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

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

Production Team:  
María Briones-Jones,

## SOUNDING BOARD

### Congratulations Kellogg Scholars and Fellows

Dr. Sawsan Abdulrahim, Kellogg Fellows in Health Policy Research Program (Kellogg Fellows) alumna, tied the knot with Georges Geadah on August 2, 2012, in San Francisco, CA. Dr. Abdulrahim was also recently promoted from Assistant Professor to Associate Professor at the American University of Beirut. Double congratulations!

Dr. Carmela Alcantara, finishing Kellogg Health Scholar, is starting this fall as an Associate Research Scientist, Department of Medicine in the Center of Behavioral Cardiovascular Health at Columbia University.

Dr. Rajni Banthia, Scholars in Health Disparities Program alumna, will begin a new job on October 1 as the Senior Research Director of Health with the Field Research Corporation in San Francisco.

Dr. Derek Griffith, Community Health Scholars Program (CHSP) alumnus, has taken a position as Associate Professor of Medicine, Health and Society, Vanderbilt University - <http://chronicle.com/article/5-Professors-Join-Vanderbilts/133539/>

Bonnie Lefkowitz, KHSP Policy Consultant, has organized (and will moderate) a session panel, Health in All Policies: Why Addressing Health Disparities Requires a Broad Range of Options, which has been selected for presentation at the NIH 2012 Science of Eliminating Health Disparities Summit, October 31-November 3, 2012, National Harbor, MD. The panel, scheduled to present on November 2 at 8:00 a.m., includes Dr. Emily Ihara (Kellogg Fellows alumna), Dr. Lisa Cacari-Stone (Kellogg Fellows and Scholars in Health Disparities Program (SHDP) alumna), Dr. Emma Sanchez-Vaznaugh (Kellogg Fellows and KHSP alumna), and Dr. Edna Viruell-Fuentes (Kellogg Fellows and SHDP alumna), and Dr. Anita Wells (KHSP alumna).

Dr. Shedra Amy Snipes, Kellogg Health Scholars Program (KHSP) alumna, was married June 16, 2012 to Tobi Oyelesi in Savannah, Georgia. Her new name is Snipes-Oyelesi, although she will still publish as Dr. Snipes.

Dr. Duane Thomas, CHSP alumnus, is now an Assistant Professor at University of Virginia, part of the standing faculty with the Clinical & School Psychology Program in the Curry School of Education.

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

Question?

Have you moved?

Have you found a new job?

Is there a research

question you would like  
feedback on?

Any recent publications?

Do you have any  
experience or advice to  
share?

Let us know! Email:

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

Contributions:

To contribute information,  
resources or  
announcements to Kellogg  
Connection, e-mail

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

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

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

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

Dr. Debra Perez, Kellogg Fellows alumna, will be tying the knot with Kristine Marie Vliet on Friday, September 7, 2012, in Sea Isle City, New Jersey.

Dr. Anita Wells and Dr. Rhonda BeLue, KHSP Evaluator, have two poster submissions that were accepted for presentation at the NIH 2012 Science of Eliminating Health Disparities Summit. The first poster, The Impact of Violence on Educational Attainment among Black University Students, examines the relationship between exposure to community violence and symptoms of psychopathology and grade point average among students ages 18-25. The second poster, Black Women Under 40: Cancer Screening and Health Decision-making, examines the practice of receiving clinical breast exams and pap smears in Black women ages 18-39 and the primary sources they seek for health information.

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## ANNOUNCEMENTS

CHSP/KHSP Breakfast Reunion: Are you planning to attend APHA? Don't forget our breakfast organized by the C-Track Program Office! Mark this date! Monday, October 29, 2012, 6:30 a.m. Moscone Convention Center, San Francisco, Room TBA. This event will be the last opportunity to get together face-to-face before the end of the program. Discussion of Future Networking Plans will be on the agenda. RSVP to Barbara Watson, [bjwatson@umich.edu](mailto:bjwatson@umich.edu), no later than September 28th.

Presenting at APHA? Please send information regarding your presentation (title, schedule, and where it will be held) to Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)). These will be collated and shared in the next issue of KConnection. [Here is the list we have compiled so far.](#)

KHSP alumnus Dr. Jim Amell sends this request:  
Hello Friends & Colleagues: I am writing to see if anyone might be interested in serving as the Academic Program Planner for the Community-Based Public Health Caucus (CBPHC) of APHA? I served in the capacity of program planner with Mysha Wynn (Community Program Planner) for the past year. Mysha has graciously agreed to stay on as the Community Planner next year as I will be transitioning on to a new faculty position. While the position does require a bit of work, it is a wonderful opportunity to help organize sessions for the Community-Based Public Health Caucus. Moreover, this position is also a very nice opportunity to provide national service to the CBPHC and the American Public Health Association. Finally, this work is acknowledged in Tenure, Merit, and Promotion materials relative to University service. Please let myself ([Jim.Amell@Colostate.edu](mailto:Jim.Amell@Colostate.edu)) or Renee Bayer ([rbayer@umich.edu](mailto:rbayer@umich.edu)) know if you might be interested in this position for the next year and/or if you have any questions about being a program planner.

Message from Martha Lee, Kellogg Fellows Leadership Alliance (KFLA):

YOU are one of 164 individuals who passed through Barbara Krimgold's very supportive programs and now are part of the larger Kellogg Fellows Leadership Alliance NETWORK....

Barbara along with Naima Wong and Lester Spence (who have volunteered to start working on an alumni group of health scholars) invite you to come to FORUM DETROIT and be part of a working group with the Surgeon General, Dr. Regina Benjamin (a Kellogg fellow). Regina, along with Dr. Judyann Bigby (Kellogg Fellow serving on the Surgeon General's advisory board), wants to talk to you about being part of the national prevention strategy being put forth by her office. *Might you be able to be here - might you need a special letter of invitation so that your university provides you with time to come and be part of Forum Detroit? Let us know ....*

Join us....Go to the website and register [www.kfla.org](http://www.kfla.org) - programs- forum.

Any news or updates to share? New jobs, publications, addition to the family...please email Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)) no later than the end of each month for inclusion in the following month's KConnection.

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

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## SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet finishing Kellogg Health Scholars, Ndidi Amutah, PhD and Lawrence Brown, PhD...

Dr. Ndidi Amutah received her PhD in Public Health with a focus on Maternal and Child Health at the University of Maryland, College Park School of Public Health. Her current research interests include health disparities, reproductive health, infant mortality and HIV/AIDS in ethnic minority populations. Her dissertation focused on infant mortality in Washington, DC and specifically examined neighborhood level poverty, multiple determinants of health, and access to prenatal care as predictors of infant mortality. As a Community Track scholar at Morgan State University, Dr. Amutah partnered with DRUM Healthy Families, a nonprofit organization in Baltimore that has a mission of reducing the infant mortality rate in Baltimore and improving the lives of women and children that they serve.

Utilizing community based participatory research (CBPR) methods, the DRUMming up Data maternal and child health research project used a mixed methods approach that examined the effectiveness of a home visitation model aimed at: improving birth outcomes for pregnant women, reducing the incidence of low birth weight and preterm birth, and educating women on healthy pregnancies. Results from focus groups, key informant interviews and cross sectional surveying showed barriers

to use of health services for women include lack of insurance, lack of social support from partners, lack of knowledge of available services, and competing issues such as employment, other children, and lack of transportation. Women who have successfully completed the DRUM home visitation model reported having the skills to cope with life stressors and effectively parent their children. Policy implications from the initial results of the study indicate that increased funding and a sustained commitment to home visitation at the local, state, and national levels would further improve the lives of pregnant and parenting women and children in an urban environment.

Currently, Dr. Amutah is an Assistant Professor at Montclair State University in Department of Health and Nutrition Sciences." The biggest contribution that the Kellogg Health Scholars Program has made to my career is that it has equipped me with the skills and competencies to function in the policy arena as it pertains to health disparities and CBPR. Through my experiences visiting Capitol Hill and writing one-pagers for Congressmen and legislators, I feel comfortable advocating for increasing funding and awareness around maternal and child health and underserved families. As a result of my involvement with the Kellogg Health Scholars program I feel comfortable aiding in the translation of policy and initiatives to members of the community in ways that are meaningful and sustainable

Dr. Lawrence Brown received his PhD in Health Outcomes and Policy Research at University of Tennessee Heath Science Center and has worked for the past two years as a Community Track scholar at Morgan State University. His research interests include men's health and impact of neighborhood displacement on community and public health. With the support and encouragement of his community partners, Dr. Brown designed and implemented an intervention entitled [You're the Quarterback: Gameplan for Life](#) (YTQ:G4L), a community-engaged research and intervention project developed to assist African American men in central Baltimore neighborhoods with employment and health insurance. The intervention emerged from the needs confronting the men served by Union Baptist Head Start and The Men and Families Center.

YTQ:G4L is a male-focused, male-centered, and culturally-tailored intervention that is working to help African American men become better equipped to fulfill the role of a father in the lives of their children and families. Monthly training camps were employed by navigators or coaches to connect men to resources and agencies that address the issues that keep men from obtaining employment and health insurance: lack of job training, lack of education, criminal background status, and child support status. After listening to men during training camps and conducting a preliminary quantitative analysis, the scholar and his partners identified a connection between the child support system and adverse mental health that goes against conventional wisdom.

Dr. Brown commented, "I am beyond grateful for the opportunity afforded to me by the KHS Program. Because of CBPR, my community partners and I were able to engage an underserved population in an area ignored by many. My community partners and site director gave me great flexibility. We are really proud of the work that has emerged."

"As far as my career, this fellowship has given me the confidence to

develop my own course as an academic. I've learned that in the right environment, I can flourish not only as a researcher, but also as an interventionist and activist. Given the issues many people in our communities face, people need interventions and activism more than ever. It took a community organizer to help pass health care reform and it will take community organizing to protect it.

"KHSP introduced me to Tim Wise, Melissa Harris-Perry, Angela Glover-Blackwell, and some of the greatest thinkers in the nation today. I had a chance to create special bonds with my Morgan State fellows (Caree, Shalon, Taqi, Ndidi, and Lester). Scholars like Jay Pearson, Latrice Pichon, Derek Griffith, Karen Yeary, Terri Williams, Janice Bowie, and Vivian Chavez have helped me, encouraged me, and inspired me along the way. So the program will always have a fond place in my heart."

