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About this newsletter...

The Kellogg Connection is a monthly electronic newsletter that connects W.K. Kellogg programs: Kellogg Health Scholars, Scholars in Health Disparities, Community Health Scholars, Kellogg Fellows in Health Policy Research and H. Jack Geiger Congressional Health Policy Fellows.

KConnection is produced by the Kellogg Health Scholars Program, a program of the [Center for Advancing Health \(CFAH\)](#).

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National Program Office
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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?

SOUNDING BOARD

Congratulations Kellogg Scholars and Fellows

Dr. Lawrence Brown, Kellogg Health Scholar, joined Delegate Melvin Stukes to testify at a Judiciary Committee hearing regarding state house bills 235 & 237 in the Maryland General Assembly on February 14. Both bills would help the men in central Baltimore obtain employment, and ultimately, higher quality health insurance. Dr. Brown has also engaged in other policy advocacy efforts as a part of his CBPR project and intervention called "You're the Quarterback: Gameplan for Life". On February 28, Lawrence led a group of five men from Union Baptist Head Start to another Judiciary Committee hearing to learn about the legislative process. The men were excited and impressed by what they witnessed and may testify in the future.

Barbara Krimgold has accepted an invitation to serve as a Scientific Advisory Committee member of Global Camps Africa. Global Camps Africa is an organization that changes the lives of South Africa's vulnerable children and youth by providing HIV/AIDS prevention education and training through a high-impact residential and day camp experiences and continuing education, equipping young people with the life skills that will support them in becoming safe and productive adults who have hope for the future.

Dr. Michael Lindsey, Community Health Scholars Program (CHSP) alumnus, has received a new National Institute of Mental Health-funded award: "Targeted Intervention to Increase Mental Health Treatment among Depressed Black Adolescents."

Dr. Dawn Richardson, Kellogg Health Scholar, very recently had a paper published in the Journal of Urban Health: Richardson, D.M., Nuru-Jeter, A.M. (2012). Neighborhood contexts experienced by young Mexican-American women: Enhancing our understanding of risk for early childbearing. Journal of Urban Health, 89(1), 59-73.

Dr. Karen Kim Yeary, CHSP alumna, gave birth to her son, Isaac, the day after Christmas. Both mom and son are doing well!

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ANNOUNCEMENTS

The 2012 KHSP Annual Meeting will be held June 6-8, 2012, at Hotel Palomar in Washington, DC. Please do not forget to register for the meeting no later than Friday, March 23.

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

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SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet Kellogg Health Scholar Program alumna, Terrinieka Williams, PhD...

Any recent publications?
Do you have any
experience or advice to
share?
Let us know! Email:
healthscholars@cfah.org

Contributions:
To contribute information,
resources or
announcements to Kellogg
Connection, e-mail
kconnection@cfah.org.

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

Please update our files if
your email or mailing
address has changed or
will change. We want to
keep our Scholars network
as up-to-date and well-
connected as possible!
Please send any changes
to mbjones@cfah.org or
healthscholars@cfah.org.

Dr. Terrinieka Williams completed her BA in Psychology from Williams College and her PhD in Community Psychology from DePaul University. Dr. Williams' conducts research that has theoretical, practical, and policy implications in three complementary areas: (1) African American adolescent well-being, (2) educational and health disparities, and (3) community-engaged research using a variety of approaches and methodologies.

As a Kellogg Health Scholar in the Community Track at the University of Michigan, Dr. Williams worked on the YOUR Blessed Health (YBH) Project, an HIV/AIDS education program being conducted in African American faith-based organizations (FBOs) in Flint, MI. In addition to participating in the overall evaluation of YBH, she also worked with churches who had not yet participated in YBH to better understand the ways in which FBOs might play a role in adolescent sexual education and decision-making. The goals of this study were to: 1) learn how congregants believe faith institutions influence adolescent decision making; and 2) document sexual health resources that are available for adolescents within faith institutions. She and her partners disseminated the findings through a community report to the participating churches, presentations at national conferences, and peer-reviewed manuscripts, which are under review and in preparation.

Dr. Williams transitioned into her position as an Assistant Professor at Johns Hopkins Bloomberg School of Public Health in the Department of Population, Family and Reproductive Health in August 2011. There, she is also a core faculty member in the Johns Hopkins Center for Adolescent Health. She continues to work with faith communities and faith leaders in Memphis (with Dr. Latrice Pichon, KHSP-CT alum) and Baltimore (with Dr. Janice Bowie, KHSP-Hopkins Site Director, and other colleagues) around sexual health programming for African American young people. She is a consultant and investigator on grants focusing on HIV providers, youth ministers and faith leaders' attitudes, beliefs and concerns with discussing sexual health issues in faith settings. She recently applied for a federal and private funding to better understand the sexual health training of faith leaders and the religious experiences of young Black MSM. Her long term goals are to (1) help families and faith communities create a shared vision of adolescent sexual health messaging, and (2) design, implement, and evaluate a cost-effective, sustainable multi-level sexual health intervention that involves social networks (e.g., peer and family) and social institutions (e.g., faith communities).

Of the contribution that the KHSP Program made to her career, Terri comments, "The Kellogg Health Scholars Program gave me the time, space, and resources to become a better writer, a thoughtful researcher, and a competent grant seeker. Not only did I have the good fortune of receiving excellent mentorship and developing very close friendships within the Kellogg family, but I also had the opportunity to work with and learn from a number of supportive faculty members across the campus at the University of Michigan. I am extremely grateful for the knowledge and networks I gained as a postdoctoral fellow in the Kellogg Health Scholars program."

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ARCHIVED KHSP E-WORKSHOPS

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

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

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

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FUNDING

Center for Medicare & Medicaid Innovation
Strong Start Campaign - New Funding Opportunities for Testing New
Approaches to Prenatal Care

LOI Deadline: March 21, 2012 (5:00 p.m. EST)

Application Deadline: June 13, 2012 (5:00 p.m. EST)

As part of the Strong Start campaign, CMS has released a funding opportunity announcement to reduce the frequency of premature births - medically defined as less than 37 weeks of gestation - in pregnant Medicaid beneficiaries. Under this initiative, the CMS Innovation Center will award up to \$43.2 million through a competitive process to providers, States, and managed care plans to achieve better care, improved health, and lower costs for pregnant Medicaid beneficiaries and their newborns. Announcement details at <http://innovation.cms.gov/initiatives/Strong-Start/Funding-Opportunity-for-Testing-New-Approaches-to-Prenatal-Care.html>.

National Institutes of Health, **Eunice Kennedy Shriver** National Institute of Child Health and Human Development ([NICHD](#))
Academic-Community Partnership Conference Series (R13)
(PAR-12-102)

Deadline(s): April 10, 2012, October 17, 2012, October 17, 2013

The **Eunice Kennedy Shriver** National Institute of Child Health and Human Development (NICHD) encourages Research Conference Grant (R13) applications to conduct health disparities-related meetings, workshops, and symposia. The purpose of the Academic-Community Partnership Conference Series is to bring together academic institutions/organizations and community organizations to identify opportunities for addressing health disparities through the use of Community-Based Participatory Research (CBPR). The objectives of meetings conducted as part of this award will be to: (1) establish and/or enhance academic-community partnerships; (2) identify community-driven research priorities, and (3) develop long-term collaborative CBPR research agendas. Thus, it is expected these partnerships will lead to grant applications for the support of CBPR projects designed to meet identified community needs. The areas of focus for these partnerships may include one or more of the following community-health issues: infant mortality; Sudden Infant Death Syndrome (SIDS); fibroid tumors; childhood, adolescent, and/or adult obesity; health literacy; techniques for outreach and information dissemination; pediatric and maternal HIV/AIDS prevention; and violence prevention. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-12-102.html>.

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CALL FOR SUBMISSIONS

Call for Abstracts - Intercultural Cancer Council
Biennial Symposium on Minorities, the Medically Underserved & Health Equity
Empowering Communities in the Era of Health Care Reform
Hilton America's Hotel

Houston, Texas

June 27-July 1, 2012

Deadline (extended): March 30, 2012

On behalf of the 12th Symposium on Minorities, the Medically Underserved & Health Equity, we would like to offer an opportunity for you and your organization to share the important work you are accomplishing within your community. Our theme this year is "*Empowering Communities In the Era of Health Care Reform.*" In keeping with this theme, the ICC invites papers that specifically address the following:

- Basic, clinical, and behavioral research,
- Community-based program research and evaluation,
- Health services research,
- Health policy research, or
- Successful implementation of community-based programs.

We are interested in papers and projects that address the disproportionate impact of cancer and chronic disease on racial, ethnic and medically underserved populations. Appropriate topics include the major cancer sites, or cancer sites with disparate rates for specific population groups; diet, nutrition and obesity; environmental factors; tobacco; family history and genetics; cultural competency; health services research (including access and quality of care) and health statistics; community and faith-based health interventions; quality of life and end of life concerns; public health policy; children and the elderly; and survivorship and caregivers. For the community-based success stories (CBSS), we are specifically looking for examples of successfully engaging policy makers; building and maintaining coalitions; measuring outcomes; addressing social determinants of health; preventing chronic diseases; and screening, treatment and survivorship. To be inclusive of the rich diversity of research, intervention and best practices that affect the health of minority populations, we welcome abstracts from students, professionals and community members. In addition to evaluating abstracts for quality, conference planners will give consideration to the

importance of ethnic and geographic diversity in determining the conference program. Each oral presentation will be limited to 15 minutes. Abstracts not selected for oral presentation will automatically be considered for a poster presentation. A laptop computer, projector and PowerPoint software will be available for all presenters. As the Symposium is striving to go "green," we plan to upload slide presentations and/or handouts to the conference website for later download by participants and the public. As such, we will not be reproducing any handouts for these sessions. Your submission implies consent to post your abstract, slide presentation and any handouts on the conference website, which will be viewable by the larger public. Details at <http://www.iccnetwork.org/>.

