



abstract has been selected for the November APHA meeting and provide information regarding your presentation.

**Save the Date! The Kellogg Health Scholars Program and Kellogg Fellows in Health Policy Research Program will co-host a reception for the Kellogg Scholars and Fellows and Friends of the Programs** on Monday, November 5, 2007, from 6:00 p.m. to 9:00 p.m., at Busboys and Poets, 2021 14th Street, NW, Washington, DC. The reception, held in conjunction with the 2007 APHA Annual Meeting, is a wonderful networking opportunity. Please RSVP to Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)) by **Friday, October 19.**

**Save the Date! 6<sup>th</sup> Annual Disparities in Health in America: Celebrating Scholar Entrepreneurs**  
**June 21-27, 2008**  
**The University of Texas M.D. Anderson Cancer Center**  
**Houston Texas**

The goal of this workshop is to provide a comprehensive approach to the issue of health disparities and celebrate 10 years of Social Entrepreneurs Working Toward Social Justice. Participants will be exposed to introductory knowledge and experiences related to the complex social, behavioral and medical determinants of populations' health. Hopefully, this will enable them to understand the origins of health disparities within a population and to conceptualize programs and policies to reduce and eliminate those disparities. While attending, health professionals will hear about the latest findings of specific research that demonstrates wide disparities in health among certain populations. It is our hope to create an awareness of factors that currently contribute to wide disparities in health so that attendees might address health disparities within a biopsychosocial approach. Dr. Lovell Jones, Kellogg Health Scholar Program (KHSP) Site Director at MD Anderson Cancer Center, plans to invite all of the Kellogg scholar and fellow alumni as well as the 2006-2008 Kellogg Health Scholars to make presentations at this workshop. Please email Dr. Jones, [lajones@mdanderson.org](mailto:lajones@mdanderson.org), regarding your current contact information, your accomplishments and whether or not such a meeting to begin to network across cohorts as well as setup a way all can stay in contact is of interest to you. Given the upcoming election and the need to keep this issue active with Presidential and Congressional candidates, we feel that such a network is crucial to successfully keeping this issue not only alive, but effectively addressing health disparities. We will be sending out a call for abstracts for those among the alumni who would like to be considered as presenters. We are planning to have all 15 current Kellogg Health Scholars present at the 6th Annual Workshop, similar to presentations at the 4th and 5th Annual Workshop.

***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 [dtorresen@cfah.org](mailto:dtorresen@cfah.org) or [mbjones@cfah.org](mailto:mbjones@cfah.org).*

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**SPOTLIGHT ON KELLOGG SCHOLARS NETWORK**

Meet Community Track-Kellogg Health Scholar, **Dionne M. Smith, Ph.D., M.A.Ed....**

Dr. Dionne Smith, a Kellogg Health Scholar at the University of North Carolina Chapel Hill School of Public Health training site, is working with Project GRACE (Growing, Reaching, Advocating for Change & Empowerment), an academic-community partnership aimed at eliminating health disparities in African American communities. Her current research is focused on understanding multiple determinants of health as they relate to HIV/AIDS prevention in two rural African American communities. Preliminary findings from this community-based participatory research

point to the need for comprehensive sex-education curriculum in schools, and identify linkage between the lack of recreational opportunities and high-risk sexual behavior.

During the June KHSP Networking meeting in Washington DC, Dr. Smith visited (along with her academic and community mentors) the office of Congressman G. K. Butterfield who represents the district where Project GRACE takes place. In reporting on the team's experience on the Hill, Dr. Smith stated:

*"During our meeting with Congressman Butterfield we shared the work that we are doing with Project GRACE...As a result, he expressed an interest in helping with our efforts to get the lay community and faith community involved in our work. In addition, he offered to collaborate with us in hosting an "AIDS Awareness Summit" AND he offered to fund the entire event. The summit was solely his idea. He gave us the name and contact info for his staffer in the Williamston, NC office who will assist with the coordination. My community mentor will share the news with the research steering committee in an effort to collaboratively work with the Congressman on planning the AIDS Awareness Summit. I must share that this experience underscores the critical connection between academe, community, and policy as well as the power of the connection to effect the change that we are all working towards in our communities."*

Dr. Smith earned a Ph.D. in Psychology from The University of Tennessee-Knoxville in August of 2004. She received her M.A.Ed. in Counselor Education from Wake Forest University and her B.A. in Sociology from The University of Virginia. From 2004-2006 she was a research fellow in the Department of Mental Health at the Johns Hopkins Bloomberg School of Public Health. In 2005, she was named a National Center on Minority Health & Health Disparities Scholar. Her dissertation research explored the attitudes of mental health utilization by African American female students at a Predominantly White Institution.

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## FUNDING

### National Institutes of Health

#### Health Research with Diverse Populations (R01) Grant

(PA-07-409)

**Opening Date:** August 1, 2007 (Earliest date an application may be submitted to Grants.gov)

**Letters of Intent Receipt Date(s):** Not required.

**NOTE:** On time submission requires that applications be successfully submitted to Grants.gov no later than 5:00 p.m. local time (of the applicant institution/organization).

**Application Submission/Receipt Date(s):** Standard dates apply, please see

<http://grants1.nih.gov/grants/funding/submissionschedule.htm>

Purpose. The purpose of this Funding Opportunity Announcement (FOA) is to invite grant applications for biological, behavioral, social, addictive, and mental health research related to the health of lesbian, gay, bisexual, transgender, intersex, and other diverse populations. Proposed research should be appropriate for the missions of one or more of the participating Institutes. -

Mechanism of Support. This FOA will utilize the NIH Research Project Grant (R01) award mechanism. Research applications that better fit under other award mechanisms, including the NIH Small Research Grant (R03) (see <http://grants.nih.gov/grants/guide/pa-files/PA-06-180.html>), the NIH Academic Research Enhancement Award (R15) (see

<http://grants.nih.gov/grants/guide/pa-files/PA-06-042.html>), and the NIH

Exploratory/Developmental Research Grant (R21) (see <http://grants.nih.gov/grants/guide/pa-files/PA-06-181.html>) are encouraged to be submitted under those other mechanisms. -Funds

Available and Anticipated Number of Awards. Awards issued under this FOA are contingent upon the availability of funds and the submission of a sufficient number of meritorious applications. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-07-409.html>.

**Sociology Initiatives Foundation**  
**Funding for Research that Supports Social Change**  
**Deadline: August 15, 2007**

The Sociological Initiatives Foundation provides grants of \$5,000 to \$15,000 to support research that supports social change. The Foundation specifically supports research that focuses on: \*Clear social policy objectives; \*Institutional and educational practices; \*Legislative and regulatory changes; \*Organizing previously unorganized groups; \*Building collective community capacity and/or power (such as expanding membership base); \*Linguistic issues, such as literacy, language maintenance and expansion, multilingualism and its implications, and their possible intersection with social and policy issues. The Foundation supports projects that address institutional rather than individual or behavioral change and/or research and initiatives that provide insight into sociological and linguistic issues that may be useful to specific groups and/or communities. It supports projects that have an explicit research design and a concrete connection to public or community impact. The research should ideally build an organization or constituency's potential to expand public knowledge, impact policy, and create social change. Complete guidelines and on-line concept application are available at <http://comm-org.wisc.edu/sif> >. Contact Prentice Zinn at [pzinn@grantsmanagement.com](mailto:pzinn@grantsmanagement.com) or 617-426-7080, x307.