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## ARCHIVED KHSP E-WORKSHOPS

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

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

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

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## FUNDING

AERA Research Grants

Deadline: September 19, 2012

AERA provides small grants for faculty members, postdoctoral researchers, and other doctoral-level scholars to undertake quantitative research using data from the large-scale national or international data sets supported by the NCES, NSF, and other federal agencies. Applications are encouraged from a variety of disciplines, such as but not limited to, education, sociology, economics, psychology, demography, statistics, and psychometrics. The selection process is competitive. The next application deadline is September 19, 2012. Visit the AERA website at [www.aera.net/grantsprogram](http://www.aera.net/grantsprogram) for further information about the AERA Grants Program. You may also contact George Wimberly at [grantsprogram@aera.net](mailto:grantsprogram@aera.net) or (202) 238-3200.

National Association of County and City Health Officials  
Accreditation Support Funding Opportunity Coming Soon  
Deadline: September 28, 2012

With funding from the Office for State, Tribal, Local and Territorial Support within the Centers for Disease Control and Prevention, NACCHO is pleased to announce that it will soon be offering a second round of funding through the [Accreditation Support Initiative](#).

Approximately 15-20 awards of up to \$40,000 each will be provided. This opportunity will be open to all public health departments (local, state, territorial, and Tribal) and organizations that assist local/Tribal health departments (i.e., states, SACCHOs, Public Health Institutes) to support activities that will assist in moving the health department(s) toward accreditation application. Applicants may apply under one or more of the following four categories:

- 1) Addressing standards, measures, or unmet PHAB requirements,
- 2) Contributing to payment of PHAB accreditation fees,
- 3) Completing other readiness activities, and/or
- 4) Providing technical assistance to health departments.

Full details and the application template will be announced in next week's *accreditNATION* newsletter. Agencies may begin preparing now by identifying objectives and activities for their efforts, as applications will be due Friday, September 28, 2012. \*\*Before applying, agencies are encouraged to review NACCHO's [standard contract template](#). NACCHO is unable to modify contract terms; agencies should apply for the Accreditation Support Initiative only if they can accept these contract terms. Questions about this initiative may be directed to [accredsupport@naccho.org](mailto:accredsupport@naccho.org).

National Institutes of Health  
Time-Sensitive Obesity Policy and Program Evaluation  
(R01)  
(PAR 12-257)

Deadlines: Various Dates - see

<http://grants.nih.gov/grants/guide/pa-files/PAR-12-257.html>

Purpose: This Funding Opportunity Announcement (FOA) is issued by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK), National Cancer Institute (NCI), National Institute on Aging (NIA), Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD), and the Office of Behavioral and Social Sciences Research (OBSSR), at the National Institutes of Health (NIH). This announcement establishes an accelerated review/award process to support time-sensitive research to evaluate a new policy or program expected to influence obesity related behaviors (e.g., dietary intake, physical activity, or sedentary behavior) and/or weight outcomes in an effort to prevent or reduce obesity. This FOA is intended to support research where opportunities for empirical study are, by their very nature, only available through expedited review and funding. All applications to this FOA must demonstrate that the evaluation of an obesity related policy and /or program offers an uncommon and scientifically compelling research opportunity that will only be available if the research is initiated with minimum delay. For these reasons, applications in response to this time-sensitive FOA are eligible for only one submission. It is intended that eligible applications selected for funding will be awarded within 3-4 months after the application submission/receipt date. However, administrative requirements and other unforeseen circumstances may delay issuance dates beyond that

timeline. Applicants please note: Resubmissions are not allowed for this funding announcement. Please read the PAR very carefully. Only time-sensitive studies will be given priority. Applicants are strongly encouraged to contact one of the program officers listed below.

-Christine M. Hunter, Ph.D.

Director of Behavioral Research

National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK)

Telephone: 301-594-4728

Email: [ch514c@nih.gov](mailto:ch514c@nih.gov)

-John G. Haaga, Ph.D.

Deputy Director, Division of Behavioral and Social Research

National Institute on Aging (NIA)

Telephone: 301-496-3131

Email: [HaagaJ@mail.nih.gov](mailto:HaagaJ@mail.nih.gov)

-Robin A. McKinnon, Ph.D., MPA

Health Policy Specialist

Division of Cancer Control & Population Sciences

National Cancer Institute (NCI)

Telephone: 301-594-3599

Email: [mckinnonr@mail.nih.gov](mailto:mckinnonr@mail.nih.gov)

-Layla Esposito, Ph.D.

Program Director

Center for Research for Mothers and Children

Eunice Kennedy Shriver National Institute of Child Health and Human Development (NICHD)

Telephone: 301-435-6888

Email: [espositl@mail.nih.gov](mailto:espositl@mail.nih.gov)

Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-12-257.html>.

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## CALL FOR SUBMISSIONS

Call for Submissions - National Association of Community Health Centers

NACHC 2013 Policy & Issues (P&I) Forum

Marriott Wardman Park, Washington, DC

March 20-23, 2013

Deadline: October 3, 2012

The 2013 P&I is an ideal venue for sharing your insights and learning about initiatives related to legislative policy and the Community Health Centers Program. The objective of the NACHC Meetings and Exhibits team is to deliver informative and engaging workshops for all our conference events.

These workshops should provide content that is both valuable and relevant to community health centers and state/regional primary care associations across the country- communicating practices that are easily translated to others and can also be applied in the workplace without a great investment in time or effort. When developing session content, think of yourself as an advisor or consultant to our P&I attendees... you're supporting health centers in meeting organizational goals and managing the changes expected with the nation's new system of health care delivery. For additional information and to begin the submission process, please go to:

[https://s4.goeshow.com/nachc/policy/2013/workshop\\_submission.cfm](https://s4.goeshow.com/nachc/policy/2013/workshop_submission.cfm).

Call for Papers - ***Journal of Health Care for the Poor and the Underserved***

Advancing Obesity Prevention: Quality Improvements, Emerging Models, and Best Practices

Deadline: September 21, 2012

The Health Resources and Services Administration (HRSA) and The National Institute on Minority Health and Health Disparities at the National Institutes of Health (NIMHD/NIH) are pleased to announce a call for papers for a special theme issue of the Journal of Health Care for the Poor and Underserved (JHCPU): "Advancing Obesity Prevention: Quality Improvements, Emerging Models and Best Practices." The obesity epidemic presents a major threat to the health of the U.S. population across all ages, races, and socioeconomic groups, and in particular within disadvantaged and underserved communities. Obesity is a major contributor to serious health conditions including type-2 diabetes, cardiovascular disease and cancer. Promoting healthy weight requires concerted efforts, including quality improvement, from health care, public health and communities. Quality improvement is the continuous and ongoing effort to achieve measurable improvements in the efficiency, effectiveness, performance, accountability, outcomes, and other indicators of quality in services or processes which achieve equity and improve the health of the community. Innovative strategies and approaches are needed, as well, to translate and sustain effective interventions at the community level. This special issue seeks to address quality improvements, emerging models and best practices with respect to obesity prevention.

Submission, Review Process, and Timeline

Manuscripts should be submitted as an attachment to [jhcpusupplement@hrsa.gov](mailto:jhcpusupplement@hrsa.gov) by September 21, 2012. Authors should also include the following information in the email:

- \* Contact author's name, affiliation, email address
- \* Manuscript title
- \* Type of manuscript (original paper, brief report, commentary, etc.);
- \* Abstract
- \* Explanation of how the manuscript fits the purposes of the special issue

Manuscripts will be reviewed by NIH/HRSA guest editors and selected authors will be notified by October 5, 2012 as to whether or not his/her submission has been selected to undergo peer review by the JHCPU. Authors will then be asked to submit selected manuscripts directly to JHCPU no later than October 12, 2012 using the Journal's online submission system. Please visit JHCPU author guidelines for additional information on types of manuscripts accepted by the JHCPU, as well as for logistics on the JHCPU submissions process if an author's submitted manuscript is selected for the special theme issue. The publication date for this special theme issue is May 2013. For additional information or questions, please contact Guest Editor at [jhcpusupplement@hrsa.gov](mailto:jhcpusupplement@hrsa.gov)

Call for Proposals - CU Expo 2013

Engaging Shared Worlds  
Corner Brook, Newfoundland  
Canada  
June 12-15, 2013

Deadline: November 15, 2012

The Call for proposals for CU Expo 2013: Engaging Shared Worlds is now open!

Guidelines for Submissions:

- Proposals co-led by community and academic partners are strongly encouraged.
- As [engagement is our theme](#), proposals with a participatory element are strongly encouraged.
- Proposals must be submitted using the [online form](#).
- Regular conference sessions are 90 minutes in length, with a minimum of three speakers/participants. Submissions with one speaker will be grouped with other presenters of a similar nature. Group submissions are encouraged.
- If the proposal is accepted all presenters and co-presenters agree to register and pay the conference fee (grants and subsidies may be available pending funding).
- For more information, visit:  
<http://www.cuexpo2013.ca/Pages/program.aspx>.

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## CAREER DEVELOPMENT

Alameda County Health Care Services Agency, Public Health Department / Community, Assessment, Planning, Education, and Evaluation (CAPE)  
Health Equity Program Associate

Deadline: September 12, 2012

The Health Equity Program Associate will perform programmatic duties to support the Department's Strategic Planning efforts and the Public Health Commission.

Distinguishing Features: Working closely with the Health Equity Coordinator, the incumbent will provide ongoing support to cross-departmental workgroups and Department staff in implementing the strategic plan. This will include ensuring proper documentation and communications related to strategic planning meetings; and other related work as required. The position requires exceptional strategic thinking and organizational skills, an ability to work well with diverse groups of stakeholders within the Department and on the Public Health Commission, and the ability to coordinate work that will benefit the Department and Commission.

