive Academic Research Careers) conference on June 21st, 2012 from 11:45 pm - 6:00 pm at The Rockefeller University. The theme for this year's conference is building your academic portfolio. They will also accommodate a limited number of poster presentations. If you are interested in receiving constructive feedback on your work, you are encouraged to submit a poster (all disciplines welcome). Registration and Abstract Submission Link: <http://svy.mk/KMOHBM>. Registration is free but space is limited. Advance registration is required. Below is a peek of some of the talks which will be taking place. For more info on the conference, visit <http://bit.ly/LkL2xF>. T

-The role of mentoring in building your academic portfolio, J.P. Sanchez, MD, Albert Einstein College of Medicine.

-What is the strength of your networks? : Building your Academic Portfolio through developing networks, Bernice B. Rumala, Ph.D., M.A., Ed.M. M.Phil, The Rockefeller University

-Moving beyond promotions: Why is dissemination important? Carla Boutin-Foster, MD, MS, Weill Cornell Medical College

Panel 1: Productivity in publishing papers:

- How to write a winning abstract - Laura Liberman, MD, Memorial Sloan-Kettering Cancer Center

- Manuscripts: What are journals looking for? - Olaf Andersen, MD, Weill Cornell Medical College

- Writing groups and negotiating authorship - Dennis J. Spencer, MD/PhD candidate, Weill Cornell / Rockefeller / Sloan-Kettering Tri-Institution

- Publishing from a student perspective- Nicole Ramsey, MD/PhD candidate, Weill Cornell / Rockefeller / Sloan-Kettering Tri-Institution

Panel 2: Media Communications - Communicating your research to a broader audience through the media

- The elevator pitch - putting your best self forward in ten minutes or less

- Joe Bonner, Director of Communications and Public Affairs, The Rockefeller University.

- "Do's and Don'ts" of communicating with the media - Christine Hickey, Director of Communications, MSKCC

- What does your online presence say about your academic Portfolio: Working with your public affairs office - Myrna Manners, Vice President and Chief Public Affairs Officer, New York-Presbyterian Hospital / Vice Provost, Weill Cornell Medical College Office of Public Affairs

Panel 3: The art, science, and politics of good grantsmanship.

Grants Overview: Olaf Andersen, MD

a. K awards - Teresa Evering, MD, The Rockefeller University, Aaron Diamond; Ana Krieger, MD, Weill Cornell Medical College

b. Minority supplements

c. LRP - Loan Repayment Program - Carla Boutin Foster, MD NIH program officer Dorothy Castille, PhD, National Institutes of Health

d. Harold Amos awards, Linnie Golightly, MD, Weill Cornell Medical College

e. Industry Awards and Awards from Private Foundations - Brian Lamone

f. Working with your NIH program officers - Beverly Watkins, PhD - Weill Cornell Medical College

g. R awards (R01, R23) - Jonathan Zippin MD, PhD , Olaf Andersen MD; Carla Boutin-Foster, MD, MS

The Black Caucus of Public Health Workers and the Society for the Analysis of African American Public Health Issues

"Health Disparities Across the Lifespan: Addressing Gender-Specific Health Inequities Among the African Diaspora"

San Francisco, CA

October 27, 2012 Pre-conference meeting at the APHA Meeting

The Black Caucus of Public Health Workers (BCHW) and the Society for the Analysis of African American Public Health Issues (SAAPHI) would like to cordially invite you to participate in the 2012 BCHW/SAAPHI pre-conference meeting held October 27, 2012 in San Francisco, CA. BCHW and SAAPHI, affiliates of the American Public Health Association (APHA), are national public health organizations comprising researchers, physicians and health advocates dedicated to improving the overall health of African Americans. Both organizations promote and utilize scientific research to inform scientific knowledge, program development and policy decisions. To pre-register go to: <http://www.eventbrite.com/event/1998610899>.

7:00-8:00 Registration Opens

8:00-8:05 Presidents' Welcome

\* Selena Smith, MPA- BCHW President

\* Rebecca Hasson, PhD- SAAPHI President

8:05-10:00 "Maternal and Infant Health"

\* Richard David, MD- University of Illinois at Chicago

\* Wrennonah Valentine, MBA-IDREAM for Racial Health Equity

\* Moderated by: Diane Rowley, PhD, MPH- University of North Carolina at Chapel Hill

10:00-10:15 Break

10:15-11:30 "Childhood Obesity in our African-American Communities"

\* Shiriki Kumanyika, PhD, MPH- University of Pennsylvania/African American Collaborative Obesity Research Network

\* Mildred Thompson, MSW- PolicyLink

\* Moderated by: Tiffany Gary-Webb, PhD- Columbia University

11:30-1:00 Lunch

\* View trailer for "The Gospel of Healing" with film director Paul V. Grant

\* Thematic poster session

The University of North Carolina at Chapel Hill Gillings School of Global Public Health

Minority Health Project to Eliminate Health Disparities

Social Determinants of Health Disparities: Moving the Nation to Care about Social Justice

18<sup>th</sup> National Health Equity Research Webcast (formerly known as the Annual Summer Public Health Research Institute and

Videoconference on Minority Health)

Broadcast Tuesday, June 5, 2012, 1:30pm - 4:00pm EDT

Live, interactive broadcast via Internet webcast from the Tate-Turner-Kuralt Auditorium at the

University of North Carolina School of Social Work ([web site](http://www.minority.unc.edu/institute/2012/studio/))

<http://www.minority.unc.edu/institute/2012/studio/>

- Camara P. Jones, M.D., M.P.H., Ph.D. ([bio](#)), Social Determinants of Health and Equity, Division of Epidemiologic and Analytic Methods for Population Health (p), Centers for Disease Control and Prevention ([web site](#))
- Ronny A. Bell, Ph.D., M.S. ([bio](#)), Professor, Wake Forest School of Medicine and Co-Director, Maya Angelou Center for Health Equity ([web site](#))
- Aida L.M. Giachello, Ph.D. ([bio](#)), Professor, Department of Preventive Medicine, Northwestern University Feinberg School of Medicine ([web site](#))
- Moderator: Cedric M. Bright, M.D., F.A.C.P. ([bio](#)), Director, Office of Special Programs and Assistant Dean for Admissions, UNC School of Medicine ([web site](#)) and 112th President, National Medical Association ([NMA](#))

Related event: June 3 presentations by Dr. Camara Jones at the United Church of Chapel Hill (1321 Martin Luther King, Jr. Blvd) on ([information](#))

More information coming soon: Presented by UNC Diversity and Multicultural Affairs ([homepage](#)); Minority Health Project, UNC Gillings School of Global Public Health

([homepage](#)); UNC American Indian Center ([homepage](#)); Norfolk State University Ethelyn R. Strong School of Social Work, a partner in the Commonwealth Public

Health Training Center ([homepage](#)). ([Archived webcast from last year's broadcast](#))

University of Geneva - Switzerland

Course on: Inequalities in Health and Health Care

June 11 to June 15, 2012

Deadline: June 1, 2012 <http://bit.ly/IXNGew>

The course is intended for PhD students and other researchers interested in the quantitative analysis of inequality and inequity in health and health care. It consists of five days of lectures and computing laboratory sessions on a number of topics related to the measurement and explanation of inequalities in health and health care. Apart from providing a general introduction to the range of approaches available to researchers, it also provides practical guidance on various issues of computation. Illustrative examples draw on analyses conducted of OECD and developing countries.