**The Robert Wood Johnson Foundation**  
**Special Solicitation for Tobacco Policy Change: A Collaborative for Healthier Communities and States**  
**Deadline: September 14, 2007**

The Robert Wood Johnson Foundation (RWJF) is pleased to announce a special solicitation for Tobacco Policy Change: A Collaborative for Healthier Communities and States. Since 2004, grantees of Tobacco Policy Change have advocated for policies to decrease tobacco use and exposure. Under a new special solicitation, prospective grantees will apply their skills and experience to advance tobacco and other public health policies. Organizations who propose projects in Indian Country or the following states are eligible to apply: Ala., Ariz., Fla., Ga., Ind., Ky., La., Mich., Miss., Mo., N.C., Ohio, Okla., S.C., Tenn., Texas, W. Va. and Va. To learn more visit [www.tobaccopolicychange.org](http://www.tobaccopolicychange.org).

**National Institutes of Health**  
**Reducing Health Disparities Among Minority and Underserved Children (R01)**  
**(PA-07-392)**

**Opening Date: September 5, 2007 (Earliest date an application may be submitted to Grants.gov)**

**Letters of Intent Receipt Date(s): Not Applicable**

**NOTE: On time submission requires that applications be successfully submitted to Grants.gov no later than 5:00 p.m. local time (of the applicant institution/organization).**

**Application Submission/Receipt Date(s): Standard dates apply, please see <http://grants1.nih.gov/grants/funding/submissionschedule.htm>**

Purpose. This Funding Opportunity Announcement (FOA) issued by the National Institute of Nursing Research (NINR), National Institute of Child Health and Human Development (NICHD), National Heart, Lung, and Blood Institute (NHLBI), National Institute on Alcohol, Alcoholism, and Alcohol Abuse (NIAAA), National Cancer Institute (NCI), and National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Institutes of Health (NIH), solicits Research Project Grant (R01) applications from institutions/organizations that propose to conduct research to reduce health disparities among minority and underserved children. Specifically, this initiative focuses on ethnic and racial minority children and underserved populations of children such as: children from low literacy, rural and low-income populations, geographically isolated children, hearing and visually impaired children, physically or mentally disabled children, children of migrant workers, children from immigrant and refugee families, and language minority children. Specific targeted areas of research include biobehavioral studies that incorporate multiple factors that influence child health disparities such as biological (e.g., genetics, cellular, organ systems),

lifestyle factors, environmental (physical and family environments), social (e.g., peer influences), economic, institutional, and cultural and family influences; studies that target the specific health promotion needs of children with a known illness and/or disability; and studies that test and evaluate the cost effectiveness of health promotion interventions conducted in nontraditional settings. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-07-392.html>.

### **The William T. Grant Foundation**

#### **Request for Proposal: Intervention Research to Improve Youth-Serving Organizations**

**Deadline: October 4, 2007**

The William T. Grant Foundation is pleased to announce the 2007 Request for Proposals (RFP) for Intervention Research to Improve Youth-Serving Organizations. This RFP is one element in the Foundation's broader effort to build theory and evidence about how to improve schools and youth organizations at the point of service. The Foundation recently made awards from last year's edition of the RFP; information about those grants will be posted to the Foundation's website later this month. To download the RFP and descriptions of previous awards visit the Foundation's website at [http://www.wtgrantfoundation.org/info-url\\_nocat3042/info-url\\_nocat\\_show.htm?doc\\_id=287117&attrib\\_id=11707](http://www.wtgrantfoundation.org/info-url_nocat3042/info-url_nocat_show.htm?doc_id=287117&attrib_id=11707). For more information, contact Susan Zuckerman, ph: 212-752-0071, ext. 325; email: [szuckerman@wtgrantsfdn.org](mailto:szuckerman@wtgrantsfdn.org) or [info@wtgrantsfdn.org](mailto:info@wtgrantsfdn.org).

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### **CALL FOR SUBMISSIONS**

#### **Call for Breakout Sessions: Association for Community Health Improvement**

#### **Spring Training for Health Champions Conference**

**Omni Hotel**

**Atlanta, GA**

**March 5-7, 2008**

**Deadline: August 3, 2007**

You are invited to submit a proposal to share your work, expertise and accomplishments in one of 30 Breakout Sessions that will be the core of the educational program. ACHI is committed to delivering a high quality program at its national community health and community benefit conference, and to making a real difference in health systems and health status. To that end, we have established specific submission guidelines that focus on practical lessons grounded in experience, results and replicability. Also this year, we'll be providing all selected speakers with assistance on preparing engaging and clear presentations. All submissions must be made online. Guidelines and forms can be found at

<http://www.communityhlth.org/communityhlth/conf2008/annualbreakouts08.html>. Conference Topic Tracks (see full descriptions online): \*Minimizing Chronic Disease: Strategies for Social Determinants; \*Maximizing Coverage: Proven Programs and Innovative Proposals; \*Harnessing Data: Health Systems to Health Outcomes; \*Delivering Community Benefit: Management Tools and Community Strategies (co-sponsored by Catholic Health Association and VHA, Inc.); \*Breaking Silos: Public Health and Health System Partnerships. For more conference details, visit <http://www.communityhlth.org/communityhlth/conf2008/annual08.html>. Write to Katie Gesicki ([kgesicki@aha.org](mailto:kgesicki@aha.org)) with any questions.

#### **Request for Information (RFI): NIH System to Support Biomedical and Behavioral Research and Peer Review**

**Notice Number: NOT-OD-07-074**

**Response Date: August 17, 2007 at 5:00 PM EST** <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-07-074.html>

The National Institutes of Health (NIH) is seeking comments(1) regarding NIH's support of the biomedical and behavioral research, including peer review, with the goal of examining the current system to optimize its efficiency and effectiveness. The NIH is especially interested in creative suggestions, even if they involve radical changes to the current approach. BACKGROUND: The