Call for Applications and Nominations - American Public Health Association
APHA Boards and Committees

Deadline: March 31, 2012

If you are interested in applying for a position for these or any other leadership positions go to *Open APHA Position Descriptions*:

<http://www.apha.org/about/gov/leadership/Full+list+of+2012+Open+Positions.htm>. More

information about APHA governance can be found attached to this email and at:

<http://www.apha.org/about/gov/>.

If you are interested in providing a nomination, please fill out and submit the Leadership Appointment Nomination Form <http://www.apha.org/NR/rdonlyres/77E42ECB-03E3-4B82-87EB-A6B6B1B31AC3/0/LrdshpApptNomForm2011.pdf>.

Call for Reviewers - National Center for Health Statistics

2012 National Conference on Health Statistics

Deadline: April 16, 2012

The call for abstracts for the 2012 National Conference on Health Statistics is now open and will close on April 16, 2012. The objective of this year's Poster Session is for researchers to present original research on health, health data and statistics and to provide a forum for discussion with colleagues interested in their research. This year there is special focus on student research. We plan to recognize the best student abstracts with an offer to present their research in a special scientific session. Also, student posters will be judged during the conference and the winners recognized during the plenary session on the last day of the conference. For additional information, visit: <http://www.cdc.gov/nchs/events/2012nchs/index.htm>.

Call for Nominations - American Public Health Association (APHA)

2012 APHA Awards Program

Deadline: April 20, 2012

The American Public Health Association is now accepting nominations for its 2012 APHA Awards Program. Nominate a colleague who exemplifies outstanding professionalism and dedication, and has made extraordinary contributions to the field of public health. Membership is not required for nomination to several of APHA's national awards. Awards will be presented at the 140th APHA Annual Meeting and Exposition, Oct. 27-31, 2012, in San Francisco. The deadline for nominations is April 20, 2012. Awards description, criteria and nomination forms are available at www.apha.org/about/awards. For more information contact deborah.dillard@apha.org or 202-777-2442.

[Sedgwick Memorial Medal](#) - recognizes an individual for outstanding accomplishments in the field of public health and is APHA's oldest and most prestigious honor

[APHA Award for Excellence](#) - honors a living individual for creative work in applying scientific knowledge or innovation to improve community health

[David P. Rall Award for Advocacy in Public Health](#) - recognizes an individual who has made outstanding contributions to public health through science-based advocacy

[Martha May Eliot Award](#) - honors a professional worker in the field of maternal and child health

[Milton and Ruth Roemer Prize for Creative Local Public Health](#) - is awarded to a health officer of a county, city or other unit of local government in recognition of outstanding creative and innovative public health work

[Helen Rodriguez-Trias Social Justice Award](#) - is awarded to an individual who has worked toward social justice for underserved and disadvantaged populations

[Sidel-Levy Award for Peace](#) - is presented to an APHA member who has made outstanding contributions to preventing war and promoting international peace

[Jay S. Drotman Memorial Award](#) - recognizes the career of a promising young public health professional or student

[Student Assembly Public Health Mentoring Award](#) - recognizes an APHA member for their essential role of mentoring in public health and leadership development

Call for Papers - **Health Education & Behavior**

Systems Science Applications in Health Promotion and Public Health

Deadline: May 1, 2012

Health Education & Behavior (HE&B), in collaboration with the Office of Behavioral and Social Sciences Research (OBSSR), the Fogarty International Center (FIC), the National Cancer Institute (NCI), the National Institute on Dental and Craniofacial Research (NIDCR), and the National Institute on Aging (NIA), at the National Institutes of Health (NIH), intends to publish a special issue of the journal devoted to the topic of systems science. This issue will showcase the application of various systems science methodologies to health promotion and public health research questions. Particular methodologies of interest include, but are not limited to: system dynamics modeling, agent-based modeling, network analysis, microsimulation, operations research, and various engineering approaches. The goal of the special issue is to acquaint the readership of HE&B with the potential for systems science methodologies to address population health problems and to showcase current efforts in this area. We expect the special issue will appeal to researchers, public health practitioners, and policymakers.

Submission Requirements: All manuscripts should be submitted online at the HE&B submission portal at <http://mc.manuscriptcentral.com/heb>. The site contains detailed instructions on how to submit and track the progression of a manuscript through the review process. To be considered for inclusion in this series, manuscripts must be submitted by May 1, 2012. Earlier submissions are encouraged. We also request that the corresponding author send a brief electronic message as soon as possible to the guest editors describing the focus of the manuscript that is intended for submission. All papers will undergo standard peer review by the HE&B editors, guest editors, guest editorial board, and peer referees, as defined by HE&B policy. The HE&B Web site provides detailed instructions for authors; see: http://www.sagepub.com/journalsProdDesc.nav?ct_p=manuscriptSubmission&prodId=Journal200851.

To view the full announcement, please click on the link below:

<http://www.sophe.org/Sophe/PDF/HEBCFPSSinPH.pdf>

Guest Editors:

Patricia L. Mabry, Ph.D., Office of Behavioral and Social Science Research National Institutes of Health, E-mail: mabryp@od.nih.gov

Bobby Milstein, Ph.D. M.P.H., Hygeia Dynamics Policy Studio, E-mail: bobby@hygeiadynamics.net

For further information or questions, please contact Amanda Schnitzer, HEB Editorial Manager at aschnitzer@sophe.org.

Call for Papers - National Center for Health Statistics
2012 Conference on the National Survey of Family Growth
NCHS Offices
Hyattsville, MD
October 17-18, 2012

Deadline: June 18, 2012 (5:00 p.m. EDT)

The National Center for Health Statistics (NCHS) announces the 2012 Research Conference on the National Survey of Family Growth (NSFG) and issues this Call for Papers. The Conference will be held on Wednesday and Thursday October 17 and 18, 2012, at NCHS located in Hyattsville, Maryland, just outside Washington, DC. The purpose of the conference is to present and discuss original, unpublished analyses of the National Survey of Family Growth. Participants in the conference (discussants and 1 presenter per accepted paper) will be reimbursed for travel and lodging expenses. About 20 papers will be accepted for presentation at the conference. Topical sessions will be organized around the themes represented by the accepted papers.

Papers are welcome on any topic, provided the principal data source is the 2006-2010 National Survey of Family Growth. Use of earlier NSFG cycles 1-6 is also welcome. *Papers or extended abstracts* (3 or more pages) should be submitted electronically in *one file* with first author's last name in title (PDF or Word format) to nsfg@cdc.gov. All submissions will be acknowledged by email within 1 business day. If preferred, submissions may also be sent by overnight mail for receipt by 5 pm EDT Monday, June 18, 2012. Please include full contact information, including email address, so that confirmation can be sent. William Mosher, PhD or Jo Jones, PhD National Center for Health Statistics 3311 Toledo Road, Room 7307 Hyattsville, MD 20782, 301-458-4222

Authors will be notified by e-mail of acceptance or rejection of their papers by 5 pm EDT Wednesday, July 18, 2012. The 2006-2010 NSFG data are based on interviews with 22,682 men and women aged 15-44 years. Some of the topics that may be studied with the NSFG are:

- * male or female fertility; contraceptive use; infertility;
- * marriage and cohabitation; attitudes toward family life;
- * reproductive health, including use of health care;
- * HIV/STD risk-related behavior, sexual behavior and sexual identity/orientation;
- * parenting activities by men (fatherhood roles); and
- * socio-economic, religious, and contextual variations in these behaviors.

Public use data and documentation files (questionnaires, user's guides, and codebooks) for all cycles of the NSFG are available on the NSFG website (www.cdc.gov/nchs/nsfg.htm). In addition to the main public use data files, Audio CASI data files (of the more sensitive items) and Contextual Data Files are also available. Instructions for obtaining access to these files are available on the web site or by e-mailing nsfg@cdc.gov. For further information, please contact

the NSFG staff at nsfg@cdc.gov or 301-458-4222.

Call for Papers and Products - **Progress in Community Health Partnerships**, CES4Health.info and the Albert Einstein College of Medicine of Yeshiva University

Theme: Maximizing Community Contributions, Benefits, and Outcomes in Clinical and Translational Research

Deadline: August 6, 2012

Progress in Community Health Partnerships (PCHP), CES4Health.info (CES4H) and the Albert Einstein College of Medicine of Yeshiva University are collaborating on a Call for Papers and Products on the theme of "Maximizing Community Contributions, Benefits, and Outcomes in Clinical and Translational Research." PCHP is a peer-reviewed print and online journal that publishes articles on community-partnered research, education and programs that improve the public's health. CES4H is an online mechanism for peer-reviewed publication and dissemination of diverse products of community-engaged research, education and programs that are in forms other than journal articles (e.g., training videos, curricula, policy reports, assessment tools, online toolkits). Our goal in releasing this themed call is to highlight the perspectives and voices of community partners of Clinical and Translational Science Awardees (CTSAs) and other research institutions in the full spectrum of clinical and translational research conducted with the intention of improving the health of communities. We are particularly interested in understanding the accomplishments, best practices and challenges that community partners have experienced in their engagements with CTSAs 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. The deadline for submitting papers and products in response to this themed call is August 6, 2012. **A conference call to answer questions from authors who plan to submit papers and/or products in response to this themed call will be held on March 22, 2012, from 2-3:30 pm Eastern time.** Participation on the conference call is optional, and answers to questions asked on the call will be posted afterwards on the PCHP and CES4H websites. Register online for the call at <http://bit.ly/wGo8qZ> (please note the website is down on Wednesdays from 8-10 am ET for routine maintenance). There will also be opportunities to consult with the editors of PCHP and CES4H during the Community-Campus Partnerships for Health Conference, April 18-21, 2012, in Houston, TX. For more information about the conference, visit <http://bit.ly/hFPPIr>. Learn more about PCHP at http://www.press.jhu.edu/journals/progress_in_community_health_partnerships/ and follow the latest PCHP news at <http://twitter.com/PCHP>. Learn more about CES4H at <http://CES4Health.info> and follow the latest CES4H news at <http://twitter.com/CES4Health>. This themed call for papers and products is made possible by an Administrative Supplement Award to the Einstein-Montefiore Institute for Clinical and Translational Research from the National Institute of Health's National Center for Research Resources and National Center for Advancing Translational Sciences, grant number 3UL1RR025750-04S2. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH.