Major Tasks, Duties, and Responsibilities:

1. Works with members of the Public Health Commission and Public Health Department (PHD) staff to promote interest and support of the objectives and programs of PHD; arranges, attends and assists in the facilitation of meetings and acts as an advisor to the Public Health Commission.
2. Acts as a consultant to departmental divisions on health equity issues and strategies; coordinates 5-6 cross-departmental workgroup meetings and advises on means by which programs and objectives can work towards health equity; prepares written material such as pamphlets, news releases, reports and radio scripts, and utilizes graphic material to interpret and publicize department's health equity work.
3. Maintains all materials related to Health Equity and strategic planning

efforts for distribution to the public and the department staff  
4. Plans, organizes, and conducts orientation programs for employees such as Public Health 101; assists in setting up in-service training programs.

5. Performs other duties as assigned within the classification

Knowledge of:

- \* Principles and practices of health equity and social justice.
- \* Public Health functions, programs, and objectives of Health Department and related agencies.

Scope of Public Health services:

- \* Group structure and dynamics, including methods of group development.
- \* Methods of mass communication, such as newspapers, radio, television, and use of graphic arts.

Abilities: \* Planning and conducting health education programs.

- \* Working with diverse partners in developing and accomplishing health equity practices and developing and maintaining cooperative relationships with lay and professional persons.
- \* Developing informational material in written and graphic form.
- \* Speaking and writing clearly and effectively, adapting the presentation of material to the group and the media used.

For more information on ACPHD's Strategic Planning efforts, please visit: <http://www.acphd.org/social-and-health-equity/organizational-transformation/strategic-plan.aspx>.

Salary: \$31.74-\$34.89 / hour, based on skills and experience.

This a temporary full time position from October 1, 2012 - July 31, 2013.

Please email or send cover letter, resume, 3 professional references and a writing sample to: Mia Luluquisen ([Mia.Luluquisen@acgov.org](mailto:Mia.Luluquisen@acgov.org)) with the subject heading "Health Equity Program Associate". The mailing address is: Mia Luluquisen, CAPE, Alameda County Public Health Department, 1000 Broadway, Suite 500, Oakland, CA 94607. Deadline: Sept. 12, 2012.

Case Western Reserve University School of Medicine, Department of Epidemiology and Biostatistics Assistant/Associate-Level Faculty in Epidemiology The Department of Epidemiology and Biostatistics at Case Western Reserve University School of Medicine (<http://epbiwww.case.edu/>) seeks to fill a position at the level of Assistant or Associate Professor in epidemiology. The candidate should have a strong record of publications and research funding. Appointment at the level of Associate Professor will additionally require a significant national reputation for research excellence. The faculty member will be responsible for teaching an introductory-level course in Epidemiology and for developing and conducting funded research. All areas of research are invited; however, preference will be given to candidates with expertise in methodology and collaborative research. The Department offers a PhD in Epidemiology & Biostatistics with concentrations in Genetic Epidemiology & Bioinformatics; Global Health Epidemiology; Health Behavior & Prevention; and Health Care Organization, Outcomes, & Policy. The Department is currently growing; there are currently 25 faculty with primary appointments, 57 secondary appointments, and 41 adjunct appointments. There are 41 PhD students, 18 students in the MS in Biostatistics program, and 115 MPH students. Case Western Reserve University and its associated hospitals (University Hospitals/Rainbow Babies, MetroHealth Medical Center, Cleveland Clinic, and VA Medical Center) provide a rich environment for clinical and population health research. Expertise in the Department includes health promotion and

prevention research; infectious diseases; global and environmental health; genetics; cancer; and health disparities. Research is promoted through multiple research centers within the University including the Prevention Research Center for Healthy Neighborhoods ([www.prchn.org](http://www.prchn.org)), Comprehensive Cancer Center, Clinical and Translational Science Collaborative (CTSC, <http://casemed.case.edu/ctsc/>), Cardiovascular Research Institute, Tuberculosis Research Unit, and Center for Global Health and Diseases (<http://www.case.edu/orgs/cghd/>). In addition, Cleveland is home to world-renowned medical centers, with additional research ongoing at the Cleveland Clinic, MetroHealth Hospital, and VA hospital, all of which are part of the CTSC, which recently received a \$64.6 million renewal grant from NIH. Interested applicants should initially send a statement of career objectives and complete curriculum vitae (including history of teaching and research support) to Dr. Cathy Stein, Chairperson of the Epidemiology Search Committee, by emailing [jean.farah@case.edu](mailto:jean.farah@case.edu). AA/EOE/M/F/D/V

CASE WESTERN RESERVE UNIVERSITY  
SCHOOL OF MEDICINE

ATTENTION: DR. MENDEL SINGER, CHAIRMAN OF THE SEARCH  
COMMITTEE

10900 EUCLID AVENUE, WG-57  
CLEVELAND, OHIO 44106-4945

Case Western Reserve University School of Medicine,  
Department of Epidemiology and Biostatistics  
Associate/Full Professor in Health Care Organization,  
Outcomes, and Policy

The Department of Epidemiology and Biostatistics at Case Western Reserve University School of Medicine (<http://epbiwww.case.edu/>) seeks an Associate or Full Professor in Health Care Organization, Outcomes, and Policy - one of four concentrations in the department's PhD program in Population Health Sciences. Rank and tenure will depend on qualifications. The candidate should have a national reputation in research and a strong record of publications and research funding. All areas of research are invited; however, preference will be given to candidates with research interests in: health policy, health services and outcomes research, health economics, health care administration. The candidate is expected to direct the existing AHRQ Training grant in Health Services Research. The department is growing with 25 faculty with primary appointments (and currently recruiting for 4 positions), 57 secondary appointments, and 41 adjunct appointments. The PhD program in Population Health Sciences has 41 PhD students, and 4 concentrations: Health Care Organization, Outcomes, & Policy; Global Health Epidemiology; Health Behavior & Prevention; and Genetic Epidemiology & Bioinformatics. 7 PhD and MD/PhD students are supported by the Health Services Research T32 training grant, which the program has had for about 20 years. The department also has a thriving Master of Public Health degree program with 115 students and many dual-degree programs. The new MS in Biostatistics program currently has 18 students. Case Western Reserve University and its associated hospitals (University Hospitals/Rainbow Babies, MetroHealth Medical Center, Cleveland Clinic, and VA Medical Center) provide a rich environment for clinical and population health research. Department faculty actively collaborate with key partners: the Prevention Research Center for Healthy Neighborhoods ([www.prchn.org](http://www.prchn.org)); Comprehensive Cancer Center; the Clinical and Translational Science Collaborative

(<http://casemed.case.edu/ctsc/>), which recently received a \$64.6 million renewal grant from NIH; Tuberculosis Research Unit; Center for Healthcare Research and policy (<http://www.chrp.org>); Center for Global Health and Diseases (<http://www.case.edu/orgs/cghd/>); all of the local health departments. Interested applicants should initially send a cover letter with a concise statement of career objectives along with CV (including history of teaching and research support) to Dr. Mendel Singer, Chairman of the Search Committee, by emailing [jean.farah@case.edu](mailto:jean.farah@case.edu). Dr. Singer can be reached for questions at 216-368-1951.

AA/EOE/M/F/D/V

CASE WESTERN RESERVE UNIVERSITY  
SCHOOL OF MEDICINE

ATTENTION: DR. MENDEL SINGER, CHAIRMAN OF THE SEARCH  
COMMITTEE

10900 EUCLID AVENUE, WG-57  
CLEVELAND, OHIO 44106-4945

Case Western Reserve University School of Medicine, Department of Epidemiology and Biostatistics and the Prevention Research Center for Healthy Neighborhoods Assistant/Associate-Level Faculty with Expertise in Community-Based Intervention Research  
The Department of Epidemiology and Biostatistics (EPBI) at Case Western Reserve University School of Medicine (<http://epbiwww.case.edu/>) seeks to fill a tenure-track position at the level of Assistant or Associate Professor with an individual with research expertise in school, community, environmental or policy interventions to improve healthy eating, physical activity and obesity prevention, particularly in low-income populations. Applicants should have an earned doctorate in epidemiology, nutrition, behavioral sciences or relevant field with training and experience in community-based research, a commitment to excellence in teaching and advising graduate students, and a track record of scholarly research including peer-reviewed publications and research funding commensurate with rank. Academic rank will be determined by the candidate's qualifications and experience. Although not required, completion of a postdoctoral research fellowship is strongly recommended for those applying at the assistant professor level. The successful candidate will be expected to establish an independent, extramurally-funded research program, contribute to the educational mission of the department and the research and mentoring mission of the Prevention Research Center for Healthy Neighborhoods. He/she will be responsible for teaching at least one graduate level course within the Health Behavior and Prevention concentration, one of the four PhD concentrations within the EBPI department. The EPBI department has 25 primary faculty and 41 PhD students, as well as a thriving MPH program with 115 students and many dual-degree programs, and 18 students in a newly established MS in biostatistics. The CWRU Prevention Research Center for Healthy Neighborhoods ([www.prchn.org](http://www.prchn.org)), funded in 2009, is one of 37 PRCs funded by the Centers for Disease Control and Prevention ([www.cdc.gov/prc](http://www.cdc.gov/prc)). The mission of the PRCHN is to foster partnerships within Cleveland's urban neighborhoods for developing, implementing, and testing strategies to prevent and reduce the burden of chronic disease - by addressing not only environmental and lifestyle issues, but also the conditions, inequities and resources of the community that are linked to chronic diseases. Cleveland offers a rich and supportive environment for community-based

research. Cleveland has one of the most progressive Food Policy Coalitions ([www.cccfoodpolicy.org](http://www.cccfoodpolicy.org)) in the country, with significant environmental and policy successes over the past five years. Urban agriculture is quickly becoming a part of urban landscape, and a number of large school districts are embracing farm-to-school initiatives. Three large community initiatives are underway that have great research potential particularly with regard to environmental and policy change, including the Health Improvement Partnership-Cuyahoga ([www.hipcuyahoga.org](http://www.hipcuyahoga.org)), Healthy Cleveland Initiative ([www.clevelandcitycouncil.org/healthy-cleveland.aspx](http://www.clevelandcitycouncil.org/healthy-cleveland.aspx)) and the Cuyahoga County Health Alliance (<http://wellness.cuyahogacounty.us/>). Case Western Reserve University and its associated hospitals (University Hospitals/Rainbow Babies, MetroHealth Medical Center, Cleveland Clinic, and VA Medical Center) also provide a rich environment for clinical and population health research with significant support and resources available through the recently renewed Clinical and Translational Science Collaborative (CTSC, <http://casemed.case.edu/ctsc/>), which recently received a \$64.6 million renewal grant from NIH. Faculty research expertise in the Department includes health promotion and prevention research; infectious diseases; global and environmental health; genetics; cancer; and health disparities. Interested applicants should initially send a statement of career objectives and complete curriculum vitae (including history of teaching and research support) to Dr. Elaine A. Borawski, Chairperson of the Search Committee, by emailing [jean.farah@case.edu](mailto:jean.farah@case.edu). AA/EOE/M/F/D/V

CASE WESTERN RESERVE UNIVERSITY  
SCHOOL OF MEDICINE

ATTENTION: DR. ELAINE BORAWSKI, SEARCH COMMITTEE CHAIR  
10900 EUCLID AVENUE, WG-57  
CLEVELAND, OHIO 44106-4945

Centers for Disease Control and Prevention, NCHS,  
Hyattsville, MD

[Scientist \(Interdisciplinary\)](#)

Deadline: September 10, 2012

This position is located in the Department of Health and Human Services (DHHS), Centers for Disease Control & Prevention (CDC), Office of Surveillance, Epidemiology, & Laboratory Services (OSEL), National Center for Health Statistics (NCHS), Division of Health Interview Statistics (DHIS), Data Analysis & Quality Assurance Branch (DAQAB), Hyattsville, MD. Announcement details at

<https://www.usajobs.gov/GetJob/ViewDetails/2387447>.