NIH enjoys a longstanding history of supporting the most promising and meritorious biomedical and behavioral research using a broad range of approaches, strategies and mechanisms. A cornerstone of the system employed by NIH to support biomedical and behavioral research is the two-tiered peer review process. The first tier of the selection process is a rigorous peer review system that evaluates and rates the scientific and technical merit of the proposed research. The second tier of review is conducted by the NIH National Advisory Councils. These Councils are composed of scientists from the extramural research community and public representatives, and they ensure that the NIH receives advice from a cross-section of the US population in the process of its deliberation and decisions. The second tier of review does not reassess the scientific rating the application receives in the first level of review; rather, it considers applications in the context of Institute or Center program priorities and portfolio balance, to provide funding recommendations to the NIH Institute or Center director. Together, these two tiers of review inform NIH funding decisions. NIH recognizes that the biomedical and behavioral science enterprise has grown increasingly complex, in part, related to the remarkable advances in science. Continued analysis of the entire system employed by NIH to support biomedical and behavioral research is required to ensure that NIH will continue to meet the needs of the biomedical and behavioral research community and the public-at-large. NIH has formed a Working Group of the Advisory Committee to the NIH Director (<http://www.nih.gov/about/director/acd/index.htm>) to gather information from the external community and explore possible enhancements to all aspects of the system used by NIH to support biomedical and behavioral science, including the two-tiered review process. The Working Group is asking for your opinion on how NIH can best meet the challenges of supporting science in the 21st century in the face of an increased load on the peer review system resulting from a steady rise in applications and the increased complexity of biomedical and behavioral science. Ultimately, NIH wants to ensure that the most meritorious science is supported while minimizing bureaucratic burden on applicants and the NIH itself. The efforts of this Working Group will complement ongoing Center for Scientific Review (CSR) activities designed to streamline and improve the efficiency of the current peer review system, including shortening the review cycle and the length of applications, as well as enhancing the use of electronic reviews (for more information, please see <http://cms.csr.nih.gov/AboutCSR/CSRInitiatives.htm>). INFORMATION REQUESTED: NIH and the Working Group welcome your comments on these CSRs current activities; however, we would particularly like your opinion, as a reviewer, applicant, or member of the public, on how to enhance the system employed by NIH to support biomedical and behavioral research, including the peer review process. The NIH is especially interested in creative, concrete suggestions to the following questions, for strengthening over the long term any and all aspects of our system for identifying the most meritorious and innovative research for support: \*Challenges of NIH System of Research Support Please describe any specific challenges presented by NIH's support of biomedical and behavioral research such as the current array of grant mechanisms, number of grants awarded per investigator, and the duration of grants. \*Challenges of NIH Peer Review Process Please describe any specific challenges presented by the current peer review process at NIH. SOLUTIONS TO CHALLENGES: Please concisely describe specific approaches or concepts that would address any of the above challenges, even if it involves a radical change to the current approach. CORE VALUES OF NIH PEER REVIEW PROCESS: Please describe the core values of NIH peer review that must be maintained or enhanced. PEER REVIEW CRITERIA AND SCORING: Are the appropriate criteria (<http://grants.nih.gov/grants/guide/notice-files/NOT-OD-05-002.html>) and scoring procedures (<http://cms.csr.nih.gov/NR/rdonlyres/B2CFE17E-AA1C-46E5-BADB-FDBF2FBBEE80/11892/CSRScoringProcedure090706.pdf>) being used by NIH to evaluate applications during peer review? If not, are there changes in either that you would recommend? CAREER PATHWAYS: Is the current peer review process for investigators at specific stages in their career appropriate? If not, what changes would you recommend? HOW TO SUBMIT A RESPONSE: Responses will be accepted until August 17, 2007 through the following Web site [http://grants.nih.gov/grants/guide/rfi\\_files/rfi\\_peer\\_review\\_add.htm](http://grants.nih.gov/grants/guide/rfi_files/rfi_peer_review_add.htm) and e-mail address [PeerReviewRFI@mail.nih.gov](mailto:PeerReviewRFI@mail.nih.gov). The form will limit the length of each response to the number of characters identified. The collected information will be analyzed and may appear in reports.

Although the NIH will try to protect against the release of identifying information there is no guarantee of confidentiality. A summary of the results obtained from the responses to this RFI will be available to the public on the NIH Peer Review website <http://enhancing-peer-review.nih.gov>. INQUIRY: Inquiries concerning this Notice may be directed to: Attention: Peer Review RFI, Office of the Director, NIH, 1 Center Drive, Building 1/114, Bethesda, MD 20892-0189, E-mail: [PeerReviewRFI@mail.nih.gov](mailto:PeerReviewRFI@mail.nih.gov). Respondents will receive an on-screen confirmation acknowledging receipt of their responses, but will not receive follow-up individualized feedback on any suggestions. No basis for claims against the NIH shall arise as a result of a response to this RFI, or from the NIHs use of such information as either part of its evaluation process or in developing any subsequent policy or announcement. *This RFI is for planning purposes only and should not be construed as a solicitation for applications or an obligation on the part of the government. The government will not pay for the preparation of any information submitted or for the government's use of that information.*

**Request for Information: NIH's National Center for Research Resources  
Strategic Plan, 2009-2013**

**Deadline: August 24, 2007**

NIH's National Center for Research Resources (NCRR) is seeking your input as we develop a new Strategic Plan covering 2009 - 2013. NCRR is a \$1 billion-a-year research center that enables NIH-funded researchers across the country to translate basic discoveries into improved patient care. To ensure that NCRR continues to meet the needs of biomedical investigators, they would like your input on six questions, which were published in the Federal Register on July 6, 2007. They invite you to complete their user-friendly response form, available at NCRR's Strategic Planning Web site: [www.ncrr.nih.gov/strategicplan](http://www.ncrr.nih.gov/strategicplan), by August 24, 2007. Your responses will help guide the discussion at NCRR's upcoming December 2007 Strategic Planning Forum. If you have any questions, please contact the NCRR Office of Science Policy and Public Liaison at 301-435-0866 or e-mail to [planeval@mail.nih.gov](mailto:planeval@mail.nih.gov). Here are the six questions: (1) What are the most significant trends, developments, and/or needs in biomedical research that are likely to materialize over the next five years, and what can NCRR do to be prepared to respond to them? (2) From the standpoint of achieving the broadest impact among investigators, what new or expanded research resources and/or animal models should be developed over the next five to eight years? (3) The recently-introduced CTSA (Clinical Translational Science Award) Program seeks to transform the local, regional and national environment for clinical and translational science, thereby increasing the efficiency and speed of clinical and translational research. What considerations will be most crucial to the long-term success of this initiative? (4) Despite significant progress, research institutions serving predominantly minority and underserved populations face stiff challenges. What can NCRR do to most effectively support the long-term advancement of these institutions? (5) NCRR has, and will continue to, work closely with many federal and private sector institutions, agencies, and organizations. Looking forward, what organizations should NCRR seek out for future partnerships to most effectively support, expand, and advance its programs and services? (6) Is there anything else you would like to add that would be helpful to NCRR?