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CAREER DEVELOPMENT

Centers for Disease Control and Prevention, Division of Notifiable Diseases and Health Care Information, Public Health Surveillance and Informatics Program Office, Office of Surveillance, Epidemiology, and Laboratory Services, Atlanta, GA

Health Scientist/Informatician/Statistician

Deadline: March 22, 2012

The Division of Notifiable Diseases and Health Care Information (DNDHI), Public Health Surveillance and Informatics Program Office (PHSIPO), Office of Surveillance, Epidemiology, and Laboratory Services (OSELS) is seeking an exceptional health scientist/informatician/statistician to serve as the chief of its Information Systems and Statistical Support Branch in Atlanta, GA. The mission of PHSIPO is to advance the science and practice of public health surveillance that accelerates effective public health decision-making and actions. This is accomplished by managing surveillance systems with cross-CDC utility; developing new information sources, analytic methods, and tools for addressing common challenges in surveillance practice; engaging and supporting CDC programs and external partners, particularly those in health departments; having answers to common questions about surveillance practice & policy; using a multidisciplinary approach; contributing to public health emergency preparedness and response by enhancing biosurveillance capacities; and anticipating changes in healthcare, the determinants of public health, and information technologies that shape surveillance practice. DNDHI plays a critical role in this mission by maintaining and improving the operations of surveillance systems already in existence (such as the Nationally Notifiable Disease Surveillance Systems (NNDSS) and BioSense), as well as the development of new surveillance capacities that are based on links

between public health and health care providers. Development of new surveillance capacities will draw on the increasing automation of health care records and information systems, including opportunities for local, state, and national public health functions arising from the growth of health information exchanges, the Patient Protection and Affordable Care Act, and the "meaningful use" provisions of the Health Information Technology for Economic and Clinical Health (HITECH) Act of the American Recovery and Reinvestment Act. The incumbent serves as chief of the Information Systems and Statistical Support Branch (ISSSB) responsible for planning, developing, directing and providing statistical, data management, informatics and information system leadership. Responsible for managing contracts in support of the information technology needs of both the BioSense Program and the National Notifiable Diseases Surveillance System in an applied public health surveillance program. Directs research of statistical and data management methodologies relevant for applied public health surveillance (including notifiable disease, syndromic, and health services-based surveillance). As part of the senior management team, serves as the advisor to the Division Director, other senior officials, CDC, DHHS, ONC and other Federal, state, and private officials on matters concerning the statistical and data management- and informatics-related principles and practices of public health surveillance; provide leadership in addressing public health issues of national interest; and directs initiatives to develop new and improved statistical methods and techniques for analyzing and interpreting health surveillance data. As Branch Chief, responsible for the overall management and supervision of the analytical, research, and applied surveillance program activities and personnel assigned. Because the surveillance systems managed by this division depend on surveillance systems managed by state, local, and territorial health departments throughout the United States. In for conditions that span numerous parts of CDC, the ability to collaborate effectively with colleagues both within and outside CDC is essential. Applications for the position should be submitted by Thursday, March 22, 2012 through the USAJOBS website (www.usajobs.gov).

USAJOBS Announcements:

Supervisory Health Scientist/ Supervisory Statistician (Interdisciplinary), GS-601-15 and GS-1530-15

Supervisory Health Scientist/ Statistician (internal): HHS-CDC-MP-12-601911 Supervisory Health Scientist/Statistician (external): HHS-CDC-DE-12-600266

For additional information about this job, please contact Kathleen Gallagher, D.Sc., MPH by email at kxg7@cdc.gov or by phone at 404-498-6631. **If you are USPHS Commissioned Corps Officer interested in applying for this position, you do NOT have to submit an application through USAJOBS. Instead, please send your cover letter and CV directly to Kathleen Gallagher, D.Sc., MPH at kxg7@cdc.gov.

London School of Hygiene & Tropical Medicine (University of London), Faculty of Epidemiology & Population Health
Research Fellows/Lecturer

We have an exciting opportunity for a full time epidemiologist/statistician to join the Centre for Global Mental Health as a Research Fellow/Lecturer for 3 years to work on the NIMH funded project SHARE (South Asian Hub for Advocacy, Research and Education on mental health). SHARE is one of three Hubs funded by the NIMH (with another two Hubs to be funded in 2012) which will work as a collaborative network to promote global mental health research and capacity building. The long range goal of SHARE is to establish a collaborative network of institutions in South Asia to carry out and to utilize research that answers policy relevant questions related to reducing the treatment gap for mental disorders in the region. The research component of SHARE will develop an innovative, effective and sustainable approach for the delivery of an established psychological treatment that reduces the burden of depression in mothers in South Asia. We aim to adapt an existing evidence-based intervention so that it can be delivered by peer counselors - experienced women living in the same community - in partnership with established community health workers (CHWs). The effectiveness of the resulting intervention will then be evaluated through randomised controlled trials in three diverse settings in South Asia: Rawalpindi, Pakistan (rural), Goa India (urban), and a conflict setting (Swat, Pakistan). The successful candidate will be expected to provide epidemiological support to the development of the interventions, the design of the randomized control trials, and the analysis and dissemination of data arising from the project. They will also support other areas of the project as necessary, including a shared research project with other hubs, capacity building activities such as mentoring Fellows from South Asia, and communication and dissemination activities. Ideal applicants will have a postgraduate degree in a related discipline (for example epidemiology, statistics or clinical trials), with experience of conducting fieldwork, trial management or project management (preferably in a low resource setting), experience in statistical analysis, a broad understanding of public health, and have excellent written and oral communication skills in English. Programme or research experience in global mental health and experience in qualitative research methods and behaviour change interventions would be an advantage.

The appointment is available from 1 June 2012, initially for 3 years, with possibility of extension. The appointment will be based in the Faculty of Epidemiology and Population Health. The appointment will be on the non-clinical academic scale, with a starting salary in the range of

£35,511 to £47,502 per annum inclusive. The post will be subject to the LSHTM terms and conditions of service. Membership of the USS Pension Scheme is available. Applications should be made on-line via our website at <http://jobs.lshtm.ac.uk>. The reference for this post is VP-MDS. Any queries regarding the application process may be addressed to jobs@lshtm.ac.uk. Applications should also consist of a curriculum vitae, including a list of publications, with your 4 best publications since January 2008 highlighted, and the names of 2 referees that can be contacted immediately if shortlisted. Potential applicants are encouraged to contact Dr Mary De Silva mary.desilva@lshtm.ac.uk.

National Cancer Institute's Division of Cancer Control and Population Sciences Health Scientist

The Department of Health and Human Services (DHHS), National Cancer Institute's (NCI), Division of Cancer Control and Population Sciences (DCCPS), Implementation Science Team is seeking a health scientist with implementation or dissemination research experience to participate as an active team member on ongoing initiatives and to take leadership on new and emerging projects across the cancer continuum. Both the discipline and content area expertise are open, but the candidate should be a generalist and able to work well with a variety of transdisciplinary groups and organizations, and to function independently. Examples of areas in which there are ongoing projects and collaborations include tobacco control, shared decision-making, global health, patient-centered medical care and patient reported measures, behavioral and organizational processes in health care, interventions for complex, comorbid patients, and community-based cancer control and health disparities reduction. This person will work in collaboration with a talented group of scientists, program directors, analysts, fellows, contractors, and administrative staff across not only DCCPS, but also with other institutes at the National Institutes of Health and other HHS agencies such as the Centers for Disease Control and Prevention (CDC) and Health Resources Services Administration, Bureau of Primary Care. Partnerships with university and practice settings will focus on advancing research on innovative scientific methods and approaches (e.g., community-based participatory research, data harmonization and analytic tools, implementation theory testing and application, multidisciplinary research tools) and will work collaboratively with the Deputy Director to lead new initiatives. The DCCPS provides a unique and nationally visible multidisciplinary environment and participates in NCI's many internship, postdoctoral training, and visiting scientist programs. The implementation scientist will enjoy a scientifically energizing and collegial environment with ample opportunities to: Lead and participate in transdisciplinary research collaborations among public, private, and academic stake holders; Develop national and international scientific programming (e.g., symposia, special journal issues and supplements, conferences, and workshops); Contribute to trainings in implementation science; Conduct research, publish, and present at professional meetings; and Interact with external grantees and applicants to encourage and secure the highest quality applications to dissemination and implementation grant mechanisms. Candidates must have earned a PhD or equivalent in public health including health policy or health economics, behavioral sciences, social sciences, quantitative sciences, medicine, or related areas. Successful candidates will have a strong record of publications and extramural funding as well as experience and expertise in one or more areas related to the mission of the team see (<http://cancercontrol.cancer.gov/is>). Salary range for this position is dependent upon qualifications and experience (GS- 13 or 14 pay grade, which is advanced assistant professor/ beginning associate professor level). The work site location is the Washington, D.C. suburb of Rockville, Maryland. Citizenship or permanent residence in the United States is required. Excellent benefits are provided; a relocation package is negotiable. All applicants will receive consideration without regard to ethnicity, gender, national origin, age, religion, disability, or sexual orientation. The Department of Health and Human Services (DHHS), National Institutes of Health (NIH) and NCI are Equal Opportunity Employers. Please submit a letter of interest indicating how qualifications fit with the opportunities above, a CV, and two representative publications to Arline Sanchez (arline.sanchez@nih.gov). For questions about the position contact Dr. Russell E. Glasgow, Deputy Director, Implementation Science (glasgowre@mail.nih.gov) and Ms. Sanchez. Applications will be considered until the position is filled. For more information about NCI, and this division and implementation science team, visit: <http://cancercontrol.cancer.gov/is/>.