Corporate Accountability International, Boston, MA  
Senior Researcher

For 35 years, Corporate Accountability International has successfully challenged corporations like Nestlé, General Electric, and Philip Morris to halt abusive practices that threaten human rights, public health, the environment and our democracy. The organization is expanding-and leading campaigns challenging some of the world's most powerful industries from food and agriculture to water and Big Tobacco. Think Outside the Bottle exposes the truth behind bottled water marketing and defends the human right to water in the face of increasing corporate control and Public Water Works! galvanizes support for public water systems. Value [the] Meal challenges the fast food industry to stop driving an epidemic of diet-related disease and helps build a more sustainable food system. Our campaign to Challenge Big Tobacco

protects the first-ever corporate accountability treaty from tobacco industry interference. The Senior Researcher will play a lead role in providing the information necessary to develop and carry out our campaigns, with particular attention to the Value [the] Meal and Challenging Big Tobacco campaigns. The organization's research focuses on documenting abuses by targeted industries, power mapping corporate targets to inform campaign strategies and tactics, and supporting the development of policies and international regulatory instruments to control transnational corporate behavior. This is an exciting opportunity for a candidate with a research and organizing background who would thrive in a creative and driven office atmosphere.

Major Responsibilities:

- Play a lead role in the development and implementation of strategies challenging the fast food industry's impact on the food system and public health.
- Conceptualize and conduct research and analysis of transnational corporate activities and industry trends.
- Work closely with the Campaigns Team to further develop campaigns to stop life-threatening abuses by transnational corporations and identify and gather information to implement campaign tactics.
- Monitor and analyze corporate responses and progress relative to campaign goals and objectives.
- Produce written reports for internal use as well as public distribution.
- Develop and build relationships with key organizational allies and experts.
- Represent the organization as a spokesperson and advocate at conferences, shareholders' meetings, etc.
- Ensure accuracy of all communications, campaign and fundraising materials.
- Participate in organization-wide planning, fundraising and campaign activities.

Minimum Qualifications:

- Demonstrated commitment to corporate accountability and social justice, with a global perspective.
- At least 3 years of experience in strategic corporate research, organizing, and advocacy, preferably at a campaign-oriented organization.
- Excellent written and oral communication skills.
- Knowledge of corporate accountability issues.
- Demonstrated experience in quantitative analysis, including facility with spreadsheets.
- Experience in fact-checking.
- Experience organizing and/or developing a campaign related to food systems a plus.

Accountability: The Senior Researcher is accountable to the Research Director.

Salary range and hours: Commensurate with experience, with a generous benefits package.

Location: Campaign Headquarters- Boston, MA

To Apply: Email letter of interest, résumé, two writing samples and three to five references to Sarah Bennett at [jobs@stopcorporateabuse.org](mailto:jobs@stopcorporateabuse.org).

Harvard Center for Population and Development Studies  
Three Postdoctoral Fellowships  
The Harvard Center for Population and Development Studies (Pop Ctr) announces calls for applications for three postdoctoral fellowships all to begin in 2013:

(1) The Robert Wood Johnson Foundation Health & Society Scholars

Deadline: September 21, 2012

Harvard is one of four sites nationally to host this 2 year interdisciplinary program. For program information and to apply, visit

<http://www.healthandsocietyscholars.org/> For information specific to the Harvard site, visit <http://www.hsph.harvard.edu/centers-institutes/population-development/training/rwjf-health-soceity-scholars-program/index.html> Deadline to apply is Friday, September 21, 2012.

(2) The David E. Bell Fellowship

Deadline: November 30, 2012

The David E. Bell Fellowship provides opportunities for research and leadership training in a flexible, 1 or 2 year non-degree program for researchers and practitioners in the field of population and development. For information and application procedures, visit

<http://www.hsph.harvard.edu/centers-institutes/population-development/training/bell-fellowship/index.html> The application deadline is November 30, 2012.

(3) The Mortimer Spiegelman Postdoctoral Fellowship in Demographic Studies

Deadline: November 30, 2012

The Mortimer Spiegelman Postdoctoral Fellowship in Demographic Studies is open to researchers and practitioners in the field of demography and population studies. For 2013, the Pop Ctr will accept either one fellow for a 12 month appointment or two fellows for a six month appointment (each). The application deadline is November 30, 2012. Program and application details can be found at

<http://www.hsph.harvard.edu/centers-institutes/population-development/training/mortimer-spiegelman-postdoctoral-fellowship-in-demographic-studies/index.html>.

Questions about any of the fellowships can be emailed to Laura Price, [lprice@hsph.harvard.edu](mailto:lprice@hsph.harvard.edu).

Robert Wood Johnson Foundation, Research and Evaluation Program Officer (Quality/Equality)

Deadline: October 15, 2012

The program officer (PO) will work with the Quality/Equality Team whose goal is to lift the overall quality of health care in targeted communities, reduce racial and ethnic disparities and provide models for national replication. The PO will work collaboratively with the [Quality/Equality Team](#) and its national program called [Aligning Forces for Quality \(AF4Q\)](#). AF4Q supports the development of multi-stakeholder alliances in select communities and the use by these alliances of interventions in public reporting of quality data, quality improvement and consumer engagement to improve the health care, and ultimately the health, of the people in these communities. Research and analytic expertise in health services research, quality of care, costs of care and/or access to care is required. Candidates should be familiar with health care policy issues including efforts to expand insurance and access to care, to improve quality of care, and to contain costs.

For more information and to apply, visit:

<http://www.rwjf.org/about/jobdetail.jsp?id=10205>.

Society for Research in Child Development

2013-2014 Policy Fellowships

Deadline: December 15, 2012

The Society for Research in Child Development (SRCD) is seeking

applications for upcoming Policy Fellowships for 2013-2014. There are two types of Fellowships: Congressional and Executive Branch. Both provide Fellows with exciting opportunities to come to Washington, DC and use their research skills in child development outside of the academic setting to inform public policy. Fellows work as resident scholars within their federal agency or Congressional office placements. Fellowships are full-time immersion experiences and run from September 1st through August 31st. Following a two-week science policy orientation program sponsored by the American Association for the Advancement of Science (AAAS), Fellows receive an SRCD orientation to child development and public policy. The SRCD Office for Policy and Communications in Washington facilitates the Fellows' experience and is available as a resource throughout the year. Application Requirements: Applicants must have a doctoral-level degree in any relevant discipline (e.g., Ph.D., M.D., J.D.), must demonstrate exceptional competence in an area of child development research, and must be a member of SRCD. Both early-career and advanced professionals are encouraged to apply. Deadline to apply: December 15, 2012.

More information about the Fellowships is available online at <http://bit.ly/NXNQzy> or email [policyfellowships@srcd.org](mailto:policyfellowships@srcd.org).

The Annie E. Casey Foundation, Center for Effective Family Services and Systems, Baltimore, MD  
Senior Associate

The Annie E. Casey Foundation is a private charitable organization dedicated to helping build better futures for disadvantaged children in the United States. The primary mission of the Foundation is to foster public policies, human service reforms and community supports that more effectively meet the needs of today's vulnerable children and families. The Foundation distributes approximately \$187 million annually in grants to organizations whose work helps states, cities, and neighborhoods improve the life outcomes of these children and families. The Foundation is currently recruiting a mid-career professional with expertise in evidence-based program development, implementation and/or evaluation to join the Evidence-Based Practice Team within the Center for Effective Family Services and Systems.

This position is located at 503 North Charles Street in Baltimore, MD. To apply or for further information contact:

Maxine Norris, HR Recruiter  
The Annie E. Casey Foundation  
701 St. Paul Street  
Baltimore, MD 21202  
Online: [www.aecf.org/careers.aspx](http://www.aecf.org/careers.aspx)  
(410) 547-6600

The University of Memphis School of Public Health  
Seven Position Openings

The University of Memphis School of Public Health invites applications for eight 9-month tenure-track faculty and leadership appointments. The School presently offers a CAHME-accredited Master of Health Administration degree, the Master of Public Health, PhD programs in Social & Behavioral Sciences and Epidemiology, with a third PhD program in Health Systems & Policy planned. The University of Memphis is a comprehensive urban university, classified as a Carnegie Doctoral Research Extensive public institution. Six colleges and four professional schools enroll approximately 20,000 students with 4,300 in graduate

programs. The School provides a stimulating academic environment in a metropolitan setting that supports excellence and innovation in education, research, and community engagement with opportunities for collaboration with FedEx Institute of Technology, W. Harry Feinstone Center for Genomic Research, and Methodist Le Bonheur Center for Healthcare Economics among others. Our new Memphis Research Consortium (MRC) with \$10 million of state funding establishes the support for research within the areas of childhood obesity and health promotion to address key areas of focus in children's health improvement, clinical and behavioral informatics, community systems modeling and public health improvement. Collaborative agreements allow for cross-institutional work with St. Jude Children's Research Hospital and the University of Tennessee Health Science Center as well as partnerships with Baptist Memorial Health Care, Methodist Le Bonheur Healthcare and other community health clinics and systems (<http://memphisresearch.org>). The MRC will contribute startup funds for appointees with relevant expertise and the appointee will be expected and encouraged to engage in research activity with our Consortium partners. Qualified candidates must have a doctorate in one of the core areas of public health, a field related to public health, or a medical degree with training in public health, and have demonstrated teaching and research achievement or capability. Salary is competitive and commensurate with qualifications; an attractive benefits package, start-up support and generous research incentive package are available. Additional information about the School of Public Health is available at [www.memphis.edu/sph](http://www.memphis.edu/sph). Application materials can be submitted at <http://workforum.memphis.edu>; please include a cover letter outlining qualifications and interests, a curriculum vitae, and names of three references. Applications will be accepted until positions are filled.