**Objectives:**

- To give students understanding of approaches to the measurement of health inequality and inequity employed in economics and other disciplines

- To make students competent in the computation of health inequality measures using Stata

- To motivate students to conduct their own research into health inequalities

Prof. Eddy van Doorslaer (Erasmus University, Rotterdam),

Prof. Owen O'Donnell (University of Macedonia, Thessaloniki)

**Course structure** The course will consist of lectures, computing laboratories and completion of a data analysis exercise. Topics covered include:

1. Economic approaches to measuring health inequality: concepts and definitions, concentration indices and curves, statistical inference, dominance, socioeconomic vs total inequality, inequality aversion, inequality of opportunity

2. Decomposition of health inequalities

3. Measurement and decomposition of horizontal inequity in health care

4. Progressivity and redistributive effect of health financing

5. Measurement of financial protection in health: catastrophic expenditure and impoverishment

**Main bibliography.** \* Wagstaff A and E van Doorslaer, Equity in health care finance and delivery, Chapter 34 of the North Holland Handbook of Health Economics (Edited by AJ Culyer and JP Newhouse) 2000.  
\* O'Donnell, O, E van Doorslaer, A Wagstaff, M Lindelöw, Analyzing Health Equity using Household Survey Data: a Guide to Techniques and their Implementation, World Development Institute, World Bank, Washington DC, 2007. <http://www.worldbank.org/analyzinghealthequity> (ISBN: 0-8213-6933-4)  
\* And relevant publications and recent Working Papers to be distributed at the course  
For more information please contact Mrs Dominique Actis-Datta, [phdcourses.hep@unil.ch](mailto:phdcourses.hep@unil.ch) International Doctoral Courses in Health Economics and Policy Swiss School of Public Health +c/o IEMS - Lausanne Switzerland.

U.S. Department of Health and Human Services, Office of Human Research Protections  
Webinar on When the Regs Come a'Knockin': Nuts and Bolts of 45 CFR part 46  
June 7, 2012 from 2-3 pm eastern time

The U.S. Office of Human Research Protections is pleased to invite you to their second in a continuing series of webinars designed to address critical issues of importance to everyone involved in the protection of human research participants: When the Regs Come a'Knockin': Nuts and Bolts of 45 CFR part 46 June 7, 2012 from 2-3 pm eastern time. This webinar will feature Elyse I. Summers, J.D., Director of OHRP's Division of Education and Development. Elyse will discuss the history and requirements of the U.S. Department of Health and Human Services regulations for the protection of human research participants. This webinar is a basic offering well-suited for those new to the field of human participants' protection and those not-so-new seeking to refresh and reinforce their understanding of the regulatory requirements. To register, visit <http://1.usa.gov/KMnMK0>. After registering you will receive a confirmation email containing information about joining the Webinar. PC-based attendees will require Windows® 7, Vista, XP or 2003 Server. Macintosh®-based attendees will require Mac OS® X 10.5 or newer. Don't worry if you aren't able to attend - an archived recording of the webinar will be available within two weeks at <http://1.usa.gov/KMnMK0>.

[back to top](#)

## RESOURCES

### Publications

Addis Ababa Declaration, a call on Global Health Equity  
The World Federation of Public Health Associations (WFPHA) - Addis Ababa Declaration  
<http://bit.ly/JMP6oS>

At the conclusion of the 13th World Congress on Public Health, held 22 - 27 April 2012 in Addis Ababa (Ethiopia), the WFPHA issued the: Addis Ababa Declaration, a call on Global Health Equity

.....a call to act on closing some of the critical gaps in global health and well-being.....

".....This includes working across sectors and disciplines and in true partnership with communities to:

1. Promote and attain social justice and equity in health by acting through a 'Social Determinants of Health' approach;
2. Accelerate the attainment of national and international development goals by building and redistributing resources to strengthen international, national and local capacity and leadership in public health;
3. Ensure that better context-specific, comprehensive and equitable targets covering universal health coverage and health for all are integrated into and made more visible within the MDGs as soon as possible;
4. Enhance and strengthen, both numerically and in capability, the public health workforce, in addition to developing new and effective strategies to retain qualified health professionals;
5. Combat fraud and corruption, as these are major determinants of health that affect all, but especially the poor and vulnerable;
6. Recognize physical and mental disabilities and injury prevention as critical components of a public health approach to health equity; and,
7. Fulfill their financial pledges in respect of the MDGs and to, in addition, fulfill their pledges with respect to the Paris Declaration and to the political declarations on Non-Communicable Diseases and the Social Determinants of Health....."

An article about the 13th World Congress on Public Health and the Addis Ababa Declaration appeared in the April 30 issue of the Huffington Post.

"Please mind the gap..." by Dr. Peter Byass, Professor of Global Health and Director of the Umea Centre for Global Health Research (Sweden). Available at: <http://huff.to/Je2LrC>

Agency for Healthcare Research and Quality

[Aprender a Vivir: A Spanish-Language Videonovela about Type 2 Diabetes Management](#)

Aprender a vivir (Learn to Live) is a three-episode Spanish-language videonovela that provides information about type 2 diabetes management. The story reflects the reality of many Hispanics with type 2 diabetes who stop taking their medication due to unpleasant side effects or other reasons.

American Medical Association, **Virtual Mentor**

Integrating Immigrants into the U.S. Health System

Arturo Vargas Bustamante, PhD, and Philip J. Van der Wees, PhD. **Virtual Mentor**. April 2012. Volume 14, Number 4: 318-323.  
<http://virtualmentor.ama-assn.org/2012/04/stas1-1204.html>

Asian & Pacific Islander American Health Forum

Issue Briefs on Maternal and Child Health

<http://www.apiahf.org/policy-and-advocacy/policy-priorities/health-equity>

Our issue briefs cover important infant health indicators such as prenatal care, low birth weight, and infant mortality, as well as maternal health issues like disparities in rates of gestational diabetes, maternal mortality and morbidity, and breastfeeding.

Embedding of research into decision-making processes

Adam D Koon, Devaki Nambiar, Krishna D Rao

Background paper commissioned by the Alliance for Health Policy and Systems Research to develop the WHO Health Systems Research Strategy - 2012

<http://bit.ly/MDlmyb> ".....this paper concerns the uptake of research evidence in policy decisions for health. It examines both conceptual paradigms and country case studies from the perspective of six WHO building blocks: service delivery, health workforce, information, medical products, financing, and governance...."