National Center for Health Statistics

Service Fellowship in Survey Data Analysis and Quality Assurance

Deadline: March 16, 2012

Fellowship position for work on the National Health Interview Survey

Duration: 24-months with potential for extension up to 5 years.

Eligible: U.S. citizens and legal permanent residents with a work authorization

Education requirement: master's degree or higher from a recognized college or university in a social or behavioral science, statistics, demography, epidemiology, survey research methods, public health, or related field. Inquiries about the fellowship can be directed to Jeannine Schiller at JSchiller@cdc.gov or 301-458-4470. For more information and instructions on how to apply, visit http://www.cdc.gov/nchs/about/service_fellowship_survey_data_analysis.htm

National Institutes of Health, Center for Scientific Review
Scientific Portfolio Analysis Position

The Center for Scientific Review <<http://www.csr.nih.gov/>> (CSR), NIH is conducting portfolio studies on the composition and scientific scope of its network of 165 chartered peer review panels (study sections). In addition, CSR is evaluating methods to automate and achieve greater precision in the assignment of grant applications to these panels. Initial studies have already been completed involving the use of machine learning and bibliometric methods, as well as graph visualizations. A full time project exists for an independent postdoctoral fellow, ideally with a strong background in all the above areas, to extend these initial studies on the rich and unique dataset of grant applications submitted to NIH. The selected candidate would be expected to work full time but would also be provided training in research administration at CSR which could assist this person to be competitive for a Scientific Review Officer position. A minimum of four years postdoctoral experience is expected along with excellent oral and written communication skills. Full salary support would be provided for one year and possibly extended to a second. Interested persons should contact George Chacko (chackoge@mail.nih.gov or 301-435-1111) at the CSR Director's Office. The position is open to US citizens or aliens with valid work visas. Informal inquiries are welcomed.

National Institutes of Health, Office of Intramural Training and Education
NIH's Office of Intramural Training and Education has amassed an enormous amount of publicly accessible career development information, tailored to the biomedical sciences.

Link to Fellowships and Positions of Interest to fellows

<https://www.training.nih.gov/>

https://www.training.nih.gov/career_services/jobs

Choosing an appropriate mentor:

https://www.training.nih.gov/mentoring_guidelines

Archived videos of many NIH Office of Intramural Training & Education workshops available at:

https://www.training.nih.gov/oite_videos

https://www.training.nih.gov/events/view/2/487/EXPANDING_YOUR_CAREER_NETWORKS

Also see: NIH Undergraduate Scholarship Program <https://www.training.nih.gov/programs/ugsp>

Northeastern University, Bouvé College of Health Sciences and the School of Public Policy and Urban Affairs (SPPUA) within the College of Social Sciences and Humanities

Inter-disciplinary Faculty Position in Health and the Built Environment

Responsibilities: The Bouvé College of Health Sciences and the School of Public Policy and Urban Affairs (SPPUA) within the College of Social Sciences and Humanities at Northeastern University invite applications for an inter-disciplinary faculty position in Health and the Built Environment. We seek someone at the Tenured Associate or Full Professor level, however stellar junior candidates will also be considered. Northeastern University has a strong commitment to supporting inter-disciplinary faculty members and the tenure home will be determined based on the best match with the candidate. The ideal candidate will possess a strong record of accomplishment and innovation in teaching, research and scholarly publication who can join our strong and growing program in these areas. Principal responsibilities will include graduate and undergraduate instruction, including participation in our newly accredited MPH program in Urban Health and the graduate programs in Law and Public Policy and Urban and Regional Policy, as well as the maintenance of an active urban health and/or human geography research agenda in the Health Sciences department and Law and Public Policy program.

Qualifications: Candidates are expected to possess a doctoral degree in public health, health policy, geography, or a relevant field, with expertise in issues of health and the built environment. Additionally, an MPH degree is highly desirable. Candidates should have excellent written and communication skills as evidenced by peer-reviewed publications, teaching evaluations, and presentations at professional meetings, and demonstrate the potential to establish and maintain research funding. **Additional Information:** The Bouvé College of Health Sciences offers six majors in three schools - health professions, nursing, and pharmacy - that include 276 faculty with expertise in public health, applied psychology, speech audiology, nursing, physician assistance, pharmacy, and physical therapy; all with an interdisciplinary emphasis. The Department of Health Sciences is home to Northeastern's MPH Program in Urban Health. In addition to the MPH Program, the department consists of an undergraduate program in Health Sciences, a Masters program in Exercise Sciences and PhD program in Personal Health Informatics (in collaboration with the College of Computer and Information Science). The Department is home to the Center for Population Health and Health Disparities and is enhanced by the presence of collaborating organizations including the Institute on Urban Health Research, which has longstanding collaborations with the Boston. <https://neu.peopleadmin.com/postings/18479> . Please contact Alisa K. Lincoln (al.lincoln@neu.edu) if you have questions or seek additional information.

Stanford University, The John W. Gardner Center for Youth and Their

Communities

Social Science Research Associate

The John W. Gardner Center for Youth and Their Communities at Stanford University is seeking a Social Science Research Associate (SSRA) to conduct qualitative and quantitative research with an emphasis on policy-relevant and actionable topic areas. The SSRA will lead and contribute to quantitative research; s/he will link data across large administrative data sets, assist community partners in formulating research questions and exporting data, perform statistical analysis and write policy briefs and other products focused on topics related to youth development and education. The SSRA will also lead and contribute to qualitative research projects, conducting formative assessments of community-based programs, including data collection, coding, analysis and writing reports and briefs. For all research and analyses, the SSRA will present research findings to community partners and other stakeholders on a regular basis. The SSRA will supervise graduate level research assistants and potentially some staff; work collaboratively with other John W. Gardner Center staff; and report to the Executive Director. **Qualifications:** A doctorate in a relevant field (education, public policy, sociology, psychology, or related field) is required as is capacity to oversee graduate students as they design, carry out, and write about their research projects. Excellent oral, statistical, analytic, organizational, and interpersonal skills are required; writing as demonstrated in the candidate's own writing and publications is essential. Ability to write for multiple audiences, including policy makers and practitioners, is preferred. Demonstrated experience with quantitative analysis is also required, as is proficiency with data analysis software such as SAS (preferred), STATA, or SPSS. Proficiency in longitudinal analysis and/or hierarchical modeling preferred. Experience with qualitative data collection and analysis is also required. The candidate must have strong interpersonal and collaboration skills in working with researchers and practitioners as well as organizational skills that demonstrate her/his ability to handle multiple tasks, timelines and priorities in a team environment. Familiarity with California K-12 education data, including test scores, attendance, school discipline, and English language proficiency is preferred. This may be substituted with familiarity with juvenile justice, mental health or foster care data and programs or a related youth policy issue. Familiarity with school enrichment and youth development programs, such as after-school programs is a plus. **Application Submission:** Please apply for this position on the Stanford website at <http://jobs.stanford.edu>, position number 46371. Email or call the JGC at larissa.collins@stanford.edu or (650) 723-3099 with any questions. Stanford University is an equal opportunity employer.

University of Nebraska Medical Center, Center for Reducing Health Disparities Director

Application Instructions: Salary and faculty appointment is commensurate with experience and qualifications. Qualified applicants should submit a letter of application highlighting the aforementioned minimum qualifications, CV, and a list of three (3) professional references: via email, pcooper@unmc.edu. Also, online applications may be completed at <http://jobs.unmc.edu>. Questions can be addressed via email or by calling Paula Cooper at 402-559-9349. UNMC is an AA/EOE employer. Applicants from under-represented groups, women, and bi-lingual candidates are strongly encouraged to apply for this position. Review of applications will continue through May 1, 2012 with a negotiable start date of August 2012. The Center for Reducing Health Disparities (CRHD) is an academic unit within the CEPH accredited College of Public Health at the University of Nebraska Medical Center in Omaha, Nebraska with an annual budget that exceeds 1 million dollars. The mission of the Center is to promote health equity through research, education and community engagement and outreach in the State of Nebraska by fostering culturally competent, trustworthy and equitable relationships across the center, college, campus and in stakeholder communities. The CRHD has established and maintained a strong portfolio of community engagement and outreach and seeks to appoint a Center Director to expand the Center's efforts to include innovative health disparity related research and education. The CRHD is seeking dynamic and visionary candidates with a solid track record in leadership and productivity. Qualified applicants should demonstrate success in health disparities research collaboration education and community engagement validated through federal and non federal funding sources, peer review publications and awards. The ideal Director will strategically lead the CRHD to serve as the "core facility" to conduct robust health disparities research to increase knowledge about the etiologies of disparities and to develop and evaluate effective interventions that prevent, reduce and eliminate health disparities and achieve health equity. The CRHD Director will report directly to the Dean of the College of Public Health, and is eligible for a faculty appointment in the appropriate academic department within the College at the associate or full professor tenure leading rank. The responsibilities of the director include but, are not limited to:

ADMINISTRATIVE: (a) Represent the CRHD on the College of Public Health Leadership Council. (b) Work closely with the CRHD Deputy Director, staff, and faculty and community advisory boards to achieve the Center's vision of becoming a nationally recognized Center of Excellence in the Midwest; (c) Provide administrative leadership including budget management and staff oversight.