**Invitation to Participate – The PAR Outcomes Project  
Meeting at the Living Knowledge conference in Paris  
August 30-September 1, 2007**

This is an invitation to participate in an international project to document the outcomes of participatory action research (PAR). We will have an initial meeting at the Living Knowledge conference in Paris, August 30-September 1. The purpose of the meeting is to discuss the challenges involved in assessing impact, measuring "good practices" and documenting PAR outcomes. We are also considering whether to apply for funding to support the documentation project. This project is important because participatory action researchers are reporting increasing difficulty getting funding for science shops, PAR projects, and related activities. Several universities are already participating in this project but we are seeking more partners so please feel welcome to pass this invitation along to other PAR practitioners. I have a small grant supporting the establishment of a network of participatory action researchers who are interested

in discussing how to document the outcomes of PAR for the purpose of better establishing the legitimacy of the practice. That grant is supporting the Paris meeting and a graduate assistant, Trish O'Kane, who is handling our email correspondence. Please contact her by email at [pokane@wisc.edu](mailto:pokane@wisc.edu) if you plan on attending the Paris meeting or would like more information about this project. There is also a project website, <http://comm-org.wisc.edu/wcbr>, where you can learn more about the project. The initial meeting of this project is supported by the World Universities Network. Randy Stoecker, Associate Professor, Center for Community and Economic Development Department of Rural Sociology University of Wisconsin, Phone: (608) 265-8256, Fax: (608) 263-4999, e-mail: [rstoecker@wisc.edu](mailto:rstoecker@wisc.edu).

**Call for Research Presentations on Environmental Justice  
North Carolina Environmental Justice Network  
Environmental Justice Summit  
Historic Franklinton Center  
Bricks, Edgecombe County, NC  
October 19-20, 2007**

**Deadline: September 7, 2007**

North Carolina's 9th Annual Community-Based Environmental Justice Summit will be held October 19-20, 2007 at the Historic Franklinton Center at Bricks, Edgecombe County, NC. Community members, government officials, environmentalists, students and researchers will participate. The Summit seeks to raise public awareness about environmental justice; connect communities in need with technical resources; support and encourage community-driven research; help communities and policy makers address problems of environmental injustice; and, bring about positive changes in public health and the environment by promoting social and environmental justice. This announcement is a call for research presentations on environmental justice. We invite submissions that address environmental justice topics from any disciplinary perspective, including environmental sciences, social sciences, humanities, law, journalism, public health and medicine. Researchers who have conducted community-driven or community-based research are encouraged to present in collaboration with community groups. Research presentations (approximately 15 minutes in length) will be given at a plenary session on Friday afternoon, October 19. Please submit a title, author(s) and abstract (250 words or less) of your research by September 7, 2007 to: Steve Wing, Department of Epidemiology, School of Public Health, CB#7435, UNC, Chapel Hill, NC 27599-7435, 919-966-7416, [steve\\_wing@unc.edu](mailto:steve_wing@unc.edu). Abstracts may be submitted by mail or e-mail using the attached form. E-mail submissions should have a subject line indicating "EJ Summit Abstract." Abstracts will be reviewed by the Environmental Justice Summit Coordinating Committee. Notification of acceptance for presentation will be sent by September 21. Authors will be expected to submit a final version of the abstract following the Summit for inclusion in conference proceedings.

**Call for Contributions and Provisional Reservations -- International Action Learning  
Conference  
Henley-on-Thames  
Oxfordshire, UK  
March 17-19, 2008  
Deadline: September 7, 2007**

This conference aims to bring together practitioners, academics and managers to celebrate and advance the ideas and practices of action learning worldwide. The aim is to create a conversation between diverse contributors and participants via thematic provocations, papers and presentations, practical workshops and reflective plenary sessions. This conference is for all those with an interest in action learning for personal development and systems improvement in commercial, public service, 'third sector' and community contexts. To ensure an interactive method of working and to make best use of the facilities and surroundings, they have set a delegate limit at 120 people. PAPERS, WORKSHOPS AND CONTRIBUTIONS: The programme will reflect a wide variety and a rich mixture of ideas and practice. Outlines of proposed contributions by 7th September 2007 please for: (i) Refereed papers: abstracts of up to 300 words; (ii) Accounts of Practice, work in progress or workshops: outlines of 100 - 200 words. A



special issue of Action Learning: Research and Practice will follow the conference. For more information on the journal, visit <http://www.tandf.co.uk/journals/titles/14767333.asp>. VENUE: Henley Management College is a leading international business school located in fine parkland on the banks of the River Thames. The excellent learning environment is conducive to lively debate and quiet reflection. Leisure facilities include an outdoor swimming pool, gym, squash and tennis courts. COST: The all-in Conference rate will be £360 (this 'Early Bird' rate applies until 31.12.07) including all accommodation and meals. All participants will receive a one-year subscription to the Journal, Action Learning: Research and Practice. CONFERENCE ORGANIZING GROUP: This conference is organized by a group associated with the Journal Action Learning: Research and Practice: Mike Pedler (Henley Management College); Kiran Trehan (University of Lancaster); Jeff Gold (Leeds Metropolitan University); Sue Pritchard (Bath Consultancy Group); Helen James (Henley Management College) with support from Joe Raelin (Northeastern University, USA). TO SEND YOUR PROPOSAL AND/OR BOOK YOUR PROVISIONAL PLACE CONTACT: Helen James, Henley Management College, Greenlands, Henley-on-Thames, Oxfordshire RG9 3AU, United Kingdom, email: [helen.james@henleymc.ac.uk](mailto:helen.james@henleymc.ac.uk), Tel: +44 (0)1491 571454 ext 2113.

**Call for Applications: NIH  
2008 Council of Public Representatives  
Deadline: September 14, 2007**

The Director of the National Institutes of Health is seeking applicants to fill vacant appointments for the 2008 Council of Public Representatives (COPR) Roster. Applications are due Friday, September 14, 2007, and are available online at <http://copr.nih.gov/application.asp>. COPR is a federal advisory committee, made up of members of the public, who advise the NIH Director on issues related to: \*Public input and participation in NIH activities \*Public input and participation in the NIH research priority setting process \*NIH outreach programs and efforts. The COPR is made up of 21 people from across the country who have been chosen to represent the public through an open application process. They are patients, family members of patients, health care professionals, scientists, health and science communicators, and educators. By serving as a public voice to the NIH, COPR Members -- \*Bring important matters of public interest to NIH leadership. \*Help increase public participation in the many NIH activities and initiatives that affect the public. \*Increase public understanding of the NIH and its programs. The COPR meets two times a year on the NIH campus in Bethesda, Maryland. COPR Members also participate in NIH initiatives and take part in public outreach activities throughout the year. NIH is planning to hold a teleconference for potential COPR applicants in August, and will send a notice on the date and time in the coming weeks. Information about the date, time and dial-in information will be posted at <http://copr.nih.gov/application.asp>. Learn more about COPR at <http://copr.nih.gov/index.asp>. If you have any questions, please feel free to contact Kelli L. Carrington, M.A. Acting Executive Secretary, NIH Director's Council of Public Representatives, Office of Communications and Public Liaison National Institutes of Health at phone: 301-594-4575, fax: 301-435-6372 e-mail: [carringk@mail.nih.gov](mailto:carringk@mail.nih.gov).