".....This study represents a nascent attempt to understand the issue of research use in decision making from the perspective of embeddedness of research institutions in policy making. According to the network analysis literature, the degree of embeddedness of an organization refers to its structural position in an organizational network...The greater its embeddedness or centrality in an organizational network, the greater an institution's connectivity with other organizations in the network. This enables embedded organizations to be more immersed in the flow of information and resources than non-central organizations. In this study, we applied this idea of embeddedness to the context of research institutions (and their research) and the uptake of evidence in decision making for health...Our findings suggest that multiple forces converge to create context-specific pathways through which research enters into the policymaking environment. Depending on the policy under consideration, Ministries of Health may call upon an intricate combination of actors for sourcing evidence. While proximity to a decision making core does have advantages, it is not the position of the institution within the network, but rather, the qualities that institution possesses that enable it to be embedded.

Four factors were hypothesized to influence embeddedness

- reputation,
- capacity,
- quality, and
- quantity of connections to decision makers.

In addition to this, the policy environment was also expected to influence the uptake of research.

In the second phase of this study, we attempted to validate our conceptual model through qualitative research conducted with decision makers and researchers in seven countries. Through this process we garnered key insights about the creation of embedded research institutions, the processes by which ministries of health source research, qualities of embedded institutions, and features of the policy environment...Decision Makers sourced evidence from research institutions in a variety of ways - leveraging personal networks, accessing peer reviewed publications, developing formal linkages with national statistics agencies, academic, or independent research institutions, or by assembling expert committees for a well-defined task...."

### Health Service Research

Special Issue: Measuring and Analyzing Health Care Disparities

<http://bit.ly/J0uWEO>

The journal Health Services Research has published a Special Issue on Measuring and Analyzing Health Care Disparities that highlights challenges in measuring health care disparities and explores innovative approaches to address these challenges from diverse disciplinary perspectives. The issue was jointly organized by the Harvard Catalyst Health Disparities Research Program and the Center for Multicultural Mental Health Research of the Cambridge Health Alliance, with funding from the NIH Office of Behavioral and Social Sciences Research. Margarita Alegria, PhD, Romana Hasnain-Wynia, PhD, and John Ayanian, MD, MPP served as guest editors. See below for the table of contents. You may be particularly interested in the article, "A Systematic Review of Community-Based Participatory Research to Enhance Clinical Trials in Racial and Ethnic Minority Groups"

-Editorial

-Taking the Measure of Health Care Disparities (pages 1225-1231) Margarita Alegria, Romana Hasnain-Wynia and John Z. Ayanian

-Measuring Racial/Ethnic Disparities in Health Care: Methods and Practical Issues (pages 1232-1254) Benjamin L  Cook, Thomas G. McGuire and Alan M. Zaslavsky,

-Integrating Multiple Social Statuses in Health Disparities Research: The Case of Lung Cancer (pages 1255-1277) David R. Williams, Emily Z. Kontos, K. Viswanath,

Jennifer S. Haas, Christopher S. Lathan, Laura E. MacConaill, Jarvis Chen and John Z. Ayanian  
-Elucidating the Role of Place in Health Care Disparities: The Example of Racial/Ethnic Residential Segregation (pages 1278-1299) Kellee White, Jennifer S. Haas and David R. Williams  
-The Validity of Race and Ethnicity in Enrollment Data for Medicare Beneficiaries (pages 1300-1321) Alan M. Zaslavsky, John Z. Ayanian and Lawrence B. Zaboriski  
-The Impact of Insurance Coverage in Diminishing Racial and Ethnic Disparities in Behavioral Health Services (pages 1322-1344) Margarita Alegria, Julia Lin, Cih-Nan Chen, Naihua Duan, Benjamin Cook and Xiao-Li Meng  
-Lessons from the Use of Vignettes in the Study of Mental Health Service Disparities (pages 1345-1362) Sheri Lapatin, Marta Gonçalves, Anna Nilini, Ligia Chavez, Roxana Llerena Quinn, Alexander Green and Margarita Alegria  
-A Systematic Review of Community-Based Participatory Research to Enhance Clinical Trials in Racial and Ethnic Minority Groups (pages 1363-1386), Denise De Las Nueces, Karen Hacker, Ann DiGirolamo and LeRoi S. Hicks  
-Looking to the Future: Incorporating Genomic Information into Disparities Research to Reduce Measurement Error and Selection Bias (pages 1387-1410), Alexandra E. Shields and William H. Crown

Health, United States, 2011 with Special Feature on Socioeconomic Status and Health  
Centers for Disease Control and Prevention

[www.cdc.gov/nchs/hus.htm](http://www.cdc.gov/nchs/hus.htm) Higher education and income levels keys to better health, according to annual report on nation's health  
People with higher levels of education and higher income have lower rates of many chronic diseases compared to those with less education and lower income levels, according to Health, United States, 2011 - the government's annual comprehensive report on Americans' health. Health, United States, 2011 is the 35th annual report prepared by CDC's National Center for Health Statistics, and includes a compilation of health data through 2010 from a number of sources within the federal government and in the private sector. This year's edition features a special section on socioeconomic status and health. Among the highlights:  
- In 2007-2010, higher levels of education among the head of household resulted in lower rates of obesity among boys and girls 2-19 years of age. In households where the head of household had less than a high school education, 24 percent of boys and 22 percent of girls were obese. In households where the head had a bachelor's degree or higher, obesity prevalence was 11 percent for males aged 2-19 years and 7 percent for females.  
- In 2007-2010, women 25 years of age and over with less than a bachelor's degree were more likely to be obese (39 percent-43 percent) than those with a bachelor's degree or higher (25 percent). Obesity prevalence among adult males did not vary consistently with level of education.  
- In 2010, 31 percent of adults 25-64 years of age with a high school diploma or less education were current smokers, compared with 24 percent of adults with some college and 9 percent of adults with a bachelor's degree or higher. Overall, in the same year, 19 percent of U.S. adults age 18 and over were current cigarette smokers, a decline from 21 percent in 2009.  
- Between 1996-2006, the gap in life expectancy at age 25 between those with less than a high school education and those with a bachelor's degree or higher increased by 1.9 years for men and 2.8 years for women. On average in 2006, 25-year-old men without a high school diploma had a life expectancy 9.3 years less than those with a bachelor's degree or higher. Women without a high school diploma had a life expectancy 8.6 years less than those with a bachelor's degree or higher.  
- Between 2000 and 2010, the percentage of children with a family income below 200 percent of poverty level who were uninsured decreased from 22 percent to 11 percent - 13 percent. The percentage with a family income at 200 percent to 399 percent of the poverty level who were uninsured decreased from 9 percent to 7 percent, and children with a family income at 400 percent of the poverty level who were uninsured decreased from 3 percent to 2 percent.  
Other highlights from the report include:  
- In 2010, half of adults 18 years of age and over failed to meet both the aerobic activity and the muscle-strengthening federal physical activity recommendations. Older adults were less likely than younger adults to meet the federal physical activity recommendations - 39 percent of adults 18-24 years of age did not meet the recommendations versus 70 percent of adults aged 75 and over.  
- The percentage of women 40 years of age and over who had a mammogram in the past two years remained steady at 67 percent to 70 percent during the 10-year period from 2000 to 2010. During the same period, the percentage of adults aged 50-75 years with a recent colorectal test or procedure increased from 34 percent to 59 percent.  
A special abridged edition, Health, United States, 2011: In Brief is also available as a companion to the full report.