RESEARCH: Strengthen and implement the Center's strategic plan with a focus on establishing a robust interdisciplinary health disparities research portfolio. Such research endeavors should encourage collaboration with center, college, medical center, university, and community partners. The Center is seeking a leader that will ensure competitive applications towards state, federal, and foundation funding sources.

EDUCATION: (a) Assist with curriculum development, advise graduate students and teach relevant courses (b) Lead efforts to disseminate evidence based health disparity knowledge to academic peers, students and community partners by developing and implementing educational initiatives and training opportunities.

SERVICE: (a) Attend and participate in regularly scheduled Departmental and College seminars, conferences and meetings. (b) Attend and represent the Center, College and Campus at community events (c) Serve on college, campus and community boards and committees. (d) Initiate community based opportunities for public health practice and research.

Applicants must have: (minimum qualifications)

Earned a terminal degree in any field related to health promotion, public health, health services, and health disparities (i.e. PhD, MD, etc). At least 5 years of effective administrative and management experience.

* A strong understanding of inter-disciplinary research and community based participatory research (CBPR) with demonstrable leadership, productivity and success in health disparities research and education (i.e. active federal and non federal funding and publications).

* Experience in building collaborative partnerships and interdisciplinary research teams with exemplary cultural competence and sensitivity.

* Proven track record working with diverse communities particularly those most vulnerable to health disparities (minority, rural, underserved, LGBTQ, disabled, etc).

University of North Texas, Department of Anthropology

Lecturer (Non-tenure)

Deadline: March 30, 2012 or until position is closed The University of North Texas, Department of Anthropology, invites applications for a lecturer position in anthropology for Fall 2012. This is a non-tenure track position with up to a 3 year continuing and renewable contract.

Salary is commensurate with qualifications and experience. **Qualifications:** Master's degree in anthropology, or related field, at the time of application required with a PhD and prior teaching experience preferred. Applicants must have primary expertise in socio-cultural anthropology. Geographical area is open. Preference will be given to those who have experience in developing and teaching web based courses. **Responsibilities/Description:** The successful applicant will be prepared to teach a variety of undergraduate cultural anthropology courses, including an introductory anthropology course that includes the traditional four sub-fields of anthropology.

Applicants are expected to be committed to teaching as their primary focus and should be able to demonstrate strong and innovative teaching methods and credentials. Committee and advising responsibilities are also expected. There are no research expectations for this position.

Application Procedure: Applicants must submit a letter of application describing their qualifications, curriculum vitae, teaching philosophy, and the names of three references with contact information. Applicants must apply online at: <http://facultyjobs.unt.edu>.

Applications will be received until March 30, 2012, or until position is closed.

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CONFERENCES AND EVENTS

American Public Health Association

The New Public Health - Renewing for the Future

Charlotte, NC

June 26-28, 2012

Registration is now open for the American Public Health Association's Midyear Meeting. Building on the success of our first Midyear Meeting in June 2011, this year's Midyear Meeting will focus on The New Public Health - Rewiring for the Future. Join APHA and our partners on June 26-28 in Charlotte, N.C., to learn in an interactive environment how the public health system must position itself to address changing needs and demands. Attendees will leave the meeting with the educational, policy and advocacy tools needed for keeping up with and anticipating the changes that will be necessary to "rewire" the public health infrastructure. For a full description of the Midyear Meeting go to www.apha.org/midyear. Registration discounts are available for APHA members and members of our partner organizations. A list of partner organizations and registration fees can be found online. [More information >>> Click here to register for the Midyear Meeting](#)

Congressional Black Caucus Foundation

2012 CBC Spring Health Braintrust and National Minority Quality Forum Ninth Annual Health Disparities Leadership Summit & Awards Dinner

April 23 & 24, 2012

Ritz-Carlton Hotel

Washington, DC

The National Minority Quality Forum and the Congressional Black Caucus Foundation, Inc., in collaboration with the Congressional Black Caucus Braintrust, are collaborating on the joint 2012 CBC Spring Health Braintrust and Ninth Annual Health Disparities Leadership Summit & Awards Dinner. You are invited to join legislators, policy makers, clinical experts, and distinguished honorees to discuss solutions that may help to reduce disparities in health-care quality. Details at <http://www.nmqf.org/summitdate2012.aspx>.

Familias en Accion

2012 and Beyond Latino Health Equity Conference: Opening Pathways to Health

Kaiser Permanente Town Hall

Portland, OR

May 17, 2012

New research, programs and policies are opening pathways for careers in health never before available to Latinos. More Latinos taking an active role in the health field will be a big step toward decreasing health disparities. Our conference aims to develop strategies that will bridge the gap between research and reality. This interactive forum will present the latest information and brings together a range of people invested in working together to put the information into practice. We are counting on you to be part of this exciting process! The conference will have three tracks: Research, Policy and Career. Research Track: Cancer Prevention, Treatment and Survivorship in Latinos; The First 1000 Days of Life: Strategies to Link Research with Equitable Policies for Healthy Children; Supporting Mental Health in Latinos. Policy Track: Creating Sustainable Communities for Latino Families; Our Changing Health Care System: Health Care Reform; Immigration Reform and Educational Disparities. Career Track Speed Networking Overcoming Educational and Career Challenges (panel discussion); Path to Scholarships for Undergraduate and Graduate Students; Successful Job Search Strategies (State of Oregon workforce development). Details at www.latinohealthequityconference.com or www.familiasenaccion.org.

Johns Hopkins Bloomberg School of Public Health, Baltimore, MD

Symposium Honoring and Advancing the Scientific Legacy of Dr. Barbara Starfield

May 10, 2012 (9:30 a.m.-3:30 p.m.)

Deadline: April 16, 2012

You are cordially invited to attend a Scientific Symposium honoring the legacy of our esteemed colleague, Barbara Starfield, who died in June of 2011. The goals of the Scientific Symposium are to highlight Barbara's research advances and stimulate discussions about how we can build on her achievements. The Symposium will focus on three broad areas of contribution where Dr. Starfield's impact has been profound:

- Understanding Primary Care, Its Impact and Its Measurement
- Child Health, Concepts of Health, Measurement of Morbidity
- Social Determinants of Health and Health Equity

In each of these areas speakers will discuss the societal challenges Barbara addressed, describe her main contributions and characterize what future research is needed to advance the science and the public's health. Each session will include a summation of her related work by a close colleague, commentary by nationally recognized experts and a collective discussion about how we can all build on her five decades of groundbreaking work. The conference presentations and deliberations will be made available to the international scientific community (via the web and publication) to help continue the legacy of Barbara's work in the fields that mattered most to her. The speaker and panelists list is still being finalized, but to-date the following individuals are scheduled to participate:

Dr. Carolyn Clancy, Director of AHRQ

Dr. Lisa Simpson, Director of AcademyHealth

Dr. Juan Gervas, Escuela Nacional de Sanidad, Madrid

Dr. Efrat Shadmi, Haifa University, Israel

Dean Michael Klag, JH Bloomberg School of Public Health

Dr. Vincente Navarro, JHSPH

Dr. Anne W. Riley, JHSPH

Dr. Christopher B. Forrest, Children's Hospital of Philadelphia, University of Pennsylvania

Dr. James Macinko, New York University

Dr. Leiyu Shi, JHSPH

Dr. Rob Reid, Group Health of Puget Sound

Dr. Karen Kinder, JHSPH

Dr. Jonathan Weiner, JHSPH

There is no charge for this event, but registration is required and space is limited, so please register ASAP. The registration deadline is April 16th. For further information and to register please contact: Mary Sewell (msewell@jhsp.edu) (410 955-2489). Lunch will be provided for

pre-registered program participants. A block of discounted hotel rooms has been reserved. Contact Ms. Sewell for further information. A final agenda will be made available as soon as possible on the Barbara Starfield memorial web page at: http://www.jhsph.edu/dept/hpm/starfield_memorial.html.

Massachusetts General Hospital
The Disparities Solutions Center Web Seminar Series

Diabetes: Practical Approaches to Preventing Diabetes Complications in Vulnerable Populations

Thursday, March 22, 2012 (3:00-4:30 PM EST)

Please register [here](#)

In an effort to disseminate the latest information on disparities interventions, findings from important disparities research, and health policy updates regarding disparities reduction efforts, the Disparities Solutions Center at MGH hosts regular web-based seminar series. Join us for first web seminar of 2012, "*Diabetes: Practical Approaches to Preventing Diabetes Complications in Vulnerable Populations*", which will showcase practical approaches for addressing racial/ethnic disparities in diabetes management, and innovative strategies to address and prevent diabetes complications, with a particular focus on multicultural and minority populations. This interactive web seminar is free and open to the public, and will feature presentations from Athena Philis-Tsimikas, MD, Corporate Vice President at the Scripps Whittier Diabetes Institute, Lenny Lopez, MD, MDiv, MPH, Senior Faculty at the Disparities Solutions Center at Massachusetts General Hospital, and Kamal Jethwani, MD, Lead Research Scientist at the Center for Connected Health at Massachusetts General Hospital. Visit the [DSC website](#) for more information.