(1) Director of Research: The Director will hold a senior faculty position and report to the Dean with primary responsibility for supporting the research mission and activities in the growth of extramurally funded research. Major duties include facilitating public health research, overseeing partnerships in the Memphis Research Consortium, providing mentorship to early career faculty and supporting doctoral student research. The successful candidate will have an established academic record to qualify for a tenured/tenure-track faculty appointment in epidemiology, social & behavioral sciences or health systems management and policy and a minimum of five years of administrative experience in academic research.

(2) Director, Division of Epidemiology & Biostatistics: A tenured/tenure-track Associate/Full professor is sought to direct this growing division which includes MPH concentrations in epidemiology and biostatistics, and a PhD program in epidemiology. Candidates must have a doctorate in epidemiology, biostatistics, or a related field; have an established record of publication and extramural funding; and demonstrated leadership in academic administration.

(3) Associate/Full Professor of Epidemiology: The position will provide expertise and support for our MPH epidemiology concentration and the PhD program in Epidemiology. Successful applicants will teach and mentor students and conduct extramurally-funded research. Expertise in chronic disease or behavioral/social epidemiology is desirable but not required. Applicants must have a doctoral degree in epidemiology or a closely related field and relevant experience commensurate with academic rank.

(4) Assistant/Associate Professor of Biostatistics: Successful candidates will teach and mentor students, seek

extramurally-funded applied research in public health, conduct collaborative research, and provide biostatistical expertise to support our research programs. Demonstrated methodological expertise in complex multi-level modeling or bioinformatics/health informatics is desirable but not required. Applied experience with analyses of birth cohorts or longitudinal studies of childhood obesity is desirable but not required. Applicants must have a doctoral degree in biostatistics or a closely related field and relevant experience commensurate with academic rank.

(5) Director, Division of Health Systems Management and Policy: A tenured/tenure-track Associate or Full professor is sought to direct the division, lead a new doctoral program in Health Systems & Policy, expand the Division's research capabilities, and maintain continued excellence in our CAHME-accredited MHA program, working closely with its Director,. Candidates must hold a relevant doctoral degree and have an established record of publication and extramural funding commensurate with rank as well as experience leading the development and improvement of research and academic programs.

(6) Assistant/Associate Professor of Health Systems Management and Policy: Up to two candidates are sought to develop an externally-funded research program in health systems and policy, teach MHA and MPH students, and contribute to a new doctoral program in Health Systems & Policy. Successful applicants will have strong research and teaching qualifications and have an earned doctoral degree in health services research or a related doctorate. Expertise in health informatics, economics, finance, systems delivery, quality improvement or policy is desirable but not required.

(7) Assistant/Associate Professor of Social and Behavioral Sciences: Up to two positions will support an MPH concentration and doctoral program in Social and Behavioral Sciences, engage in collaborative research with public health and interdisciplinary faculty, develop an externally-funded research program, and teach and mentor graduate students. Candidates should have an earned doctoral degree in a social/behavioral science or a related discipline with strong research qualifications and teaching experience commensurate to the position. Specialization in childhood obesity, community health promotion, or behavioral informatics is desirable but not required.

University of Connecticut Center for Health, Intervention, and Prevention

Full Professor Obesity Prevention and Control Researcher  
The Center for Health, Intervention, and Prevention (CHIP) at the University of Connecticut, in conjunction with the College of Liberal Arts and Sciences (CLAS), is seeking a faculty member at the Full Professor level. This position offers full academic tenure, with no requirement to fund a particular portion of one's academic year salary through external funding. Nevertheless, candidates for this position should have scholarly expertise and significant external funding in the area of obesity prevention and control in adults and/or children. The successful candidate will receive an appointment in a CLAS department (Communication Sciences, Human Development and Family Studies, or Psychology), as appropriate, depending on the applicant's training, research, teaching interests, and past professional experience. This position has the teaching, research, and service requirements expected

in the academic department, and performance will be evaluated predominantly through the home academic department. The candidate will become an affiliate of CHIP, which is a large multidisciplinary research center at UConn-Storrs with a focus on health and health behavior change, and with approximately \$50M in active external grant funding. CHIP will provide this individual with a multitude of research-related opportunities and collaborations, and the potential to bring together and lead the research efforts of current obesity prevention researchers and future hires at the Center and at UConn. Potential research foci for the position include, but are not limited to, the prevention and/or treatment of obesity, especially in underserved populations; dissemination and implementation of empirically-validated obesity treatment approaches via innovative channels; behavioral management of obesity-related co-morbidities through nutrition and physical activity changes; the study of health communications relevant to obesity prevention and management; and maternal and child nutrition. This faculty hire will contribute to his/her academic department and to CHIP's emerging strength in obesity prevention and control, allowing CHIP investigators to compete for more and larger external grants and ultimately to submit training and center grants in related areas. Several CHIP PIs from multiple departments currently have grant funding in obesity-related areas. Opportunities for multidisciplinary collaboration between the new hire and current UConn faculty will be facilitated through CHIP and its Obesity Core Interest Group, a multidisciplinary research group that meets periodically, hosts invited speakers through the CHIP Lecture Series, and has successfully promoted collaborations between investigators at the UConn-Storrs campus, regional campuses, the UConn Health Center, and others. Excellent collaboration possibilities exist between CHIP and many departments on the Storrs campus, as well as the University of Connecticut Health Center, Hartford Hospital, the Connecticut Children's Medical Center, and many community partners, including the Hartford Childhood Wellness Alliance. The expected start date for this position is August 23, 2013.

Minimum Qualifications: The successful candidate for this position must have a doctoral degree in an appropriate field, with an established track record of obtaining external funding in obesity-related fields, currently active external funding, significant publications in his/her research area, statistical and methodological skills, leadership ability, demonstrated ability to work collaboratively to develop new obesity-related initiatives, and experience teaching and advising graduate and undergraduate students. Equivalent foreign degrees are acceptable. While the successful candidate must have a substantial portfolio of grants, there is no requirement that s/he fund his/her salary with his/her grants.

Interested applicants should apply online through Husky Hire, [www.jobs.uconn.edu](http://www.jobs.uconn.edu), Search #2013006; upload curriculum vitae and statements of research and teaching interests. Three letters of recommendation are required and should be sent directly to [susan.hoge@uconn.edu](mailto:susan.hoge@uconn.edu). Screening of applications will begin immediately and will continue until a suitable candidate is found. Applicants are encouraged to submit materials by October 31, 2012. For additional information about CHIP, visit [www.chip.uconn.edu](http://www.chip.uconn.edu); for information about CHIP obesity prevention and control-related research, please visit: <http://www.chip.uconn.edu/research-areas/obesity/>.

University of Pittsburgh Graduate School of Public Health,  
Department of Behavioral and Community Health Sciences  
Three Full-time Faculty Positions (Health Disparities/Social  
Determinants of Health; Modeling and Simulation of Health

Behavior; Neural Approaches to Health Behavior)  
The Department of Behavioral and Community Health Sciences (BCHS) at the University of Pittsburgh Graduate School of Public Health (<http://www.publichealth.pitt.edu/>) is announcing three separate full-time faculty positions in the area of *health disparities/social determinants of health, modeling and simulation of health behavior* and *neural approaches to health behavior*. BCHS applies cutting-edge behavioral and social science methods to examine how people recognize health threats and obtain care, and what factors determine community health. Our faculty is engaged in research addressing a wide range of health topics and is well known for behavioral and community health interventions, dynamic models of health behavior change, community health assessment, community-partnered research, and evaluation science. BCHS has a strong commitment to conducting practice oriented research and to translating and disseminating research into the community. Visit our website [www.bchs.pitt.edu](http://www.bchs.pitt.edu) for more information about BCHS courses, certificate programs, community partners, current students and faculty, on-going funded research and news and events. The academic responsibilities of these new faculty positions include research, teaching, and service. Successful candidates will show evidence of scholarly productivity and either a history of extramural research funding or potential to transition to independent investigator. Publishing in peer-reviewed journals is expected, along with serving on master's and doctoral committees. Applications will be reviewed as they are received and recruitment will continue until the position is filled. Minimum requirements include a PhD or its equivalent. Interested applicants should send curriculum vitae, a letter describing research and qualifications, and names of three individuals (with complete contact information) at or above the proposed rank of appointment, outside of the University of Pittsburgh, who can speak to the candidate's qualifications. (Please note: At least three additional letters will be requested from referees identified independently of those provided by the candidate.)