Health Justice: An Argument From the Capabilities Approach

Joseph J. Fins, Division of Medical Ethics, Weill Cornell Medical Center, New York. Book and Media Reviews | May 16, 2012. JAMA. May 16 2012;307(19):2106-2106. doi:10.1001/jama.2012.481

<http://bit.ly/LxmVhe>

".....Sridhar Venkatapuram's *Health Justice* provides a lucid account of the intersection of health policy and social justice and helps explain why it is unfair to saddle the poor with expectations that they may not be able to meet. The issue is not simply the double standard of asking a poor person with diabetes and mental illness to be more adherent to a program than a Wall Street mogul who still smokes after vascular surgery. Venkatapuram makes the point that the unfairness stems from something else: the relationship between health and capabilities..."

".....Venkatapuram, a Wellcome Trust Fellow at the London School of Hygiene and Tropical Medicine and a Lecturer at Cambridge, argues that one cannot divorce health justice from a broader notion of fairness in society. Building on a distinguished lineage of scholarship from John Rawls, Michael Marmot, Martha Nussbaum, and Amartya Sen, Venkatapuram argues that the point is not fair and equal access to health. Instead, it is ensuring the support and social context necessary to have the capability of being healthy and pursuing a life plan..."

Institute for Alternative Futures

[Community Health Centers Leveraging the Social Determinants of Health](http://www.altfutures.org/pubs/leveragingSDH/IAF-CHCsLeveragingSDH.pdf)  
<http://www.altfutures.org/pubs/leveragingSDH/IAF-CHCsLeveragingSDH.pdf>

"There are important opportunities for health care to increase its impact on health and wellbeing by leveraging the "social determinants of health" (SDH) - i.e., the social, economic, and physical conditions that underlie and shape health. The Institute for Alternative Futures' project on Community Health Centers Leveraging the Social Determinants of Health charts a path forward for the many health care providers who understand the importance of the SDH for their patients' health, but feel powerless to address their needs along non-medical dimensions. Based on a review of community health center (CHC) efforts in this domain, this report offers leaders in CHCs, public health, and policy an understanding of how health care providers can move beyond health care services alone to improve the health of the population..."

Policy Making With Health Equity at Its Heart

Michael G. Marmot, UCL Institute of Health Equity, University College London

JAMA. May 16 - 2012;307(19):2033-2034. doi:10.1001/jama.2012.3534 <http://bit.ly/Lfz9pA>

".....In India, there is a cabinet minister for social justice. Would that it were catching, and spread to all government ministers. What a thought: social justice at the heart of all government policy. It would be a radical change from the current set of arrangements, in which many governments are unashamed apostles of self-interest of their countries, of their partisan supporters or, indeed, of self-interest as a political creed. Given the link between social and economic policy and the health of populations, all ministers should see themselves as ministers of health. Putting these arguments-health and social justice-together implies that health equity should be at the heart of all policy making, national and global....."

Poverty, Wealth, and Health Care Utilization: A Geographic Assessment

Richard A. Cooper, Matthew A. Cooper, Emily L. McGinley, Xiaolin Fan, and J. Thomas Rosenthal. Journal of Urban Health: Bulletin of the New York Academy of Medicine

doi:10.1007/s11524-012-9689-3

<http://www.springerlink.com/content/d647854766v14688/fulltext.pdf>

"This paper shows that health care utilization is greatest in neighborhoods that are poorest and least in neighborhoods that are richest and that geographic variation in health care utilization among regions can be explained by the characteristics of the neighborhoods within each. It concludes, "Poverty is not only an unsustainable failure of social justice. It creates an unsustainable financial burden for our health care system. Accepting this reality is a necessary first step. Confronting it should be our Nation's highest priority."

Prevention Institute - Oakland, CA - USA

Health Equity and Prevention Primer

<http://bit.ly/b8mD39>

".....Health inequities are more than disparities or differences in health and safety outcomes. Inequity describes unfairness and the systematic nature of disparities.

The Health Equity and Prevention Primer (HEPP) serves as a web-based training series for public health practitioners and advocates interested in policy advocacy, community change, and multi-sector engagement to achieve health equity.

The Primer helps practitioners integrate a health equity lens into their initiatives in pursuit of overall health and safety. The Health Equity and Prevention Primer

(HEPP) was developed to serve as an online learning tool, consisting of an equity-focused curriculum and collection of resources to build the knowledge and capacity of practitioners to incorporate health equity into their work. The Primer is comprised of seven brief, interactive presentations along with selected publications, tools, and other resources focused on health equity. Participants are able to customize their online learning experience and go through each module at his/her own pace. Follow the step-by-step instructions on how to use the tool:

1. Select the module you are interested in.
2. Download the audio transcriptions to use as a guide as you go through the presentation
3. Click on the PowerPoint presentation (with audio).
4. Right click on the slide if you would like to view in "full screen" mode.
5. After the presentation, explore the sections with strategic links and related papers on health equity-related efforts across the country.
6. Fill out the evaluation via Survey Monkey to help us continually improve the Health Equity and Prevention Primer.

[Health Equity and Prevention Resources Content.](#)

Module 1 Achieving Equity in Health and Safety through Primary Prevention describes how Primary Prevention is a key strategy for eliminating

inequities in health and safety.

It provides an overview of Primary Prevention and previews material that will be covered later in the series.

Module 2 Take Two Steps to Prevention describes the Two Steps to Prevention Framework and the Trajectory of Health Inequities. These tools can be used to describe why a focus on the environment is essential for health equity efforts.

Module 3 Community Factors & How They Influence Health Equity explores eighteen community factors. These eighteen factors are linked to health equity.

Each factor is part of a community and provides tangible opportunities for achieving equitable health and safety outcomes.

Related Papers: The Tool for Health and Resilience in Vulnerable Environments (THRIVE)

Strategic Links: Equitable Development Toolkit

What is Social and Health Equity and why is it important?