Massachusetts General Hospital, Disparities Solutions Center
The Healthcare Quality and Equity Action Forum
Le Meridien Hotel
Cambridge, MA
September 25-26, 2012

The Institute of Medicine Reports *Crossing the Quality Chasm* and *Unequal Treatment* highlight the critical nexus between improving quality, achieving equity, and eliminating racial and ethnic disparities in health care. Combined, they provide a blueprint for addressing disparities that will require concerted and coordinated efforts towards health systems change. For this to occur our health care system will need leaders in quality improvement who have the knowledge and skills necessary to develop strategies to achieve equity. To help reach this goal, we will be hosting a two-day conference entitled *The Healthcare Quality and Equity Action Forum*. The Healthcare Quality and Equity Action Forum is designed for leaders that are active in health care delivery-including those from health plans, hospitals, and health centers across the country-who focus on quality improvement. It will provide participants with implementation strategies, tools, and skills to identify and address racial and ethnic disparities in health care within their organization, as well as techniques to transform organizations to focus on quality and equity. This includes:

- Presenting the latest research on racial and ethnic disparities in health care quality and health care delivery, including root causes and innovative approaches
- Providing cutting-edge quality improvement tools and strategies for identifying and addressing disparities, including how to collect race, ethnicity and language data; how to develop monitoring and measuring tools including equity dashboards and reports; and when disparities are found, how to develop quality improvement interventions to eliminate them
- Reviewing the key principles of organizational transformation and implementation science to facilitate integration of these strategies within health care delivery systems
- Sharing tactics to meet new Joint Commission and NCQA Standards, National Quality Forum Measures, and Health Care Reform initiatives that focus on disparities, quality, and equity.
- Creating an environment where participants can openly interact with experts in the field of quality, safety and disparities-as well as with their peers who are actively engaged in this work-so they can share challenges, experiences, and key lessons learned in an effort to maximize their potential for success in achieving equity.

The Healthcare Quality and Equity Action Forum will be developed and led by The Disparities Solutions Center (www.mghdisparitiessolutions.org) at Massachusetts General Hospital, directed by Dr. Joseph Betancourt, as well as alumni from the Disparities Leadership Program (http://www2.massgeneral.org/disparitiessolutions/dlprogram_about.html) which we developed and oversee. Forum faculty will consist of experts in the field, as well as those with real-world experience implementing equity strategies and solutions. Additional information about the Forum is forthcoming. To stay posted, please go to [the forum webpage](#) and register for updates by e-mailing disparitiessolutions@partners.org with **your Name, Title, Organization, and E-mail**

address. Feel free to share with others who may be interested in attending. Initial support is provided by The Amgen Foundation, Aetna, Inc., The California Healthcare Foundation, and a private donor.

National Center for Health Statistics
2012 National Conference on Health Statistics
Renaissance Washington DC Downtown Hotel
Washington, DC

August 6, 2012 - One-day Learning Institute

August 7-8, 2012 - Main Conference

One-day Learning Institute is a hands-on training in assessing and analyzing NCHS survey data. During the Main Conference learn about the latest developments of NCHS and hear from national leaders in the field of health, health data, and statistics. For e-mail updates, join the Conference mailing List at <http://www.cdc.gov/nchs/events/2012nchs/>.

Texas Center for Health Disparities at UNT Health Center Science Center
Seventh Annual Texas Conference on Health Disparities

Battling Breast Cancer Disparities: Frontline Strategies

July 12-13, 2012

Save the Dates!

Xavier University of Louisiana College of Pharmacy's Center for Minority Health and Health Disparities Research and Education
Fifth Health Disparities Conference: Achieving Health Equity through Access, Advocacy, Treatment, and Policy Development

New Orleans, LA

March 6-8, 2012

Xavier University of Louisiana College of Pharmacy's Center for Minority Health and Health Disparities Research and Education (CMHDRE) will host its Fifth Health Disparities Conference March 6-8, 2012 in New Orleans, Louisiana. Conference participants will include clinicians (pharmacists, nurses, physician assistants, and other allied health professionals), health policy makers, health educators, and public and community health leaders whose work incorporates the use of mid-level providers to build partnerships to eliminate health disparities and improve health equity. This conference titled, [Achieving Health Equity through Access, Advocacy, Treatment, and Policy Development](#), will include discussions on successful multidisciplinary models for improved health systems outcomes. Previous conference attendee evaluations indicated that the abstract podium presentations enhanced the effectiveness of the conference and helped to stimulate discussions surrounding effective clinical strategies, basic science, health policy and research disciplines, and most importantly, the significant role of mid-level providers and interdisciplinary collaborations. Our planning committee will continue to build on this momentum as we develop content for the 2012 Conference.

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RESOURCES

Publications

Community Health Funding Report

The latest issue of *Community Health Funding Report* is ready for you to review. It's packed with page after page of newly-researched private and federal grant opportunities and exclusive insider advice on a wide range of grants for health programs serving the underinsured, minorities, seniors, children and others throughout the nation.

Simply visit www.cdpublications.com/freenews/196 to download your copy now and see how our experienced staff of editors and grant researchers can save you time and money.

Plus, you get access to a superb database covering a wide range of grants for basic health services, including:

- Substance abuse prevention/treatment
- Mental health
- Disabilities
- Teen pregnancy prevention
- Rural health
- Access to affordable care
- Physician training
- Homeless healthcare
- Minority immunization
- AIDS

- Oral health
- Disease management programs
- And much more!

Plus our subscribers enjoy other added benefits such as:

- A weekly PDF packed with grant opportunities, expert advice and insider information directly from funding officials that no other source has.
- Access to a keyword searchable database of recently updated federal and private grant opportunities exclusively for health programs.
- Two additional online subscriptions so your entire office can stay plugged in and updated.
- Free access to our staff for advice and answers to your health grants questions.
- Discounts on great grantseeking tools, such as audioconferences and funding directories.

[Read this latest issue](#) and discover what *Community Health Funding Report* can do for your organization, plus feel free to [forward this email to a friend](#) who may also benefit.

Then, if you like what you see, visit www.cdpublications.com/d093 to take advantage of our limited-time special introductory subscription rates. If you have any questions, or would like a sample of one of our other news and funding services, just give us a call at 1-800-666-6380.

Health, wealth and ways of life: What can we learn from the Swedish, US and UK experience?

Social Science & Medicine Volume 74, Issue 5, March 2012

<http://bit.ly/zKr6AT>

Table of Content

- (1) Introduction to the commentaries, Monica Desai, Jeremiah A. Barondess, Sven-Olof Isacson, David Misselbrook
- (2) Health, wealth and ways of life: What can we learn from the Swedish, US and UK experience? Overview, Sarah Curtis, Giovanni S. Leonardi
- (3) Economic crises: Some thoughts on why, when and where they (might) matter for health- A tale of three countries, George A. Kaplan, Center for Social Epidemiology and Population Health, University of Michigan, Ann Arbor, Michigan, USA

Website: <http://bit.ly/yqJEU>

That we have been in the midst of a global economic crisis since 2008, should surprise no one. However, there is less agreement as to the potential downstream and future effects of a crisis that has led to both personal and societal pain, trillions of dollars of wealth lost, near collapse of some governments, dangerously high levels of unemployment in some places, and a palpable sense to many that this crisis will leave an imprint on future generations. In what follows, I will ask if it is reasonable to expect that this imprint will extend to the health of populations, how health may be affected, and whether we can expect that the impacts on health will be felt equally across countries. I acknowledge at the outset, that there no clear answers. In the absence of clear data-driven signposts, I will provide a framework for exploring the potential health implications of economic crises. I will be focusing on three wealthy countries, Sweden, the United Kingdom, and the United States, but we should recognize that the effects will be more extreme among those poor countries that are already highly vulnerable.
....."

Fair Enough? Inviting Inequities in State Health Benefits

Jennifer Prah Ruger, Yale School of Public Health, the Yale School of Medicine, the Yale University Graduate School of Arts and Sciences, and Yale Law School
New England Journal of Medicine, February 8, 2012; DOI 10.1056/NEJMp1200751.

<http://bit.ly/znBMdl>

".....Those who object to the uniform-standards solution will counter that it idealistically and naively seeks, as measures of fairness, the same health outcomes and the same amounts of care for everyone. In fact, however, it is based on the principle of proportionality - the notion that similar cases should be treated similarly and different cases differently, in proportion to their differences. Medical cases in which the health needs are the same are deemed alike; those in which the health needs are different are considered unlike... The principle of equal access ... would call for differential provision of health care resources to achieve the same desired outcome for both patients - giving each what he or she needs to reach a medically determined level of functional health... There is no perfect health care system. But setting a goal of equal access to high-quality, evidence-based care would be a step in the right direction. Unceasing effort to standardize comprehensive health coverage and reach a gold standard of care is essential to attaining this goal...."