**Call for Papers: What's the Use of Race?  
Center for the Study of Diversity in Science, Technology, and Medicine  
Massachusetts Institute of Technology  
Cambridge, Massachusetts  
April 25-26, 2008  
Deadline: October 15, 2007**

Despite long-standing critiques of the concept of race from biologists, anthropologists, and social scientists, race continues to thrive as a category of analysis among scholars, pundits, and the conventional wisdom. State and federal institutions routinely collect data about race and ethnicity. The National Institutes of Health requests that researchers include racially and ethnically diverse populations in their studies. Journals in fields as diverse as genetics, public health, and sociology report data on race and ethnicity and use these variables as significant factors in their analyses. This pursuit of race has produced overwhelming documentation of racial disparities, from birth rates to education, income, crime, punishment, disease, medical

treatment, and life expectancy. While many scholars believe that research must consider race if it is to understand fully human biology and experience, critics argue that race is a hollow and misleading concept that leads to invidious distinctions. While advocates of social justice argue that racial disparities must be documented before they can be alleviated, our vast knowledge of disparities has not yet led to decisive social or political action against them. What should be done? Should the concept of race be invoked to further the goals of science or social justice?

Do racial and ethnic distinctions produce natural categories for scholarly or political analysis? Do the benefits of including diverse populations in research outweigh the potential harm caused by reifying racial and ethnic distinctions? Will efforts to improve the precision of these categories with subtler distinctions based on ancestry or genetic markers increase the utility of the resulting data? What role do funding agencies (whether governmental or philanthropic) and journal editors have as gatekeepers for the appropriate use of racial and ethnic categories? What hopes and conflicts are embedded in analyses of race as a scientific, medical or social category? This conference invites papers from any discipline -- medicine, history, anthropology, epidemiology, STS, genetics, sociology, law, ethics, and others -- that consider these debates about the uses of race. We hope to describe and explore the competing interests that have made studies of race simultaneously feared and desired. Abstracts (300 words or less) should be submitted by October 15th to: David S. Jones, M.D., Ph.D., 77 Massachusetts Avenue E51-290, Cambridge, MA 02139, dsjones@mit.edu (email submissions preferred). Additional information at [www.web.mit.edu/csd](http://www.web.mit.edu/csd).

### **Environmental Protection Agency (EPA) Announces Building Healthy Communities for Active Aging Awards**

**Deadline: October 17, 2007**

The Environmental Protection Agency recently announced an award program to recognize outstanding community planning and strategies that support active aging. The Building Healthy Communities for Active Aging Awards will be presented to communities that demonstrate the best and most inclusive overall approach to implementing smart growth and active aging at the neighborhood, tribe, municipality, county and/or regional levels. Applications are due Oct. 17. Application, award guidelines and entry rules can be found at [www.epa.gov/aging/bhc/awards/](http://www.epa.gov/aging/bhc/awards/).

### **Call for Papers on Ethical Considerations in Community-Based Participatory Research! The Journal of Empirical Research on Human Research Ethics**

**Deadline: November 1, 2007**

Call for papers for a special issue of The Journal of Empirical Research on Human Research Ethics. For details, visit [http://depts.washington.edu/ccph/pdf\\_files/CFP-JERHRE-CBPR.pdf](http://depts.washington.edu/ccph/pdf_files/CFP-JERHRE-CBPR.pdf).

### **Call for Proposals – Community-University Partnerships: Connecting for Change, Community-University Exposition 2008 (CUexpo 2008)**

**Victoria, BC**

**Canada**

**May 4-7, 2008**

**Deadline: November 15, 2007**

View the call for proposals at <http://www.uvic.ca/research/ocbr/cuexpo/call.html>.

Community-University Exposition 2008 (CUexpo 2008) is jointly hosted by an extensive group of community organizations and the University of Victoria. Community-Campus Partnerships for Health is a conference supporting organization. Meeting on the traditional territories of the Salish peoples, CUexpo 2008 will offer a unique opportunity for field visits throughout the region. CUexpo 2008 will bring together community and university partnerships from every part of Canada with important stories from work in other parts of the world in community-based research. So please come to tell your stories, share the results of your research projects, celebrate your achievements, learn from others about the complex nature of this work and meet others with whom to work in the future. COMMUNITY-UNIVERSITY RESEARCH PARTNERSHIPS: Community-university research partnerships provide the opportunity for community members to work directly with experienced researchers to define a problem, conduct research, interpret findings, and apply results to bring about positive change in their communities.

This approach involves new and creative methods of research to meet community needs and produce results that are important and useful to community, academics and policy makers. Community-based research is an exciting movement of learning and growing for all involved. Through these partnerships, community members and academics build research skills and gain increased confidence, increase democratic participation, and influence change in the lives of all living in the region. GOALS FOR CUEXPO 2008: \*Celebrate existing and create additional opportunities for new community-university partnerships. \*Support and legitimize research that is collaborative, community-based and leads to positive policy and program change. \*Create a space for policy makers and university and community representatives to take action on research, resource-sharing and research ethics. \*Provide opportunities for networking across sectors, across Canada and world-wide. \*Increase community engagement with UVic for Victoria, First Nations and Vancouver Island communities. \*Create enjoyable and meaningful relationships, experiences and learning opportunities for all. THEMES: \*Community-university engagement, partnerships and ethics; \*Life-long learning, adult and popular education; \*Environmental and social justice; \*Youth engagement; \*Green economic development, community/green mapping and/or climate change; \*Aboriginal perspectives and issues of cultural diversity; \*Women, social change, equity and inclusion; \*Homelessness, housing, poverty or food security; \*Health promotion and well-being. For more information, visit <http://www.uvic.ca/research/ocbr/cuexpo/index.html> or contact Mary ORourke, [maireco@telus.net](mailto:maireco@telus.net).

**Call for Papers on Social-Political Forces Affecting Racial/Ethnic Minorities: Cultural Diversity and Ethnic Minority Psychology Journal**

Cultural Diversity and Ethnic Minority Psychology seeks to publish theoretical, conceptual, research and case study articles that promote the development of knowledge and understanding, application of psychological principles, and scholarly analysis of social-political forces affecting racial/ethnic minorities. Especially welcome are articles that: (a) advance the contributions of psychology in the understanding of issues related to people of color through research, including the development of appropriate research paradigms; (b) promote the education and training of psychologists in matters regarding people of color, including the special issues relevant to the delivery of services to minority populations; and (c) advance the accumulation of knowledge related to diversity and multiculturalism, with particular attention to the wider society and the formation of public policy. You can get more information on the journal and submission process by going to the following link: <http://www.apa.org/journals/cdp/>.