Unnatural Causes, Place Matters. Race - The Power of Illusion

Module 4 The Spectrum of Prevention: A Framework for Addressing Health Equity, introduces the Spectrum of Prevention. It provides a step by step explanation of how the Spectrum can be used to develop a mutually supportive set of actions as part of a comprehensive primary prevention strategy

Related Papers: Spectrum of Prevention Podcast; The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention

Strategic Links: Tools for Working the Spectrum of Prevention; Transitioning To Obesity Prevention: Harnessing Wic's Success To Promote Healthy Eating And Active Living

Module 5 Enhancing Effective Partnerships for Health Equity explores the power of partnerships for improving equity. It introduces the Eight Steps to Coalition Building, which can be used to launch and stabilize effective equity-focused coalitions.

Related Papers: Developing Effective Coalitions: An Eight Step Guide; The Tension of Turf: Making it work for the Coalition

Module 6 The Importance of Local Policy for Achieving Equitable Outcomes looks at why policy--at the city and county levels, in particular--is important to health equity efforts. It provides an overview of key strategies in the policy development process.

Strategic Links: Developing an Equity Impact Statement

Module 7 Good Health Counts: Measurement and Evaluation for Health Equity describes how community health indicators can be used to assess and monitor conditions that influence health and safety. It highlights a number of indicator reports that have been used to advance health equity efforts.

Related Papers: Good Health Counts: A 21st Century Approach to Health and Community for California; Community Health: A Critical Approach to Addressing Chronic Disease

Strategic Links: Community Health Status Indicators Report; South Los Angeles Health Equity Scorecard; CDC Data Set Directory of Social Determinants of Health at the Local Level

Social determinants of health and well-being among young people

Health Behaviour in School-aged Children (HBSC) study: international report from the 2009/2010 survey

Candace Currie, Cara Zanotti, Antony Morgan, Dorothy Currie, Margaretha de Looze, Chris Roberts, Oddrun Samdal, Otto R.F. Smith and Vivian Barnekow. Health Policy for Children and Adolescents, No. 6 2012. Copenhagen, WHO Regional Office for Europe, 2012.

<http://bit.ly/lw54TK>

".....Through this international report on the results of its most recent survey, the Health Behaviour in School-aged Children (HBSC) study supplies the up-to-date information needed by policy-makers at various levels of government, nongovernmental organizations, and professionals in sectors such as health, education, social services, justice and recreation. The latest addition to a series of HBSC reports on young people's health, this report presents findings from the 2009/2010 survey on the demographic and social influences on the health of young people (aged 11, 13 and 15 years) in 43 countries and regions in the WHO European Region and North America. Responding to the survey, the young people described their social context (relations with family, peers and school), physical health and satisfaction with life, health behaviours (patterns of eating, tooth brushing and physical activity) and risk behaviours (use of tobacco, alcohol and cannabis, sexual behaviour, fighting and bullying). Statistical analyses were carried out to identify meaningful differences in the prevalence of health and social indicators by gender, age group and levels of family affluence. The aim was to provide a rigorous, systematic statistical base for describing cross-national patterns, in terms of the magnitude and direction of differences between subgroups, thus contributing to a better understanding of the social determinants of health and well-being among young people, and providing the means to help protect and promote their health...."

State of the Health Equity Movement, 2011 Update

The Disparity Reducing Advances Project - DRA Project Report No. 11-01

Prepared by Clem Bezold, Nathan Birnbaum, Emily Masterson, and Heidi Schoomaker

Institute for Alternative Futures IAF

Part A: Overview, PDF [14p.] at: <http://bit.ly/IWRaY2>

Part B: Catalog of Activities, PDF [96p] at: <http://bit.ly/IIPirw>

Part C: Compendium of Recommendations, PDF [182p.] at: <http://bit.ly/IIP0xJ>

This set of reports brings attention to the often unnoticed but growing trend of policy decisions, administrative actions, and community efforts seeking health equity - fair access to health resources and a fair distribution of health outcomes. In the United States, awareness of health inequalities and commitment to pursue health equity are both increasing, despite the worst economic conditions in 80 years. Economic conditions threaten to worsen the unfair distribution of health outcomes. Yet efforts and specific recommendations for health equity continue to grow. The 2011 Update reports provide a convenient resource that identifies 159 different health equity activities and 79 sets of recommendations from local, state, national, and international reports.

The 2011 Update notes that many of the recommendations focus on:

- \* Early childhood investment
- \* Education
- \* Active living, housing, transportation, and the environment
- \* Healthy eating and behaviors
- \* Employment
- \* Law enforcement/criminal justice
- \* Health care
- \* Community and interagency collaboration

This breadth of areas reflects the growth in "*Health in All Policies*" thinking and analysis among community groups and governments at all levels, calling for each sector to contribute to the quality of the nation's health. The 2011 Update also identifies the following recurring strategic themes across activities and recommendations:

- \* Increasing awareness of health inequities and the social determinants of health
- \* Advocacy and leadership for health equity and social justice
- \* Emphasizing community empowerment
- \* Increasing collaborative partnerships with all sectors
- \* The need to coordinate and utilize research and outcome evaluations more effectively

The Changing Face of Homeowners in Large Metro Areas

[diversitydata.org](http://diversitydata.org)

[Homeownership Rates for Blacks Decline in Vast Majority of Large Metros; Latino and Asian Share of Homeowners Rises Sharply.](#)

The housing crisis has had a particularly severe effect on black households, with black homeownership rates in three quarters of the 100 largest metro areas dropping between 2000 and 2010, according to a [new report](#) by diversitydata.org. Declines were especially steep in several Midwest metros, such as Kansas City, MO, Grand Rapids, MI, Youngstown, OH, and Detroit, MI. Latino homeownership rates have also fallen nationally since 2007, but in a majority of large metros, especially certain Southern metros such as Charlotte, Greensboro, and Raleigh, NC which experienced very strong gains in homeownership during the early 2000s, previous gains have not yet been completely erased. Ongoing demographic changes mean that minorities, particularly Latinos and Asians, now make up larger shares of homeowners in major metropolitan areas than they did a decade ago. By 2010, 10.4% of owners were Latino, up from 7.6% in 2000. Growth in the number of Asian homeowners was particularly strong last decade. The number of Asian homeowners grew by 60.7%, and Asians contributed one fifth of the net growth in the number of homeowners.

Additionally, in the 100 largest metro areas, over the 2000--2010 period:

- Asian homeownership rates saw strongest growth, increasing from 53% to 58% in large metros overall. 21 metros saw Asian homeownership gains of 10 percentage points or more, led by New Haven, CT, Oklahoma City, OK, Memphis, TN, and Austin, TX.
- Latinos made up an increasing share of homeowners in all 100 large metros. Largest gains occurred in the West and South, particularly in CA, led by Bakersfield, Modesto, and Riverside.
- The white share of homeowners fell in 98 metros, with the largest percentage point decreases in Stockton, CA, Las Vegas, NV, Riverside, CA, Orlando, FL, and Atlanta, GA.

In many metros, the challenges facing homeowners and homebuyers of color have major and increasing impacts on housing markets and communities.