Getting Started with Health in All Policies: A Resource Pack

Health in All Policies: A Snapshot for Ontario

Scoping Review of the Literature

Prepared by the Centre for Research on Inner City Health (CRICH) in the Keenan Research Centre of the Li Ka Shing, Knowledge Institute of St. Michael's Hospital

Lead Authors: Shankardass K, Solar O, Murphy K, Freiler A, Bobbili S, Bayoumi A, O'Campo P.

Research Team: O'Campo P, Laupacis A, Dhalla I, Kirst M, Lofters A, Murphy K, Perrier L, Shankardass K.

2011 - Report to the Ministry of Health and Long-Term Care (Ontario) Canada
<http://bit.ly/wnt2hN> Methodology appendix PDF

"Health in All Policies" refers to formal, sustained, "whole-of-government" (read: cross-sectoral and coordinated) policy initiatives aimed to improve population health. In some cases, health inequities are targeted specifically in "Health in All Policies" initiatives. A scoping review identified literature describing international examples of health equity-focused "Health in All Policies". A total of 4833 scholarly articles and 501 sources of grey literature were gathered based on a keyword search. Following screening and sorting, 163 articles were retained, and intersectoral health activities were described in 43 countries. Further screening identified 16 jurisdictions that have implemented a "Health in All Policies" approach, specifically.

Scoping Review of "Health in All Policies" Literature: Findings Whole-of-government, "Health in All Policies" approaches focused on health equity have been implemented in 16 countries or sub-national areas worldwide: *Australia, Brazil, Cuba, England, Finland, Iran, Malaysia, New Zealand, Northern Ireland, Norway, Quebec, Scotland, Sri Lanka, Sweden, Thailand, and Wales*. In every case, a formal, whole-of-government "Health in All Policies" approach was preceded by intersectoral initiatives that were less formal and broad-reaching. Government-wide Health Impact Assessment (HIA) or a variant thereof to measure health outcomes/health needs was instituted in almost all jurisdictions. "Health in All Policies" strategies were usually aimed to improve working/living conditions, or to target individual behavior change. Improving access to health care was also stressed. Fewer than a third of cases involved wealth redistribution to address health inequities. By definition, "Health in All Policies" approaches have a broader focus than vulnerable populations *only*. Most jurisdictions combined attention to vulnerable populations and universal policy initiatives. The preponderance of policy activity related to vulnerable groups. "Health in all Policies" involved a high degree of interaction and interdependence across sectors, and limited individual sectors' autonomy. "Health in All Policies" was *not* supported through simple information-sharing. Mechanisms for supporting "Health in All Policies" included formal intersectoral committees (e.g. cabinet committees, interdepartmental committees), joint budgets, and evaluation and monitoring tools. In most jurisdictions a mix of horizontal and vertical integration management strategies was used to manage policy implementation."

Health Policy and Systems Research: A Methodology Reader

Edited by Lucy Gilson, Alliance for Health Policy and Systems Research, World Health Organization 2012

<http://bit.ly/x7tSkq>

".....This Reader aims to support the development of the field of *Health Policy and Systems Research HPSR*, particularly in LMICs. It complements the range of relevant texts that are already available by providing a particular focus on methodological issues for primary empirical health policy and systems research. There are four main sections in the Reader:

Part 1 provides an overview of the field of *Health Policy and Systems Research HPSR* in LMICs and some of the key challenges of this kind of research.

Part 2 outlines key steps to follow when conducting HPSR studies.

Part 3 presents some key references of papers which provide overarching conceptual frameworks for understanding health policy and health systems.

Part 4 is the main body of the Reader and presents a set of empirical papers drawn exclusively from LMICs. The papers were selected because they:

- together demonstrate the breadth and scope of *Health Policy and Systems Research HPSR* work

- provide good examples of different forms of research strategy relevant to HPSR

- are high quality and innovative.

Part 5 presents a set of references for papers that reflect on specific concepts or methods relevant to *Health Policy and Systems Research HPSR* as well as some of the particular challenges of working in this field.

.....The defining feature of primary *Health Policy and Systems Research HPSR* is that it is problem- or question-driven, rather than, as with epidemiology, method driven. Therefore, as outlined in Part 2, the first step in doing rigorous and good quality research is to clarify the purpose of the research, what the study is trying to achieve, and to identify and develop relevant and well-framed research questions. Good quality work then demands an understanding of the research strategy that is appropriate to the questions of focus. The strategy is neither primarily a study design nor a method, but instead represents an overarching approach to conducting the

research; it considers the most appropriate methods of data collection and sampling procedure in terms of the research purpose and questions.

The art of study design in *Health Policy and Systems Research HPSR*, as with all 'real world research', is about turning research questions into valid, feasible and useful projects...."

KIDS COUNT Data Snapshot

Annie E. Casey Foundation

The [KIDS COUNT Data Snapshot](#) from the Annie E. Casey Foundation was released today.

The snapshot reveals that nearly 8 million children live in areas of concentrated poverty, places where at least 30 percent of residents have an annual income below the federal poverty level - about \$22,000 for a family of four. This represents a 25 percent increase, or about 1.6 million more children, since 2000. In addition to the national picture, the snapshot provides data on children in high-poverty areas by state and for the 50 largest cities in the country - and indicates that children in the south and southwest, as well as those in urban and rural areas, are more likely to live in such poor communities. African-American, American Indian, and Latino children are six to nine times more likely to be found in them than their white counterparts. This analysis is, unfortunately, consistent with [other recent research](#) released by the Joint Center for Political and Economic Studies and supported by PRRAC.

"Migration, 'Illegality', and Health: Mapping Embodied Vulnerability and Debating Health-Related Deservingness"

Social Science & Medicine Special Issue The full volume is accessible online at

<http://www.sciencedirect.com/science/journal/02779536>.

Place Matters for Health in the San Joaquin Valley (summary)

Joint Center for Political and Economic Studies, February 2012

<http://www.jointcenter.org/sites/default/files/upload/research/files/PM%20Full.pdf>

The report provides a comprehensive analysis of how neighborhood differences in a range of social, economic and environmental conditions are linked to health outcomes in the San Joaquin Valley. It finds that the conditions in low-income and non-white neighborhoods make it more difficult for people in these neighborhoods to live healthy lives.

Recruitment and Engagement of Low-Income Populations: Service Provider and Researcher Perspectives

The Community-University Partnership for the Study of Children, Youth, and Families

<http://bit.ly/wVZLZO>

Overview: Engagement is a fundamental challenge among community program planners, policymakers, and researchers who work with low-income populations connecting with an individual or family in order for them to participate in a program or research project. Often, recruiters give little thought to the process of recruitment or engaging families, assuming that needy families are desperate for help and will be eager to participate in programs or intervention research. However, low-income populations have significant barriers to participation in programs and research such as economic stress due to lack of resources. What is lacking in the literature is an understanding on the part of the recruiter about the time, resources, and strategies needed to recruit a low-income family.

Researchers and program planners develop strategies to reach families, but these strategies are rarely documented and are bound, often unintentionally, by organization policies and practices. The goal of this research project, entitled Exploring System Barriers and Enablers in Recruiting Low-Income Populations (RLIP), was to document service provider and researcher (a) methods of recruitment, (b) assessment of what works and what does not work, (c) barriers, (d) resources needed for success, and (e) retention strategies.

In this report, we will:

- (a) Review the current literature on barriers for low-income individual or family participation in programs and research studies and recommended recruitment and retention strategies;
- (b) Share the results of two surveys created for service providers and researchers that asked them to provide us with their experiences of recruitment and retention strategies;
- (c) Quantify the resources needed to implement these strategies;
- (d) Compare differences between researcher and service provider approaches; and
- (e) Summarize learnings and provide implications.

For more information about CUP, visit <http://bit.ly/zWIKEP>.

Social Determinants of Health and Populations at Risk

The Power Study

<http://powerstudy.ca/the-power-report/the-power-report-volume-2/social-determinants-of-health-and-populations-at-risk>

It is well-known that social factors-rather than medical care or health behaviours-are the primary drivers of health and health inequities. The social determinants of health influence both physical

and mental health. Furthermore, the social determinants of health, which work through many complex and intertwining pathways, are not evenly distributed across the population.

Social determinants of health: the environmental dimension
The Lancet, Volume 379, Issue 9817, Page 686, 25 February 2012
<http://bit.ly/xfxoNk>

".....The concept of environmental health might typically conjure up images of people living in smog-filled cities, or by contaminated rivers or overflowing landfill sites. However, it also concerns the spaces in which people most frequently inhabit: their homes and workplaces. Furthermore, the conditions in which people live and work can vary according to factors such as income, occupation, education, and ethnicity, and lead to inequalities in exposure to environmental risks and related diseases....."

The Public Health Observatory Handbook of Health Inequalities Measurement
Roy Carr-Hill and Paul Chalmers-Dixon Centre for Health Economics - York University

Edited by Jennifer Lin, South East Public Health Observatory - SEPHO
<http://bit.ly/yw8bV6>

".....it provides a comprehensive collection of material for those concerned to document and understand health inequalities....a welcome contribution to the resources available to people working to reduce inequalities in health in their communities. I commend it to anyone involved in addressing health inequalities. The measurement of inequalities is a complicated and convoluted science, but this book brings together much of that science in a rigorous but accessible way. It is a rich source of information and will contribute to advancing our knowledge and practice, with the ultimate aim to reduce inequalities and to make this country a more equitable society." Sir Donald Acheson

Two Years On Data - New figures out today mark the second anniversary of the publication of the Marmot Review (Fair Society Healthy Lives.)