(1) Modeling and Simulation of Health Behavior Faculty Position

We seek an assistant or associate professor with skills in computational, simulation, and modeling approaches to the dynamics of health behavior change. Formal models of health behavior may include health protective behaviors (e.g., screening, vaccination, and nonpharmacologic responses to disease threat), risk behaviors (e.g., substance abuse, sexual behaviors, or interpersonal violence), or other behaviors relevant for infectious and chronic disease risk. Candidates should be skilled in agent-based models, social network analysis, mobile sensing, neural networks, or related methods. We seek candidates with an earned doctorate in public health, a related social science discipline, or systems science and an interest in building bridges across disciplines within the school of health sciences and across the university. The successful candidate will work with our Public Health Dynamics Laboratory (<https://www.phdl.pitt.edu/>) and join the group of BCHS faculty already working to apply computational modeling to behavioral and community health issues. Applications should be sent to:

Jessica G. Burke, PhD  
Chair, Search Committee  
Associate Professor, Department of Behavioral and Community Health Sciences  
c/o Chantel Durrant  
207J Parran Hall, Graduate School of Public Health

130 DeSoto Street, University of Pittsburgh  
Pittsburgh, PA 15261

(2) Health Disparities and Social Determinants of Health  
Faculty Position

We seek an assistant or associate professor able to apply innovative research methods to address health disparities and the social determinants of health. Public health areas are open, but preference will be given to research in maternal and child health, cancer control and prevention, global issues, and mental health. Research methods are also open, but preferred areas include GIS, multilevel models, pragmatic trials, and experimental approaches. We seek candidates with an interest in building bridges across disciplines within the school of health sciences and across the university. The successful candidate will teach in the MPH core curriculum and the Department's certificate program in health equity research. Applications should be sent to:

Ron Stall, PhD

Chair, Search Committee

Professor, Department of Behavioral and Community Health Sciences  
c/o Celeste Petruzzi

209 Parran Hall, Graduate School of Public Health

130 DeSoto Street

University of Pittsburgh

Pittsburgh, PA 15261

(3) Neural Approaches to Health Behavior Faculty  
Position

We seek an assistant or associate professor with skills in biobehavioral approaches to health (e.g., perception of symptoms, cognitive resources required for effective self-management of disease), neuroeconomics (e.g., incentives for health behaviors), or neuroscience (i.e., identification of neural processes in health seeking or risk appraisal). The successful candidate will have experience in developing experimental paradigms in these areas and will work with multidisciplinary research teams (i.e., neuroimaging, cognitive neuroscience, behavioral economics). We seek candidates with an earned doctorate in public health, a related social science discipline, or neuroscience and an interest in building bridges across disciplines within the school of health sciences and across the university.

Applications should be sent to:

Edmund M. Ricci, PhD

Chair, Search Committee

Professor, Department of Behavioral and Community Health Sciences

c/o Jennifer Gray

207F Parran Hall, Graduate School of Public Health

130 DeSoto Street, University of Pittsburgh

Pittsburgh, PA 15261

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## CONFERENCES AND EVENTS

AcademyHealth and the Robert Wood Johnson Foundation  
Four-part Webinar on Leveraging MHealth Tools -  
September 10, October 1, November 5, and December 3,  
2012

Academy Health and the Robert Wood Johnson Foundation are offering

a free, four-part webinar series that will identify opportunities to leverage mHealth tools to solve practical needs of health services researchers, address potential challenges and barriers to using mobile devices to support HSR, and discuss how using a mobile solution can result in rigorous, publishable findings. Sessions will be held: September 10, October 1, November 5, and December 3, 2012. Registration is now open for the September 10 webinar (You must register for each event individually. Registration for the October, November and December dates will open at a later date.) Details: <http://bit.ly/TjSPys>.

**Background:** For health services researchers seeking to address questions related to health care financing and organization, public/population health, comparative effectiveness, and disparities, mHealth tools can provide a cost effective means to move beyond the usual reliance on claims data. These devices can be used to collect and work with information on patients' characteristics, communities, experiences and outcomes, as well as data on providers and delivery systems. New tools are highly effective, efficient, flexible, affordable and ubiquitous - and readily usable, regardless of technological "savvy."

**Logistics:**

- The series will consist of four free 90-minute webinars
  - Each session can be viewed independently of the others, but the series is designed to provide a stepwise introduction to mHealth technologies
- Webinar 1 - What are the tools for collecting mHealth data? A number of approaches exist today, outside of traditional clinical trials, to inexpensively gather primary data to answer critical questions for which secondary analysis of existing data is not ideal. Diffusion of these platforms within the HSR community has been limited. This session will demonstrate how useful HSR data can be collected quickly, reliably, and affordably using innovative new tools.

Date: September 10, 2012

Time: 3:30 pm - 5:00 pm ET

Introduction to the Series: Amy Abernethy, MD & Bradford Hirsch, MD, MBA (Center for Learning Health Care, Duke Clinical Research Institute)

Moderator: Brad Hesse, PhD (NCI HCIRB)

Faculty: Joel Selanikio, MD (DataDyne) - EpiSurveyor; Amy Abernethy, MD

(Duke) - Patient Reported Outcomes; Richard Garfein, PhD, MPH

(UCSD) - Adherence Tools

Webinar 2 - What are the logistical hurdles to using mHealth data in HSR?

Many in the HSR community have questions about the quality of primary data collection and the associated complexities of adoption. In this webinar, early adopters will discuss how they dealt with barriers and challenges including practical impediments to uptake, regulatory and IRB concerns and data security and IT infrastructure.

Date: October 1, 2012

Time: 3:30 pm - 5:00 pm ET

Moderator: Bradford Hirsch, MD MBA (Duke)

Faculty: Wendy Nilson, Ph.D (NIH OBSSR) - Impediments to Uptake; Ethan Basch, MD (Memorial Sloan-Kettering) - Regulatory & IRB Concerns; Jason Goldwater, MPA (eHealth Initiative) - Data Security & IT Infrastructure

Webinar 3 - What can I do with the data?

While the first requirement to move the field forward is to adopt new tools with which to collect data, it is also important to consider novel ways to imagine, analyze, use and present the information being collected. This session will demonstrate practical strategies readily

available to the health services researcher.

Date: November 5, 2012

Time: 3:30 pm - 5:00 pm ET

Moderator: Lynn Etheredge (George Washington University)

Faculty: Bill Riley, PhD (NIH OBSSR) - Data Simulation and Evaluation; Greg Samsa, PhD (Duke) - Dissemination & Rapid Learning Cycles; Ida Sim, MD, PhD

(UCSF) - Practical Visualization Tools

Webinar 4 - How do I move from idea to evidence?

Following the initial sessions, a questionnaire will be circulated requesting real world examples of data needs that could be solved using mHealth solutions and potential projects from webinar participants. The content of this session will then be built around the participants' interests to help envision the tools, overcome any potential regulatory hurdles, and outline a data analysis and dissemination plan.

Date: December 3, 2012

Time: 3:30 pm - 5:00 pm ET

Faculty: Amy Abernethy, MD (Duke)

This series is presented by the Robert Wood Johnson Foundation's Changes in Health Care Financing and Organization (HCFO) Program in Collaboration with the Center for Learning Health Care at the Duke Clinical Research Institute.

Community-Campus Partnerships for Health

Save the Date for the 2013 Conference

April 30-May 3, 2013

Chicago, IL

We are delighted to announce that Community-Campus Partnerships for Health's next conference will take place April 30 - May 3, 2014 in Chicago! Founded in 1996, CCPH is a non-profit membership organization that promotes health equity and social justice through partnerships between communities and academic institutions. Whether you are directly involved in community-based participatory research, service-learning or other community-campus partnerships - or are working to ensure the conditions are in place for such partnerships to thrive and have impact - CCPH conference are designed to challenge and inspire you! Regardless of the social justice issue you are passionate about - health equity, education, environmental justice, food security, sustainability, indigenous rights and so forth - together we will explore how to leverage partnerships to create change.

Equity and Social Justice - at King County WA USA  
Annual Report August 2012 Joint Center for Political and  
Economic Studies

<http://1.usa.gov/P1qLgd>

".....The integration of equity and social justice principles takes place at three levels and across all branches of county government:

- Policymaking and decision-making, using equity impact review tools to influence decisions and programs.
- Organizational operations; for example building equity and social justice into human resources and procurement practices.
- Community engagement and communications, including building capacity within the various departments to do community engagement work. .."

".....King County has identified 14 determinants of equity that are the conditions in which people live, learn, work and play. Equal access to these determinants is necessary for all people to thrive and reach their full potential regardless of race, income, or language spoken.

- \* Family wage jobs and job training
- \* Affordable, safe, quality housing
- \* Early childhood development
- \* Quality education
- \* Equitable law and justice system
- \* Access to affordable, healthy, local food
- \* Access to health and human services
- \* Access to parks and natural resources
- \* Access to safe and efficient transportation
- \* Community and public safety
- \* Economic development
- \* Strong, vibrant neighborhoods
- \* Healthy built and natural environments
- \* Equity in county practices

In King County, as in communities across our nation, there is disproportionate access to the determinants of equity and, therefore, disproportionate access to opportunity. Access or lack of access to the determinants of equity follows some of the same geographic patterns as seen on the maps in the preceding section of this report. As a result, while the current economic environment has challenged all communities, some geographic areas and communities have experienced greater impacts than others...." *[authors]*

Institute on Social Exclusion, Adler School of Professional Psychology

2012 Global Conference on the Social Determinants of Urban Mental Health

Chicago, IL

September 19-20, 2012 More than half of the world's population lives in urban areas. That figure is projected to grow to more than 60 percent by 2050. Although cities possess conditions that promote good mental health, they embody conditions, such as poverty, conflict, and social isolation that can harm mental health, as well. On September 19-20, 2012, at the Chicago Marriott Downtown, the Adler School of Professional Psychology and its Institute on Social Exclusion will host professionals in government, the academy and philanthropy to discuss the ways in cities impact the mental health outcomes of urban residents, and to share information about emerging tools, practices, and processes for ensuring that those impacts narrow mental health inequities and promote positive mental health and well-being. Michael G. Marmot, Ph.D., a leading scholar on global health inequalities, will give the keynote presentation. Marmot is director of the University College London Institute of Health Equity (Marmot Institute), and chair of the European Review on the Social Determinants of Health and the Health Divide. His pioneering work over the last 35 years advances understanding of the social causation of health inequalities. Plenary presenters will be:

\* Sarah Curtis, D.Phil., is a Professor of Health and Risk at the University of Durham in the United Kingdom. Curtis is an internationally recognized specialist in the geography of health who focuses on the geographical dimensions of health and health care inequalities. Her scholarship addresses how and why varying geographical settings relate to human health inequalities.

\* Kwame McKenzie, M.D. is the Director of the Social Aetiology of Mental Illness Training Centre at the Centre for Addiction and Mental Health and University of Toronto in Canada. His work focuses on the social causes of mental health problems, multi-cultural mental health, and social equity and health research. He is an expert on the social causes of psychosis, social capital, and the impact of racism on mental health.