[The Changing Face of Households with Children in Large Metropolitan Areas](#)

[diversitydata.org](http://diversitydata.org)

[In Large Metros, Close to Half of Households with Children are Headed by a Person of Color](#)

As of 2010, in the nation's 100 largest metropolitan areas, less than a quarter of households consisted of married couples with children, and only about a third contained children at all, according to the newly released "[The Changing Face of Households with Children in Large Metropolitan Areas](#)". At the same time, increasing shares of those households that do include children are headed by a racial or ethnic minority. By 2010, close to half (47%) of households with children in the 100 largest metro areas were headed by a minority, up from 40% in 2000.

Further, in the 100 largest metro areas in 2010:

- Latinos were the only group in which the majority of households (54%) were raising children. In contrast, only 28% of non-Latino white households were raising children.
- Over one in five households with children were headed by a Latino (22%, up from 17% in 2000).
- Metros with the largest increases in the share of households with children headed by a minority were in the West and South, led by Cape Coral, FL, Las Vegas, NV, Stockton, CA, Orlando, FL, Lakeland, FL, Modesto, CA, and Bakersfield, CA.

As households with children become a smaller share of all households and increasingly minority, it is important not to lose sight of the critical role that these households play in shaping our future workforce, voters and leaders, and to strive to provide them with the opportunities they need to reach their full potential. Given changing demographics, education and health systems serving children increasingly must be able to reach and serve children in Latino families.

Uncovering the Benefits of Participatory Research: Implications of a Realist Review for Health Research and Practice  
J. Jagosh, A.C. Macaulay, P. Pluye, J. Salsberg, P.L. Bush, J. Henderson, E. Sirett, G. Wong, M. Cargo, C.P. Herbert, S.D. Seifer, L.W. Green, and T. Greenhalgh. The Milbank Quarterly, Volume 90, Issue 2.  
<http://bit.ly/KCZi6P>

**Context:** Participatory research (PR) is the co-construction of research through partnerships between researchers and people affected by, and/or responsible for action on, the issues under study. Evaluating the benefits of PR is challenging for a number of reasons: the research topics, methods, and study designs are heterogeneous; the extent of collaborative involvement may vary over the duration of a project and from one project to the next; and partnership activities may generate a complex array of both short- and long-term outcomes.

**Methods:** Our review team consisted of a collaboration among researchers and decision makers in public health, research funding, ethics review, and community-engaged scholarship. We identified, selected, and appraised a large-variety sample of primary studies describing PR partnerships, and in each stage, two team members independently reviewed and coded the literature. We used key realist review concepts (middle-range theory, demi-regularity, and context-mechanism-outcome configurations [CMO]) to analyze and synthesize the data, using the PR partnership as the main unit of analysis.

**Findings:** From 7,167 abstracts and 591 full-text papers, we distilled for synthesis a final sample of twenty-three PR partnerships described in 276 publications. The link between process and outcome in these partnerships was best explained using the middle-range theory of partnership synergy, which demonstrates how PR can (1) ensure culturally and logistically appropriate research, (2) enhance recruitment capacity, (3) generate professional capacity and competence in stakeholder groups, (4) result in productive conflicts followed by useful negotiation, (5) increase the quality of outputs and outcomes over time, (6) increase the sustainability of project goals beyond funded time frames and during gaps in external funding, and (7) create system changes and new unanticipated projects and activities. Negative examples illustrated why these outcomes were not a guaranteed product of PR partnerships but were contingent on key aspects of context.

**Conclusions:** We used a realist approach to embrace the heterogeneity and complexity of the PR literature. This theory-driven synthesis identified mechanisms by which PR may add value to the research process. Using the middle-range theory of partnership synergy, our review confirmed findings from previous PR reviews, documented and explained some negative outcomes, and generated new insights into the benefits of PR regarding conflicts and negotiation between stakeholders, program sustainability and advancement, unanticipated project activity, and the generation of systemic change.

Understanding poverty and wellbeing: a note with implications for research and policy  
ODI Research reports and studies, May 2012  
<http://bit.ly/Id5kVY>

Poverty Analysis Discussion Group

Sabina Alkire (University of Oxford/OPHI), Jo Boyden (University of Oxford and Director of Young Lives), John Hammock (OPHI), David Hulme (University of Manchester), Clare Melamed (ODI), Allister McGregor (IDS), Diana Mitlin (IIED), Andrew Norton (ODI), Andrew Shepherd (ODI), Frances Stewart (University of Oxford), Andy Sumner (IDS), Gaston Yalonetzky (University of Oxford/OPHI)

".....This note takes stock of poverty research to date, proposes a set of 'building blocks' or lessons learnt in terms of poverty policy analysis and research, and identifies challenges and future directions for research...The note is intended to contribute to policy debates relating to the assessment of poverty and wellbeing (such as the question of what framework of goals and measures might replace the UN Millennium Development Goals beyond 2015) as well as consideration of future directions for poverty research. This note recognises that the last decade has seen great progress in some dimensions of poverty reduction (notably in terms of improved human development indicators in most non-conflict affected countries, and great reductions in income poverty in East Asia). However, a better understanding of how poverty should be assessed is important to ensure continued progress in the eradication of absolute poverty and reduction of disparities in the next ten years....."

Well-being evidence for policy: A review nef (the new economics foundation) UK - 2012  
<http://bit.ly/HupZaE>

"....Over the last 30 years, there has been a considerable growth in academic research on the causes of well-being. In general, this literature gives a fairly consistent picture of which factors have associations with subjective well-being. However, it is only in the last few years that there has been the corresponding level of interest from policymakers at national level...."  
".....This review consists of the following sections:

The *Glossary* explains key surveys used, measures used, and some of the common abbreviations that appear in this review.

The *Introduction* reviews some of the key sources of well-being data, the types of measures used and outlines the key methodological issues with this evidence.

*Part 1* presents a summary of the current literature on well-being and its determinants and has been structured by policy areas. Policies made in each of these areas will have the potential to explicitly affect well-being. This report aims to provide an overview of current findings but it is *not* a fully comprehensive review - for this, readers should turn to individual study findings and literature associated with specific areas of research.

*Part 2* compares some of the relative effects of the different factors to give an idea of how they compare in terms of their influence on well-being. This provides useful information for policymakers who have (often limited) funds and are under pressure to direct these towards the policies with maximum benefits for subjective well-being.

The *Appendix* includes most of the fuller data tables that were used as sources for Part 2 to compare the effect sizes of different independent variables within well-being equations. They are intended to give readers more information, and the largest three coefficients are highlighted within each table.

*References:* Given its emphasis on evidence from the literature, in this review we use the traditional academic referencing style, giving (author and date) at the appropriate point of the text. The full list of references is given at the end of the document...."