<http://bit.ly/zX8U82>

*"Measurement is radical" was my message yesterday at the Press Launch of our Two Year On monitoring report on health inequalities. By keeping robust measurements on the agenda, we can chart progress on health inequalities and their social determinants and make clear that we hold governments, and the wider society to account...."*Michael Marmot

".....New figures out today (Wednesday 15th February, 2012) to mark the second anniversary of the release of the Marmot Review Fair Society, Healthy Lives show that while life expectancy improved for most of the 150 local authority areas in England that will take over responsibility for public health in April 2013, inequalities within these areas also increased... The UCL Institute of Health Equity (previously known as the Marmot Review Team) commissioned the London Health Observatory to provide data showing key indicators for monitoring health inequalities and the social determinants of health for the 150 'upper tier' local authorities in England...The indicators at local authority level are: life expectancy at birth; children reaching a good level of development at age five; young people not in employment, education or training (NEET); and, percentage of people in households receiving means tested benefits. In addition there is an index showing the level of social inequalities within each local authority area for some of the indicators, including life expectancy at birth - the higher the value of the index the greater the inequality...." The Marmot Indicators statistical information was compiled by the London Health Observatory: Marmot Indicators for Local Authorities in England, 2012 at: <http://bit.ly/wt5FI6>.

Urban Physical Environments and Health Inequalities: A Scoping Review of Interventions

Canadian Population Health Initiative (CPHI)
February 7, 2012

<http://bit.ly/ziWWvP>

".....The first section of the report showcases a range of interventions and their respective characteristics, with a particular emphasis on the state of evaluation of the interventions found during our scoping efforts. In the second section, we introduce a framework that clarifies the components of an equity lens and look at how the concept of equity has been integrated into various interventions.

This framework will be useful to those who want to enrich their understanding of equity as a concept and to those who are interested in building equity into activities intended to improve health and urban physical environments...To distinguish among the ways that equity can be integrated, the report characterizes intervention activities according to five equity dimensions. Overall, results indicate that identifying and working with at-risk groups were the most common strategies for incorporating equity into urban physical environment interventions. Interventions that integrated equity considerations were most often related to communicating messages about health hazards in the physical environment and targeted at-risk groups through tailored programs

and campaigns. Fewer actions were related to addressing the determinants of health that influence capacity to act on information or to assessing equity outcomes and unintended consequences. In addition to describing intervention activities that address inequalities, the framework clarifies elements of an equity lens and can perhaps provide guidance for incorporating equity into future intervention planning and scoping reviews....."

Website

WEAVE

Massachusetts: Children in Families Below Poverty (census tract level)

<http://www.neighborhoodnexus.org/content/maps>

Georgia: Atlanta area foreclosures.

<http://metroboostondatacommon.org/> Here are two links to WEAVE a data mapping tool being developed by a consortium of universities and non-profits. As more and more public health work is connected to the built and social environment, tools like this help make bridges and make data available in new and interesting ways. The University of Massachusetts at Lowell deserves a lot of credit for overcoming the urge to make money out of everything because it waved certain proprietary interests to make this available as open source. This is still in beta release, so there may be some bugs (they'd be delighted to hear from users!). It's not all that hard to learn and your creations and your data sets will be welcomed. Overlays of data sets are easy to accommodate and interactive charts and scatterplots can be created that actively coordinate with the maps. A handy feature (if you're stuck at midnight needing one more supportive argument) is the tool that allows you (in the first example) to select a census tract and pull up whatever census data has been incorporated - this might be true for both, but I've only played with the Massachusetts site.

Others

Health Inequalities Intervention Toolkit (Electronic Version)

<http://bit.ly/wyoX1t>

".... It is designed to assist evidence-based local service planning and commissioning, including Joint Strategic Needs Assessments. The Toolkit does this by providing information on the diseases, which are causing low life expectancy in individual areas, enabling good local priority setting."

Health Policy Toolkit

The World Bank <http://bit.ly/zp8Ysm>

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

Module 1: Fundamentals

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

In this module:

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

Module 2: Assessment

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

The reader will understand:

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

Module 3: Engagement

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

The reader will:

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

Module 4: Capacity Development

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

The reader will:

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

Migration Policy Institute

Mapping the Foreign Born in the United States, Part I

Most people would easily guess that California and New York are the states with the largest immigrant populations, just as New York City and Los Angeles are well known as the cities with the largest such populations. But how about other US states and cities? Does Illinois have more immigrants than Arizona? Are there more Chinese-born immigrants in Seattle or Boston? And what are the largest groups of immigrants - and where do they reside? This month we have updated our [maps of foreign-born populations](#) in the United States: [The State Proportion of the US Immigrant Population and Metropolitan Areas map](#), as well as maps showing the state proportions of foreign born from the top four sending countries: [Mexico](#), [China](#), [India](#), and [the Philippines](#). Culled from the US Census Bureau's 2010 American Community Survey, this analysis tracks the settlement patterns and concentration of specific immigrant populations in the United States. These maps show immigrant distribution by state and metropolitan area of the foreign born overall and of the four largest immigrant groups. (Click [here](#) for the maps' underlying numbers).

- * State and Metropolitan Area of Proportion of the Foreign-Born Population in the United States: California is home to the largest number of immigrants by far (with more than 10 million), followed by New York, Texas, and Florida. New Jersey and Illinois follow. Looking at cities, the greater New York and Los Angeles metropolitan areas have the largest number of immigrants followed by Miami, Chicago, Houston, and San Francisco.
 - * The Mexican-Born Population in the United States: The state with the highest percentage of Mexican-born immigrants - the largest immigrant group in the United States - is California, whose 4.3 million Mexican immigrants account for 37 percent of the nationwide total of 11.7 million Mexican born. Texas comes in second, with 2.5 million Mexican immigrants (21 percent of the national total). Illinois is a distant third, with 709,000 (or 6 percent). The largest concentrations of Mexican immigrants are in the greater Los Angeles metropolitan area, followed by Chicago, Houston, Dallas, and Riverside.
 - * The Chinese-Born Population in the United States: Immigrants born in China (including those from Hong Kong but not Taiwan) represent the second-largest immigrant group in the United States, with California (578,000 or 32 percent of the national total of 1.8 million), New York (377,000 or 21 percent), and Texas (80,000 or 4 percent) as the states with the largest populations. New York has more Chinese-born immigrants than any other metropolitan area, followed by San Francisco, Los Angeles, Boston, and San Jose.
 - * The Indian-Born Population in the United States: California hosts the largest number of Indian-born residents. Eighteen percent (or 327,000) of the total 1.8 million Indian born reside in California, while 12 percent (or 206,000) live in New Jersey and 9 percent (or 164,000) live in Texas. The greater New York and Chicago metropolitan areas are home to the largest Indian-born populations - followed by the San Jose, Washington DC, and San Francisco metropolitan areas.
 - * The Filipino-Born Population in the United States: In 2010, California is home to 46 percent (or 810,000) of the nation's 1.8 million Filipino-born immigrants, followed by Hawaii (6 percent or 108,000), and New York (5 percent or 85,000). In examining metropolitan areas, Los Angeles, San Francisco, and New York are the metropolitan areas with the largest population of immigrants from the Philippines, followed by San Diego and Honolulu.
- Next month, the Data Hub will look at the state proportions of the populations in the United States from the countries of Vietnam, El Salvador, Cuba, and Korea - the other four origin countries with at least 1 million immigrants now residing in the United States.

Robert Wood Johnson Foundation, Commission to Build a Healthier America

New Partners for Public Health: Smart Growth, Urban Planning, Transportation and More

Solving America's health crisis is going to take more than improvements to our health care system. To achieve better health and reduce costs, we need new ways of preventing disease and health crises where they begin—in our communities. In particular, that includes more collaboration and cooperation across the range of sectors and fields that are critical to creating a healthier nation. This vision is a major driver of the Robert Wood Johnson Foundation's efforts to improve health and health care for all Americans. It is also at the heart of NewPublicHealth.org, the news and information forum we have created to keep you up to date and connect the dots between the issues that affect the health of America's communities, and what's being done to address them. One important way we've been doing this on [NewPublicHealth](http://NewPublicHealth.org) is by offering in-depth interviews, news and commentary connected with major events in the public health field. This year, in a nod to our vision, we're branching out to focus increasingly on other areas—like transportation, planning and smart growth—where health is or should be a part of the conversation. With this in mind, we're pleased to share some highlights from the New Partners for Smart Growth conference and the Transportation Research Board annual meeting, where we spoke with researchers and advocates from across the nation about successful and emerging initiatives that are engaging these fields in improving people's health. The Robert Wood Johnson Foundation invites you to check our latest interviews and updates from these conferences on [NewPublicHealth](http://NewPublicHealth.org):

- [Richard J. Jackson, MD, MPH, on designing healthier communities](#)
- [Smart Growth is Smart for Health and the Economy](#)
- [Deb Hubsmith, founder of the Safe Routes to School \(SRTS\) National Partnership, comments on why walkable communities are critical for kids and the whole community](#)
- [Update on the National Prevention Strategy and Smart Growth](#)
- [Smart Growth: Using Laws to Increase Walking and Biking to School](#)
- [San Bernardino tackles a public health crisis through diverse community partnerships](#)
- [Transportation and Health by the Numbers](#)
- [A look at how we drive, metro, walk and bike and how it affects our health](#)

Help advance the dialogue by commenting on posts that interest you and offering your views on the questions we pose.

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ABOUT THIS NEWSLETTER

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

To SUBSCRIBE/UNSUBSCRIBE to Kellogg Connection, please e-mail 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, call us at (202) 387-2829 or visit our website at www.cfah.org.

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