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**CAREER DEVELOPMENT**

**WHO, HIA, Rome Office**

**Technical Officer**

**Deadline: August 3, 2007**

I should like to draw your attention to the vacancy notice for a fixed-term position for Technical Officer (Health Impact Assessment Methods & Strategies). The vacancy is available at: [https://erecruit.who.int/public/hrd-cl-vac-view.asp?o\\_c=1000&jobinfo\\_uid\\_c=6867&vacInq=en](https://erecruit.who.int/public/hrd-cl-vac-view.asp?o_c=1000&jobinfo_uid_c=6867&vacInq=en)

**Minority Faculty Career Development Seminar**

**Sonesta Hotel & Suites Coconut Grove**

**Coconut Grove**

**Miami, Florida**

**September 8 - 10, 2007**

**Enrollment limited to 60 participants.**

The Minority Faculty Career Development Seminar is a three day professional development seminar designed for junior faculty (senior fellows, instructors, and assistant professors) who are members of underrepresented minority groups and who aspire to positions of leadership in academic medicine. Enrollment is limited to 60 participants. We hope you will assist in

disseminating information about this seminar to your colleagues. OBJECTIVES: \*To assist participants in identifying their professional development goals and designing a career path. \*To provide attendees with an understanding of the realities of advancement in academic medicine through the exploration of the requirements for appointment, promotion, and tenure, as well as to assist attendees in planning their own progress through the system. \*To assist attendees in developing key professional competencies in academic and organizational leadership. \* To identify personal and professional skills that are key to academic advancement and provide opportunities for the development. \* To assist participants in identifying and coping with special challenges facing minority faculty. \*To present National Institutes of Health (NIH) research funding and training opportunities for faculty. \* To help participants expand their network of colleagues and role models. To view the agenda, visit <http://www.aamc.org/meetings/specmtgs/minfac07/program.pdf>. Registration fee is \$800. Online registration is available only until 8/29/07. To register by mail or fax, download the registration form at <http://www.aamc.org/meetings/specmtgs/minfac07/registrationform.pdf>. To make your hotel reservations call 305-529-2828 by August 10, 2007 . Be sure to identify yourself with the AAMC in order to receive the group rate. The room rate is \$139.00 Single/Double plus a tax of 13% and a per day charge of \$5.00.

**Association of Reproductive Health Professionals (ARHP), Washington, DC  
Director of Development**

The Association of Reproductive Health Professionals (ARHP) is seeking a highly-experienced, skilled fundraiser to fill the key position of director of development. We're looking for an effective communicator who is motivated by reproductive health education and advocacy, who understands the nuances of foundation and industry fundraising, and can expertly balance self-confidence with authenticity and knowledge of the field. This is an executive-level position that is perfect for someone who wants to make a difference. Visit [www.arhp.org/dirdev](http://www.arhp.org/dirdev) for more information and application instructions.

**Baystate Health, Springfield, MA  
Director, Center for Quality and Safety Research (DCQSR)**

THE ORGANIZATION: Baystate Health (BH) is the leading provider of healthcare services in western Massachusetts, serving 800,000 residents in Hampden, Hampshire and Franklin Counties as well as parts of Berkshire and Worcester Counties and northern Connecticut. The System, as a whole, employs over 10,000 New England residents and has gross annual revenues totaling approximately \$1.3 billion. BH has been named one of the nation's top 100 integrated healthcare networks by SMG Marketing Group for the last three years. BH is known for high quality care, exceptional management, commitment to medical education, and recent major enhancements in participation in regional research initiatives. As a major teaching and research facility, Baystate Medical Center (BMC) has more than 280 residents in nine residency programs and 14 fellowships. BMC is the western campus of the Tufts University School of Medicine and is the largest clinical training site for Tufts medical students. In addition BMC provides clinical experiences for over 800 nursing and allied health education students in the fields of radiology, respiratory therapy, physical therapy, and other disciplines. CHALLENGE: BH's commitment to quality and infrastructure to support has promoted the development of BH's legitimacy and visibility on a national basis, and allowed for contributions to the national literature in quality and patient safety. Nonetheless, the research element in quality and patient safety has been identified as a growth opportunity for BH in the coming years, along with several other strategic research initiatives. This research effort in quality and patient safety capitalizes on existing activity and efforts. An active and productive dedicated research unit in quality, outcomes, and patient safety will complement BH's strategic vision to be a national leader in these efforts. Additionally, scholarly output in operational effectiveness and performance improvement will actively engage faculty and enhance internal efforts to improve quality and patient safety. Medical education efforts will evolve at both the undergraduate and graduate levels, with a greater emphasis on quality aspects of healthcare as well as patient safety. With all these elements in mind, a decision has been made to formally inaugurate the role of Director, Center for Quality and Safety Research to lead the research arm, and a search has been initiated

to identify candidates for this important position. The strategic thrust overall for the Director, Center for Quality and Safety Research is to recruit, mentor and develop faculty, generate extramural funding, and to achieve national recognition for BH in presentations, leadership in professional societies, and publications. GOVERNANCE: The Center for Quality and Safety Research will be a research arm of the Division of Healthcare Quality (DHQ) at BMC with strong relationships with all the academic departments. The DCQSR will direct the research efforts and will help to prioritize the resources and coordinate the activities of study participants and investigators. The Director will report both to the VP of Healthcare Quality and Senior VP of Academic Affairs at BMC, who is also the Dean for Baystate Medical Center for Tufts University School of Medicine. Where appropriate, research questions will be derived from the national priority areas and from the internal goals of BH members and by research interest(s) of faculty in the center and in other academic departments. COLLABORATION: A basic tenet of this research cluster is collaboration. Quality and Patient Safety issues cut across all academic departments. While there are overarching principles that may be of interest to only those in administrative quality (improvement methods, informatics etc), most of the issues of healthcare delivery and safety are unique to specific Departments and the opportunity to tap this interest and work collaboratively will take advantage of this common goal. The Director for the Center will also collaborate with health services researchers at Tufts University School of Medicine. The School is currently applying for a Clinical Translational Science Award (CTSA) from NIH. The agenda for research in BH's Center for Quality and Safety Research will align with this and other initiatives at Tufts and its other hospital affiliates. GOALS AND OBJECTIVES: In the first eighteen months to two years, the DCQSR will be expected to make demonstrable progress in the following: \*Establish strong linkages with all quality constituencies throughout BH, BMERF, and with affiliates internally and externally, inclusive of Premier colleagues, other academic centers, with special emphasis on Tufts and the University of Massachusetts-Amherst, and healthcare agencies. \*Assess the resources and personnel in the Division of Healthcare Quality, along with needs in the Center for Quality and Safety Research, and identify a strategic plan for the next five years. The strategic plan should include provision for leveraging existing research efforts and collaboratives, adding personnel as necessary. In the absence of a DCQSR, the following is a rough outline of the anticipated and realistic development and evolution of the Division in a five-year time frame: \*2 Assistant Professor junior faculty hired by the Director; \*1 PhD researcher at the Assistant or Associate Professor level (in process redesign, organizational change or nursing); \*1 PhD level Biostatistician; \*1 Master's Prepared Research Coordinator; \*Fellow(s) – a growth of the Quality/Hospitalist Fellowship; \*1 Administrative Assistant; \*Current DHQ and departmental faculty as part time researchers; \*Identify interdisciplinary opportunities at BH, building on collaboratives with nursing, pharmacy, and other support groups. \*Put together an infrastructure that supports research efforts as well as a fellowship. \*Promote publications in national peer-reviewed journals, presentations at national meetings of IHI, the National Patient Safety Forum, and AHRQ, and leadership in relevant professional societies. It is anticipated in year one, the DCQSR is hired along with key support staff, including the biostatistician, the administrative assistant, and the Ph.D. researcher. In year two, one junior faculty and the research coordinator are added. In year three, the second junior faculty is added. Total 5 year expected investment will approach \$2M with an expectation that the Center will need \$250k per year in support from BH from year 5 on, though at this point the Center will be able to support the majority of its own costs through grants and other funding sources, optimally with at least \$500,000 in external funding. CANDIDATE SPECIFICATIONS - Experience: Ideally, candidates will: \*Be board certified with qualifications from institutions of high repute. \*Optimally be an MD or an MD/Ph.D., or possibly a PhD. The strongest qualified candidates will be considered regardless of educational background. \*Have led a successful research program in healthcare quality, patient safety, health policy, evidence-based medicine, or translational research. \*Have a track record of successfully attracting extramural funding, preferentially from AHRQ and other Federal agencies. \*Have served as a leader in multidisciplinary, cross-Departmental research efforts. \*Have demonstrated success in attracting, mentoring, and developing junior faculty, inclusive of their becoming independently funded. \*Have significant legitimate productivity in publications in peer-reviewed journals. \*Be at the Associate Professor level or above. ATTRIBUTES SOUGHT: \*Have a clear understanding of the mentorship role. \*Able to work with