## Website

[diversitydata.org](http://diversitydata.org)

New Data on Income Inequality

New data on income inequality for metropolitan areas based on the 2010 American Community Survey are available on [diversitydata.org](http://diversitydata.org). Metro areas can be ranked according to their Gini index, one of the most commonly used measures of inequality, which ranges from 0 (complete income equality) to 100 (complete inequality). Among the one hundred largest metro areas, Bridgeport, CT ranks as the most unequal in terms of income (index of 53.9), followed by New York, NY, and Miami, FL. In contrast, Ogden, UT ranks as the metro area with greatest income equality (index of 39.3). The index for the U.S. as a whole was 46.9 in 2010. The site also allows for mapping to explore regional patterns.

## Health Information and the Law

The George Washington University's Hirsh Health Law and Policy Program

The George Washington University's Hirsh Health Law and Policy Program launched [Health Information and the Law](http://www.healthinformationandthelaw.org), a website designed to serve as a practical online resource regarding federal and state laws governing access, use, release, and publication of health information. The site addresses the current legal and regulatory framework for [health information](http://www.healthinformationandthelaw.org), and other topic areas including [equity and disparities](http://www.healthinformationandthelaw.org), as well as changes in the legal and policy landscape that have an impact on health care.

## Health System Measurement Project

HHS's Office of Assistant Secretary for Planning and Evaluation

<https://healthmeasures.aspe.hhs.gov/>

The Health System Measurement Project brings together trend data on a limited set of key health system measures from multiple data sources to provide a picture of the status of the U.S. health system. The Project focuses on ten critical dimensions of our health care system covering the availability, quality, and cost of care, the overall health of Americans, and the dynamism of the system. The Project examines the evolution of these aspects of our system over time. It also assesses the status of these dimensions of the system with respect to subgroups of the population, with a particular emphasis on vulnerable populations. HHS's [http://aspe.hhs.gov/\\_index.cfm](http://aspe.hhs.gov/_index.cfm) Office of the Assistant Secretary for Planning and Evaluation has developed the Health System Measurement Project to ensure a robust monitoring system through which people inside and outside government can assess how the system is doing and identify areas that need improvement. One important purpose of the Project is to track the consequences of implementation of The Affordable Care Act across this broad set of dimensions of the health system.

**Topical Areas** The measures are divided into the following ten topical areas:

- \* Access to Care
- \* Cost and Affordability
- \* Coverage
- \* Health Information Technology
- \* Innovation
- \* Population Health
- \* Prevention
- \* Quality

- \* Vulnerable Populations
- \* Workforce

Functionality\_With this web tool you can:

- \* Quickly view data on a given topic from multiple sources
- \* Compare national metrics with the same metrics measured at the regional and state level
- \* See time trends for up to 10 years
- \* Compare data across variables such as income, race, age, and insurance coverage type
- \* View data in both graphical and table format

- \* Explore the data, create custom visualizations, and export to other media

**Measures**\_Measures that are included in the Health System Measurement Project are updated annually or as new data becomes available. Look for recent and upcoming data updates on the home page. Where possible, measures were selected to align with existing HHS strategic planning and performance measurement efforts including the Department's Strategic Plan <<http://www.hhs.gov/secretary/about/priorities.html>>, the Government Performance and Results Act <<http://www.whitehouse.gov/omb/mgmt-gpra/index-gpra>>, Healthy People 2020 <<http://www.healthypeople.gov/2020/default.aspx>> and the National Strategies for Quality and Prevention <<http://www.healthcare.gov/prevention/nphpphc/strategy/>> <<http://www.healthcare.gov/news/factsheets/2012/04/national-quality-strategy04302012a.html>>.

**About the Data Sources**\_The Health System Measurement Project builds primarily on data collected from existing HHS and other Federal surveys. Data have been provided by the following agencies:

- \* <<http://www.ahrq.gov/>>Agency for Healthcare Research and Quality (AHRQ)
- \* <<http://www.cdc.gov/>>Centers for Disease Control and Prevention (CDC)
- \* <<http://www.cms.gov/>>Centers for Medicare and Medicaid (CMS)
- \* <<http://www.fda.gov/>>Food and Drug Administration (FDA)
- \* <<http://www.hrsa.gov/index.html>>Health Resources & Services Administration (HRSA)
- \* <<http://aspe.hhs.gov/>>Office of the Assistant Secretary for Planning and Evaluation (ASPE)
- \* <[http://healthit.hhs.gov/portal/server.pt/community/healthit\\_hhs\\_gov\\_onc/1200](http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov_onc/1200)> Office of the National Coordinator (ONC)
- \* <<http://www.samhsa.gov/>>Substance Abuse and Mental Health Services Administration (SAMHSA)

## Others

National Association of County and City Health Officials (NACCHO)

Roots of Health Inequity: A Free Web-Based Course and Learning Collaborative

<http://bit.ly/JIMuYX> Developed by the National Association of County and City Health Officials (NACCHO), this interactive web-based curriculum was designed to help orient staff and students, inform strategic planning processes, and develop an organizational culture and community of peers committed to tackling health inequities. A web-based course for the public health workforce. "Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death." These first words from the WHO Commission on Social Determinants of Health Final report entitled Closing the Gap in A Generation: Health Equity Through Action on the Social Determinants of Health highlight the deep connection between lived experience, social injustice, and systemic inequities in rates of mortality, morbidity and life expectancy among different groups.

**Purpose:** This course provides an online learning environment from which to explore root causes of inequity in the distribution of disease, illness, and death. Funded by the National Center for Minority Health and Health Disparities, National Institutes of Health, its audience is primarily the local public health workforce. It seeks to ground participants in the concepts and strategies that could lead to effective action. The site offers a starting place for those who want to address systemic differences in health and wellness that are, actionable, unfair, and unjust. As a participant in the learning collaborative you will have a chance to explore concepts and strategies by working through five critical questions:

- (1) *Where Do We Start?* Explore the relationship among changing the culture of our organizations, engaging community members, and negotiating with political pressures strategically (UNIT 1: Where Do We Start?). This unit provides Continuing Education by participating in specified activities.
- (2) *What Are "Frames" and How Do They Influence Public Health Practice?* Consider how "mental models" or "frames" influence public health work. Discuss how values, assumptions, and interests affect the capacity for addressing health inequities (UNIT 2: Perspectives on Framing).
- (3) *What Can History Teach Us about the Role of Public Health and Public Health Practitioners?* Explore the transformation of public health during the last 150 years, including the forces that advanced or limited the field (UNIT 3: Public Health History).
- (4) *What Are the Root Causes of Health Inequities?* Examine the importance of class structure, racism, and gender inequity in the development of health inequities (Unit 4: Root Causes).
- (5) *What Are the Principles of Social Justice?* Explore the principles of social justice and ways to influence the institutions and agencies that generate health inequity. (Unit 5: Social Justice).