For details about registration and continuing education, please visit [www.adler.edu/conference](http://www.adler.edu/conference).

National Conference on Using Data to Promote Health Equity and Address Disparities  
Silver Spring, MD  
November 13-14, 2012

Deadline (for travel reimbursement): September 15, 2012  
Community-Campus Partnerships for Health is pleased to be co-sponsoring this conference and serving on its planning committee. Please note that pre-registration is now open and there's a deadline of Sept 15 to be considered for travel reimbursement. National Conference on Using Data to Promote Health Equity and Address Disparities Nov 13-14, 2012 in Silver Spring, MD Funded by the Office of Assistant Secretary of Health/Office of Minority Health (OASH/OMH). The conference aims to help community-based organizations in their efforts to better use data and other sources of knowledge to promote health equity and address health disparities. The conference will be designed to support community groups in accessing existing national, state, or local data; and analyze and use these data to end health disparities. The conference will include workshops, breakout sessions, and presentations on how to use existing data sources at the local, state, and national levels. The conference will be most beneficial to members of community-based efforts (coalitions, grassroots organizations, etc.) and nonprofit organizations, who have used or want to use data to advance their health equity or health disparities work and would like to improve their data capacity. The conference is open to anyone who is either engaged in or interested in using data for health equity and health disparities work, and willing to learn and to share their experience with others. More information about the conference will be forthcoming. The OMH has provided funding for 150 participants to have their travel to the conference reimbursed up to \$1,000. This travel reimbursement will be available to representatives of grassroots organizations, coalitions, and non-profit organizations with annual budgets under \$500,000. For more information about the travel reimbursements and to pre-register for the conference please go to <http://bit.ly/OAYYHz>.

Robert Wood Johnson Foundation New Connection Program  
Sixth Annual Research and Coaching Clinic  
National Harbor, MD  
November 2-4, 2012

Deadline: September 6, 2012 (midnight)

The Robert Wood Johnson Foundation's New Connections program is excited to announce that its Sixth Annual Research and Coaching Clinic will be held November 2-4, 2012 in National Harbor, MD.

The Research and Coaching Clinic aims to increase the visibility and enhance the skill sets of New Connections grantees and potential applicants. Applicants to New Connections are early- to mid-career researchers from underrepresented communities. As always, this year's Research and Coaching Clinic will serve as a forum for Junior Investigators and Midcareer Consultants to gain professional skills and

network with peers and senior scholars. [The Research and Coaching Clinic will focus on writing manuscripts for publication and grant proposals.](#) All Research and Coaching Clinic participants must be actively working on a writing project and be able to bring a draft of the project for use during the Clinic. Participation in the Research and Coaching Clinic is by invitation only. Those selected to attend will be eligible for a travel stipend to cover selected expenses related to attending the meeting.

Details about the Research and Coaching Clinic and application information can be found at these links:

- New Connections grantees (current and alumni including HER NC, ALR NC, and PHLR NC) please follow this link: [RCC Grantees and Alum](#)
- For all others, please follow this link: [RCC Application Info.](#)

Applications will be accepted until midnight, Thursday, September 6, 2012. The application is competitive and space is very limited so apply now! Please direct inquiries to [info@rwjf-newconnections.org](mailto:info@rwjf-newconnections.org) or call Sharon Norris-Shelton, New Connections Program Consultant, at 734-697-8368.

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## RESOURCES

### Publications

Social determinants of health: The role of social protection in addressing social inequalities in health  
Barbara Rohregger, Deutsche Gesellschaft für -  
Internationale Zusammenarbeit (GIZ) GmbH  
Eschborn/ Germany

<http://www.gtz.de/de/dokumente/giz2011-en-social-determinants-of-health.pdf>

".....The social, economic and political context in which people grow, live, work and age has enormous impact on their health status. These wider structural determinants of health lie largely outside the health sector. The level and coverage of social protection systems is one key determinant. Social protection measures and mechanisms directly contribute to poverty reduction and human resource development by providing recipients with in-kind or cash transfers. They also allow beneficiaries to gain better access to social services, including health facilities, drugs, etc...Falling ill is one of the most important social and economic risks; illness not only generates costs in terms of treatment; it also has major economic implications with regard to loss of income and labour supply. Especially the most vulnerable are more likely to become sick while at the same time they are less able to cope with it; amongst others they lack adequate social protection mechanisms that allow them to cover the costs of treatment and drugs and overcome a temporary loss of income....."

The 10 Promising Practices Fact Sheets  
The Sudbury & District Health Unit (SDHU) - August 2012  
<http://bit.ly/OXNPwH>

As part of a Canadian Health Services Research Foundation Fellowship (*Executive Training in Research Application* - EXTRA), the Sudbury & District Health Unit identified 10 practices that are promising in their potential to reduce social inequities in health in our communities. These fact sheets are designed to help public health practitioners and our community partners apply each of the 10 Promising Practices to reduce social inequities in health. They have a common format that identifies essential components, key issues, and tools and resources for each Promising Practice.

1. Targeting With Universalism - <http://bit.ly/OXBqsg>

Every citizen deserves the opportunity to be healthy and to practise healthy behaviours. Thus, health promotion and protection programs and services endeavour to ensure that everyone has access to programs and services. Services designed for general access-by everyone, in the same way-constitute a universal approach.

However, evidence shows that individuals who benefit most from "universal" health programs and services are often those who have more money, more time, more social support, higher literacy, and better preceding health. In some cases, universal programs may increase health inequities such that the health of those who are socially advantaged improves more than the health of those who are socially disadvantaged. ..."

2. Purposeful Reporting - <http://bit.ly/OSPYMm>

"...The World Health Organization, among others, identifies the importance of reporting purposefully on the relationship between health and social inequities in all health status reports. The WHO document *The Social Determinants of Health: Developing an evidence base for political action* highlights the link between sharing knowledge of health inequities and political action.

Similarly, *Closing the Gap in a Generation*, notes that "ensuring that health inequity is measured . . . is a vital platform for action" (p. 2).

Thus, intentional and public presentation of evidence about health inequities can be part of a broad strategy for change..."

3. Social Marketing - <http://bit.ly/O6Pf8T>

"...Social marketing is *"the systematic application of marketing alongside other concepts and techniques, to achieve specific behavioural goals, for a social good"*. (p. 451)<sup>1</sup> Social marketing involves defining and understanding target audiences so that interventions and health communications can be tailored to audience needs and preferences. With the objective of reducing health inequities, social marketing interventions for local public health practice can create positive social change and improve the health of vulnerable populations by two approaches: The first tailors behaviour change interventions to more disadvantaged populations (with the goal of levelling-up). The second, less conventional approach, uses social marketing to change the understanding and ultimate behaviour of decision makers and the public to take or support action to improve the social determinants of health inequities...."

4. Health Equity Target Setting - <http://bit.ly/MIOs7m>

"...As understood by the National Health Service (NHS) in the United Kingdom, *"targets are a way of ensuring that resources and effort are directed at tackling health inequalities in an explicit and measurable way"*. (p. 9)<sup>1</sup> Many countries have incorporated target setting into their intersectoral work on social inequities in health. However, as the World Health Organization highlights, the exact nature of the targets appears to be important, since some targets may be more enabling of progress than others.<sup>2</sup> Although target setting is not universally supported in the literature, it appears to hold some promise as part of a strategy for

reducing health inequities and may have a role at the local public health level...."

#### 5. Equity-Focused Health Impact Assessment -

<http://bit.ly/ONRCfq>

"...Health impact assessment (HIA) is a structured method to assess the potential health impacts of proposed policies and practices. HIA enables decision makers to highlight and enhance the positive elements of a proposal, and minimize the aspects that may result in negative health outcomes<sup>1</sup>. By evaluating a broad range of evidence, HIAs are a useful way to assess the impact of proposals (either policy or specific practice) at the general population level. However, they are also recognized as a promising method to address the underlying social and economic determinants of health and resulting health inequities<sup>2</sup>. Equity-focused health impact assessment (EfHIA) specifically includes questions such as "Is this proposal likely to affect those who are already disadvantaged? Is it likely to impose new health burdens on specific groups? Is it likely to change exposure to, and/or distribution of, risk factors or specific determinants of health (for example, living conditions, access to services)?"<sup>2</sup> By applying an equity lens to HIAs, it becomes clear that virtually every policy has winners and losers-some groups benefiting more than others...."

#### 6. Competencies/Organizational Standards - <http://bit.ly/PHgx2Q>

"...Competencies and organizational standards guide our daily practice. The Public Health Agency of Canada<sup>1</sup> identifies 36 core competencies for public health encompassing essential knowledge, attitudes, and skills. Most importantly, these competencies were developed for practice within the context of the values of public health and include, for example, equity, social justice, community participation, and determinants of health. The core competencies for public health offer a solid foundation for local public health staff recruitment and skill development. As building blocks for effective public health practice, organizational standards provide benchmarks for public health units...."

#### 7. Contribution to the Evidence Base - <http://bit.ly/P7KpuM>

"...When public health staff are asked about their capacity to address social inequities in health, a frequent issue that emerges is a lack of "best practices" to guide their interventions. The EXTRA Research Fellowship was carried out, in part, to help address these staff needs. However, it confirmed the existence of a gap in the evidence base with respect to effective local public health practice to reduce social inequities in health. The evidence that does exist is often produced by practitioners working in a service delivery context in which publishing is not a priority. The evidence produced is often preliminary, small scale and specific to a particular context. Therefore, practice-based evidence might not be accepted for publication in traditional academic outlets...."

#### 8. Early Childhood Development - <http://bit.ly/Nq1Xgz>

"....Early child experiences establish the foundational building blocks for development across the life stages. Furthermore, with the greatest gains experienced by the most deprived children, investments in early child development have been referred to as powerful equalizers. Early child experiences influence language, physical, social, emotional and cognitive development, which in turn, and throughout the lifecourse, affect learning, educational, economic, and social success, and health. Early childhood development (ECD), nurturing environments, and quality childhood experiences are important for positive human development and health. Early child experiences contribute to positive developmental outcomes, and subsequently health, through a number of pathways, including psychological, behavioural, and physical...."