a variety of colleagues in widely different disciplines. \*Intellectually stimulated by the definition of quality and how to measure it. \*Needs to see the Baystate opportunity as being resource-rich, with colleagues, collaborators, data, and institutional support. \*Needs to be a self-starter, driven by implementation of tactics and programs as defined by strategic plan. \*Will have minimal ego and share projects, authorship of publications, and credit for collaborative successes. If interested, please contact Linda Komnick at Witt/Kieffer, [lindak@wittkieffer.com](mailto:lindak@wittkieffer.com) or 847-304-8754.

**Boston University School of Public Health  
Department of Maternal and Child Health  
Announcement of Open Faculty Position  
Assistant or Associate Professor**

The Department of Maternal and Child Health is seeking a new faculty member at the assistant or associate level to contribute to our teaching, research and practice activities. We are a well-established, growing and vital department, with eight full-time faculty members and programs leading to a Masters of Public Health (MPH) and a Doctor of Public Health (DrPH).

**BACKGROUND:** The MCH Department at BUSPH brings ecological, developmental and gender-based perspectives to its mission of improving the health of women, families and communities through its research, education and practice. We do so in partnership with grassroots organizations, advocates, local, national and international government agencies. Public health challenges currently at the center of our work include race- and class-based health disparities; urban health initiatives to promote women's health; evidence-based childbirth practices and the midwifery model of care; the interface of medicine and public health for substance abuse treatment and health promotion; access to holistic and family-centered care families and children with special needs; mental health screening and services for women and children in pediatric settings; and innovative longitudinal data systems and surveys to assess MCH population needs and services. Our educational program is supported by a training grant from the Maternal and Child Health Bureau, and includes a broad-based curriculum, in addition to research and practice fellowships, initiatives in family-centered care and cultural competence, and an MCH Leadership Program. **QUALIFICATIONS:** Applicants must have a doctoral degree in public health or a related discipline, such as a social science, epidemiology, demography, and may have a clinical degree. Experience in teaching and demonstrated ability to initiate and successfully conduct research and practice in the field of MCH is required. We seek candidates who are committed to working with students from diverse backgrounds. **DESCRIPTION OF DUTIES:** - Develop and teach core department courses as well as upper level electives in MCH. - Conduct and obtain funding for practice-based research that produces substantive contributions to the field of MCH. - Participate in extracurricular educational activities in the Department, including the MCH Leadership Program, Fellowship Program, and "Preparation for the Demands of Practice" seminar series. - Serve as advisor to students enrolled in Masters and Doctoral programs. - Supervise masters and doctoral student research. - Perform appropriate committee and professional service within the University. - Work with community partners in consultation and research-related roles.

**SALARY:** Dependent upon individual qualifications. **TO APPLY:** Submit a statement of interest and qualification, detailed curriculum vitae and arrange for four letters of reference to be sent to: Chair, MCH Search Committee, c/o Negin Royaei, Department of Maternal and Child Health, Boston University School of Public Health, 715 Albany Street Ste 528W, Boston, MA 02140, [royaeen@bu.edu](mailto:royaeen@bu.edu).

**The Charles B. Wang Community Center, New York, NY  
Research and Evaluation Director**

The Charles B. Wang Community Health Center is seeking a research and evaluation director. The Health Center is a non-profit federally qualified community health center established in 1971 that primarily serves low-income, uninsured or under-insured Asian Americans living in New York City metropolitan areas. The mission of the Health Center is to provide high quality, culturally relevant, and affordable health care and education, and to advocate on behalf of the health and social needs of underserved Asian Americans. In 2006, the 3 clinical sites of the Health Center served more than 35,000 patients and completed 140,000 patient visits. The main responsibilities of the research and evaluation director include the following: \*Direct the development,

implementation, and evaluation of assigned research projects; \*Serve as project evaluator for grant funded projects; \*Develop research protocols and monitor research compliance with regard to IRB regulations and established protocols; \*Develop presentations of research data and findings; \*Provide oversight of research operations and administration; \*Develop research policies and procedures for the Center; \*Contribute to the development and writing of research proposals for submission to federal, state and city agencies, foundations and other funding sources; \*Provide consultation and technical support for clinical teams to complete research and evaluation related activities; \*Conduct in-service training and provide mentorship for staff in the areas of research and evaluation; \*Lead in research needs assessment and strategic planning activities to establish core research functions and agenda for the Center; \*Represent the Health Center in activities with partners and outside agencies. The candidate should hold a doctoral degree in Public Health, Psychology, Social Work, or health related fields and possess research background and experience, qualitative research a plus; have management and administrative experience in public health or related field; demonstrated skills in team leadership, staff supervision, and staff training; demonstrated knowledge and skills of Asian American communities and of health service research; excellent writing and communication skills required; and bilingual in Chinese preferred. Interested applicant can fax/email resume to Thomas Tsang, MD, MPH, Chief Medical Officer at (212) 379-6929 or [ttsang@cbwchc.org](mailto:ttsang@cbwchc.org) or mail to Charles B Wang Community Health Center, 268 Canal Street, New York, NY 10013.