The Community Tool Box Bringing Solutions to Light

Work Group for Community Health and Development, University of Kansas - 2011

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

Spanish: <http://bit.ly/kEY9wF> Caja de Herramientas Comunitarias - Recursos prácticos

The Community Tool Box is a global resource for free information on essential skills for building healthy communities. Promoting community health and development by connecting people, ideas and resources. Here there are the list of 6 Chapters through which you can reach nearly 300 different sections providing practical, step-by-step guidance in community-building skills. Other tools can be located from the purple tabs at the top of this page. *Part A. Models for Promoting Community Health and Development: Gateways to the Tools (Chapters 1 - 2)*

- [Chapter 1. Our Model for Community Change and Improvement](#)
- [Chapter 2. Other Models for Promoting Community Health and Development](#)

Contains an overview of the CTB (Chapter 1, Section 1) and frameworks for guiding, supporting and evaluating the works of community and system change.

*Part B. Community Assessment, Agenda Setting, and Choice of Broad Strategies (Chapters 3 - 5)*

- [Chapter 3. Assessing Community Needs and Resources](#)
- [Chapter 4. Getting Issues on the Public Agenda](#)
- [Chapter 5. Choosing Strategies to Promote Community Health and Development](#)

Contains information about how to assess community needs and resources (e.g. conducting listening sessions, analyzing problems) how to get issues on the public agenda (e.g., gaining public support), and how to choose broad strategies to promote community health and development (e.g., building coalitions).

*Part C. Promoting Interest and Participation in Initiatives (Chapters 6 - 7)*

- [Chapter 6. Promoting Interest in Community Issues](#)
- [Chapter 7. Encouraging Involvement in Community Work](#)

Contains information about how to promote interest in an issue (e.g., persuasion, press releases, and newsletters) and how to encourage involvement (e.g., among diverse groups).

*Part D. Developing a Strategic Plan, Organizational Structure, and Training System(Chapters 8 - 12)*

- [Chapter 8. Developing a Strategic Plan](#)
- [Chapter 9. Developing an Organizational Structure for the Initiative](#)
- [Chapter 10. Hiring and Training Key Staff of Community Organizations](#)
- [Chapter 11. Recruiting and Training Volunteers](#)
- [Chapter 12. Providing Training and Technical Assistance](#)

Contains information about developing a strategic plan (e.g., vision, mission, action plan) and organizational structure (e.g., bylaws, board of directors) and hiring and training staff, recruiting and training volunteers, and providing technical assistance.

*Part E. Leadership, Management, and Group Facilitation (Chapters 13 - 16)*

- [Chapter 13. Orienting Ideas in Leadership](#)
- [Chapter 14. Core Functions in Leadership](#)
- [Chapter 15. Becoming an Effective Manager](#)
- [Chapter 16. Group Facilitation and Problem-Solving](#)

Contains information about the core functions of leadership (e.g., building relationships, influencing people), management (e.g., providing supervision and support), and group facilitation (e.g., leading meetings).

*Part F. Analyzing Community Problems and Designing and Adapting Community Interventions (Chapters 17 - 19)*

- [Chapter 17. Analyzing Community Problems and Solutions](#)
- [Chapter 18. Deciding Where to Start](#)
- [Chapter 19. Choosing and Adapting Community Interventions](#)

Contains information about analyzing community problems (e.g. thinking critically), designing an intervention (e.g. identifying those who can benefit and help), and choosing and adapting interventions for different cultures and communities.

*Part G. Implementing Promising Community Interventions (Chapters 20 - 26)*

- [Chapter 20. Providing Information and Enhancing Skills](#)
- [Chapter 21. Enhancing Support, Incentives, and Resources](#)
- [Chapter 22. Youth Mentoring Programs](#)
- [Chapter 23. Modifying Access, Barriers, and Opportunities](#)
- [Chapter 24. Improving Services](#)
- [Chapter 25. Changing Policies](#)
- [Chapter 26. Changing the Physical and Social Environment](#)

Contains information on illustrative interventions using the strategies of providing information and enhancing skills, enhancing support and resources, youth mentoring, modifying access and barriers, improving services, changing policies, and changing the physical and social environment.

*Part H. Cultural Competence, Spirituality, and the Arts and Community Building (Chapters 27 - 29)*

- [Chapter 27. Cultural Competence in a Multicultural World](#)
- [Chapter 28. Spirituality and Social Action \(this chapter is under construction\)](#)
- [Chapter 29. The Arts and Community Building: Celebrating, Preserving, and Transforming Community Life \(this chapter is under construction\)](#)

Contains information on building cultural competence in a multicultural world, spirituality and community action, and the arts and community building.

*Part I. Organizing for Effective Advocacy (Chapters 30 - 35)*

- [Chapter 30. Principles of Advocacy](#)
- [Chapter 31. Conducting Advocacy Research](#)
- [Chapter 32. Providing Encouragement and Education](#)
- [Chapter 33. Conducting a Direct Action Campaign](#)
- [Chapter 34. Media Advocacy](#)
- [Chapter 35. Responding to Counterattacks](#)

Contains information on principles of advocacy (e.g., recognizing allies and opponents), conducting advocacy research, providing encouragement and education, conducting a direct action campaign (e.g., personal testimony letters), media advocacy, and responding to opposition.

*Part J. Evaluating Community Programs and Initiatives (Chapters 36 - 39)*

- [Chapter 36. Introduction to Evaluation](#)
- [Chapter 37. Operations in Evaluating Community Interventions](#)
- [Chapter 38. Methods for Evaluating Comprehensive Community Initiatives](#)
- [Chapter 39. Using Evaluation to Understand and Improve the Initiative](#)

Contains information on developing a plan for evaluation, methods for evaluation, and using evaluation to understand and improve the initiative.

*Part K. Maintaining Quality and Rewarding Accomplishments (Chapters 40 - 41)*

- [Chapter 40. Maintaining Quality Performance](#)
- [Chapter 41. Rewarding Accomplishments](#)

Contains information on achieving and maintaining quality performance, obtaining and using feedback from clients, arranging celebrations, providing incentives to staff and volunteers, holding awards ceremonies, and honoring colleagues and community champions.

*Part L. Generating, Managing and Sustaining Financial Resources (Chapters 42 - 44)*

- [Chapter 42. Getting Grants and Financial Resources](#)
- [Chapter 43. Managing Finances](#)
- [Chapter 44. Investing in Community Resources](#)

Contains information on writing a grant application, planning for financial sustainability, preparing an annual budget, accounting basics, contracting for service and establishing a micro-grants program for your community.

*Part M. Social Marketing and Institutionalization of the Initiative (Chapters 45 - 46)*

- [Chapter 45. Social Marketing of Successful Components of the Initiative](#)
- [Chapter 46. Planning for Long-Term Institutionalization](#)

Contains information on conducting a social marketing effort (e.g., promoting awareness, interest and behavior change), and planning for the long-term sustainability of the effort (e.g., becoming a line item in an existing budget).

[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](#)