9. Community Engagement - <http://bit.ly/NgalCF>

".....As a strategy to reduce health inequities, community engagement is the process of involving community stakeholders in the development and implementation of policies, programs, and services. In Closing the gap in a generation, the World Health Organization highlights the need to "empower all groups in society through fair representation in decision-making about how society operates, particularly in relation to its effect on health equity, and create and maintain a socially inclusive framework for policy-making...Working with community professionals and agency representatives is one approach to engagement. However, building relationships with target populations and service users is also key to identifying community strengths and challenges...."

10. Intersectoral Action - <http://bit.ly/MBQPwB>

".....A comprehensive strategy to promote health includes health care when individuals are ill and addresses the underlying causes of poor health where people live, work, learn, and play. These underlying causes are, in part, the result of social, economic, and political actions from different community sectors and all levels of government and industry...Safe and affordable housing, access to parks and recreational activities, quality health care, early childhood education, safe streets, public transportation, and opportunities for meaningful employment are just some of the many factors that influence an individual's opportunities for health and well-being...."

What Difference does a Policy Brief Make?

Penelope Beynon, Christelle Chapoy, Marie Gaarder and Edoardo Masset

Institute of Development Studies and the International Initiative for Impact Evaluation (3ie) 2012 Full Report of an IDS, 3ie, Norad study

<http://bit.ly/NX9hWx>

".....Research has potential to improve the lives of the world's vulnerable people if it is appropriately referred to in decision-making processes. While there is a significant industry of activity each year to communicate research findings, little systematic research has tested or compared the effectiveness of such efforts either for changing beliefs or for prompting action...Using a randomised control design, this study explored the effectiveness of one popular research communication tool, a policy brief, and queried whether different versions of a brief bring about different results. We find that the policy brief had little effect on changing the beliefs of readers who held strong prior beliefs on entering the study, but had some potential to create evidence-accurate beliefs among readers holding no prior beliefs.

Also, when it comes to beliefs, the impact of the policy brief seems to be independent of the specific form of the policy brief...However, different versions of the brief (versions that include a research Opinion with or without a suggestion that the opinion is from an Authoritative source) do achieve different results when it comes to prompting actions. We find that other factors internal and external to the brief (gender of the reader, reader's self-perceived level of influence and the extent to which the reader feels 'convinced' by the brief) are also linked to action...This first-of-its-kind study has implications for how research communication experts design policy briefs, how they understand and enable readers to act as knowledge brokers in their particular environment, and how we evaluate research communication going forward...."

What types of interventions generate inequalities? Evidence

from systematic reviews

Theo Lorenc, Mark Petticrew, Vivian Welch, Peter Tugwell. J Epidemiol Community Health. Published online first Aug 8, 2012 Abstract: Background Some effective public health interventions may increase inequalities by disproportionately benefiting less disadvantaged groups ('intervention-generated inequalities' or IGIs). There is a need to understand which types of interventions are likely to produce IGIs, and which can reduce inequalities.

Methods: We conducted a rapid overview of systematic reviews to identify evidence on IGIs by socioeconomic status. We included any review of non-healthcare interventions in high-income countries presenting data on differential intervention effects on any health status or health behaviour outcome. Results were synthesised narratively.

Results: The following intervention types show some evidence of increasing inequalities (IGIs) between socioeconomic status groups: media campaigns; and workplace smoking bans. However, for many intervention types, data on potential IGIs are lacking. By contrast, the following show some evidence of reducing health inequalities: structural workplace interventions; provision of resources; and fiscal interventions, such as tobacco pricing.

Conclusion: Our findings are consistent with the idea that 'downstream' preventive interventions are more likely to increase health inequalities than 'upstream' interventions. More consistent reporting of differential intervention effectiveness is required to help build the evidence base on IGIs.

#### What is already known on this subject

\* Some successful public health interventions may increase inequalities by bringing about greater improvements in health or health behaviours in less disadvantaged groups.

\* Some researchers have argued that 'downstream' interventions which focus on individual behavioural changes are more likely to increase inequalities than 'upstream' social or policy interventions.

#### What this paper adds

\* There is robust evidence that some public health intervention types increase inequalities between socioeconomic groups. Media campaigns may be particularly likely to do this.

\* Several intervention types appear promising in reducing inequalities between socioeconomic groups, including resource provision, fiscal interventions and structural workplace interventions.

\* This has important implications for those seeking to develop, implement and evaluate public health interventions, whether they explicitly aim to reduce inequalities or not.

Table 1: Findings on inequalities in intervention effect by SES

<http://jech.bmj.com/content/early/2012/08/07/jech-2012-201257/T1.expansion.html>

<http://jech.bmj.com/content/early/2012/08/07/jech-2012-201257.full#T1>

Why We Need Urban Health Equity Indicators: Integrating Science, Policy, and Community

Jason Corbur, Alison K. Cohen, PLoS Med 9(8): e1001285.

doi:10.1371/journal.pmed.1001285 - August 14, 2012

<http://bit.ly/RWpBFS>

*"...discuss the need for urban health equity indicators, which can capture the social determinants of health, track policy decisions, and promote greater urban health equity..."*

".....Measuring the forces that contribute to urban health is one challenge for promoting more healthy and equitable cities. Burden of disease estimates have tended to focus on the whole world or specific

geographic regions [4],[5]. These data can mask intra-city differences and global data may not be relevant to inform national or municipal policy making...Public health has developed metrics for single pathogenic exposures or risk factors, but these measures often ignore both community assets that promote health equity and the cumulative impacts on health from exposure to multiple urban environmental, economic, and social stressors [6],[7]. Recognizing these population health challenges, the United Nations (UN) Commission on Social Determinants of Health (2008) called for "*health equity to become a marker of good government performance*" and for the UN to "adopt health equity as a core global development goal and use a social determinants of health indicators framework to monitor progress...More recently, the 2011 *World Social Determinants of Health Conference and the Pan-American Health Organization's Urban Health Strategy* called for the development of new urban health equity indicators that track the drivers of health inequities across place and time, particularly within a city neighborhood...In this paper, we briefly outline an approach for promoting greater urban health equity through the drafting and monitoring of indicators. We draw examples from the cities of Richmond, California, and Nairobi, Kenya. More specifically, we argue that participatory indicator processes hold the potential to shape new healthy and equitable urban governance by:

- integrating science with democratic decision making;
- tracking policy decisions that shape the distribution of health outcomes; and
- including protocols for ongoing monitoring and adjusting of measures over time....."

Summary points:

As the urban population of the planet increases and puts new stressors on infrastructure and institutions and exacerbates economic and social inequalities, public health and other disciplines must find new ways to address urban health equity. Urban indicator processes focused on health equity can promote new modes of healthy urban governance, where the formal functions of government combine with science and social movements to define a healthy community and direct policy action. An inter-related set of urban health equity indicators that capture the social determinants of health, including community assets, and track policy decisions, can help inform efforts to promote greater urban health equity. Adaptive management, a strategy used globally by scientists, policy makers, and civil society groups to manage complex ecological resources, is a potential model for developing and implementing urban health equity indicators. Urban health equity indicators are lacking and needed within cities of both the global north and south, but universal sets of indicators may be less useful than context-specific measures accountable to local needs.....

#### Others

CDC Health Equity Resource Toolkit for State Practitioners: Addressing Obesity Disparities  
CDC - Division of Nutrition, Physical Activity, and Obesity  
**Center for Training and Research Translation's** (Center TRT) - 2012

[bit.ly/OZu0sh](http://bit.ly/OZu0sh)

".....The goal is to increase the capacity of state health departments and their partners to work with and through communities to implement effective responses to obesity in populations that are facing health

disparities. The Toolkit's primary focus is on how to create policy, systems, and environmental changes that will reduce obesity disparities and achieve health equity.

For the purpose of this Toolkit, "*policy*" refers to procedures or practices that apply to large sectors which can influence complex systems in ways that can improve the health and safety of a population. States are already conducting activities to address obesity across populations.

This Toolkit provides guidance on how to supplement and compliment existing efforts. It provides evidence-informed and real-world examples of addressing disparities by illustrating how the concepts presented can be promoted in programs to achieve health equity using three evidence-informed strategies as examples:

1. Increasing access to fruits and vegetables via healthy food retail with a focus on underserved communities.
2. Engaging in physical activity that can be achieved by increased opportunities for walking with a focus on the disabled community, and other subpopulations that face disparities.
3. Decreasing consumption of sugar drinks with an emphasis on access to fresh, potable (clean) water with a particular focus on adolescents and other high consumers.

Though the Toolkit utilizes these three strategies as examples, the planning and evaluation process described in the Toolkit can be applied to other evidence-informed strategies to control and prevent obesity. This Toolkit purpose is to inform state programs that seek to address obesity with a focus on health equity. ...The Toolkit is designed to give an overview of a suggested process for planning, implementing, and evaluating a program to address obesity disparities. The Toolkit begins with an introduction of the burden of obesity in the U.S. and some of the disparities in the experience of that burden. Then it provides a description of a recommended conceptual framework, the Social Ecological Model, and follows with seven Sections which discuss the steps and ongoing considerations of the process. Each Section contains 1) a basic description of the steps of the process and suggested evidence-informed actions to help address obesity disparities, 2) practical tools for carrying out activities to help reduce obesity disparities, and 3) a "real-world" case study of a successful state-level effort to address obesity with a focus on health equity that is particularly relevant to the content in that section. Hyperlinks to additional resources are included throughout.

In addition to the resources, tools, and examples within each Section of the Toolkit, the Appendices provide resource lists ..."

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IV. Appendix D. Resources Included in the Toolkit, by Section  
Gayle Holmes Payne, Ph.D. Lead Behavioral Scientist - Program Development and Translation Team Lead - Division of Nutrition, Physical Activity, and Obesity

National Center for Chronic Disease Prevention and Health Promotion - CDC Centers for Disease Control and Prevention

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## ABOUT THIS NEWSLETTER

To contribute information, resources or announcements to Kellogg Connection, e-mail [kconnection@cfah.org](mailto:kconnection@cfah.org). The Kellogg Connection is a monthly electronic newsletter that connects W.K. Kellogg programs:

Kellogg Health Scholars, Scholars in Health Disparities, Community Health Scholars, Kellogg Fellows in Health Policy Research and H. Jack Geiger Congressional Health Policy Fellows.

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