**Dana-Farber Cancer Institute, Boston, MA  
Center for Community-Based Research (CCBR)  
Research Scientist Position**

The Center for Community-Based Research (CCBR) announces a Research Scientist position. CCBR conducts community-based research in cancer prevention and early detection, particularly related to reducing cancer disparities. This non-tenure track position is intended for a mature scientist who wishes to participate in an active program of research. The successful candidate will be responsible for participating in the development and implementation of funded community-based research studies, providing on-going scientific oversight to study staff on study design issues during the development and implementation phases, overseeing development and implementation of evaluation measures, collaborating on data analysis and manuscript preparation, and development of new research initiatives. Candidates should have a background in cancer prevention, early detection, and/or health promotion in worksite and community-based settings. Experience working with working class populations and racially/ethnically diverse populations minorities is strongly preferred. Experience with behavioral interventions highly desirable. Candidates should show initiative and be proactive in addressing research methodological and implementation issues, and be good at problem-solving. Candidates should hold a doctoral degree in sociology, public health, psychology, or related fields within the social and behavioral sciences. Strong communication and writing skills are a must, and a minimum of 1-3 years of post-doctoral experience working in a research setting is required. This position will provide an opportunity to work on a variety of research projects in public health settings, to be involved in project development and evaluation, and to gain grant writing and manuscript writing experience. The Dana-Farber Cancer Institute is a world-leader in cancer prevention, clinical cancer care and basic research. Interested candidates should submit an electronic copy of the curriculum vitae, along with complete contact information for at least three references, and a cover letter describing their research experience, career goals, and a statement of research interests to: Glorian Sorensen, Ph.D., M.P.H., The Dana-Farber Cancer Institute, Center for Community-Based Research, 44 Binney Street LW 703, Boston MA 02115, [glorian\\_sorensen@dfci.harvard.edu](mailto:glorian_sorensen@dfci.harvard.edu).

**Human Impact Partners (HIP), San Francisco, CA  
Deputy Director**

ABOUT HIP: Human Impact Partners envisions a Bay Area in which (1) race, class and other arbitrary attributes do not determine health outcomes; (2) the health of all communities is improved; and (3) the prevalence of preventable disease is reduced. To achieve our vision: \*Human health must be a primary consideration in public policy decisions and, in particular, in

decisions that affect the quality of the environment; \*Community residents must have the information, tools and power they need to influence decisions that affect the health of individuals in their communities; and \*Decision-makers must understand the full costs and potential health impacts of their decisions, as well as implicit trade-offs between health and other objectives. HIP's mission is to prevent disease and reduce health inequities in underserved communities in the San Francisco Bay Area. To pursue this mission, we are developing and applying new tools for the Health Impact Assessment (HIA) of public policy and development plans. HIA refers to a diverse set of methods and tools for evaluating the public health, environmental, and social equity effects of public decisions. We work in partnership with neighborhood residents and city and county officials to develop and apply HIA methods and to ensure their use, value, and efficacy. Ultimately, we envision that HIA will become a routine practice both for making healthier public decisions and for including affected stakeholders in those decisions. Jonathan Heller, HIP's Director, and Rajiv Bhatia of the San Francisco Department of Public Health, founded HIP in the summer of 2006. To date, we have conducted and supported HIA in the context of land use development but aim to expand this practice to other policy domains. We are looking to build a diverse staff as we grow. For more details about HIP, please visit our webpage at [www.humanimpact.org](http://www.humanimpact.org). ABOUT THE POSITION: We are looking for our second full-time staff person – another “partner” - to participate in moving HIP from the pilot phase to the next level in order to take on additional projects and to create an optimally effective organization. This person will participate in all the following activities and take the lead in some of them: \*Facilitating and carrying out Health Impact Assessments (screening, scoping, analysis, reporting, and evaluation) of government policies and land use development projects in collaboration with community groups and other stakeholders including public health officials; \*Strategic planning for HIP; \*Grant writing and other fundraising; \*Outreach to new communities to start new projects; \*Developing materials for training and conducting outreach; \*Building stakeholder groups consisting of residents, CBOs, public health officials, planners, developers and other interests; \*Carrying out legislative strategies for institutionalizing HIA; \*Creating new quantitative forecasting tools for predicting health impacts of public policies, plans and projects; \*Reviewing current social, physical and health sciences literature to develop an evidence base for HIA. This is an exciting opportunity to help shape and build a young organization, and will require a range of demonstrated skills and abilities, including: \*strategic thinking; \*working with a range of stakeholders including community residents, elected officials, government and public health officials, media and funders; \*carrying out and coordinating projects independently from start to finish; \*understanding public health literature, epidemiological studies, and quantitative models used to predict impacts; \*writing grants, reports and other material; \*supervision of future staff. QUALIFICATIONS - REQUIREMENTS: \*Completion of a master's degree in Public Health, Epidemiology, or a related field; \*At least 5 to 7 years of related job experience, preferably in public health; \*Strong interpersonal skills; \*Strong communication skills, both written and oral; \*Strong quantitative skills (e.g., in Epidemiology, Biostatistics, Analytic Modeling); \*Ability to think strategically; \*Ability to work both independently and as part of a team. Additionally, experience in one or more of the following is an asset for this position: \*Participatory research and working with communities; \*Leading and managing projects; \*Public policy and/or land use project analysis; \*Grant-writing and/or fundraising; \*Staff management. In addition to English language fluency, mastery of at least one additional language commonly spoken in the SF Bay Area is highly desirable for this position. SALARY: negotiable, based on experience. START DATE: negotiable, but probably Summer 2007. TO APPLY, please submit a cover letter, resume including at least three references, and a brief writing sample to Jonathan Heller at [jch@humanimpact.org](mailto:jch@humanimpact.org).

**Morehouse College, Atlanta, GA**  
**Tenure-track at the rank of Assistant Professor**  
**Department of Sociology**  
**Application Review: Begins on December 17, 2007**  
**Deadline: January 15, 2008**

Morehouse College, The Department of Sociology seeks applications for a tenure-track position at the rank of Assistant Professor to begin August 18, 2008. The principal area of expertise should be criminology/criminal justice. It may be combined with other areas of teaching and



research such as methodology and statistics, demography and environment, world cultures, or sociocultural aspects of health and health care. The successful candidate will demonstrate a strong commitment to teaching undergraduates, an active research and publication agenda, and promise for obtaining external research funding. A Ph.D. in Sociology is required at the time of appointment. Applicants should submit a letter of application, a curriculum vita, a sample syllabus, a professional writing sample, and names and addresses of three references who can evaluate scholarly achievement and potential. These materials should be sent to: Obie Clayton, Chair, Department of Sociology, Morehouse College, 830 Westview Drive, SW, Atlanta, Georgia 30314-3773. To ensure full consideration, completed applications must be received by January 15, 2008. Review of applications will begin December 17, 2007 and continue until the position is filled. Visit <<http://www.morehouse.edu/>>www.morehouse.edu for additional information.

**NYC Department of Health and Mental Hygiene**

**Division: Division of Disease Control/ Communicable Disease**

**Title: City Research Scientist I**

**Salary: \$58,859 - \$73,871**

**Location: 125 Worth Street, New York, NY**

<http://www.nyc.gov/html/doh/html/hr/career.shtml>

**JVN #816080205BT**

**JOB DESCRIPTION:** The NYC DOHMH Bureau of Communicable Disease is responsible for tracking over 60 infectious diseases and investigating disease outbreaks in New York City. Advances in information technology and health informatics have increased demand for persons skilled in data management, quality control and analysis. The Bureau seeks a qualified individual to: \*Manage, clean and analyze communicable disease data; \*Monitor disease reports received through the Electronic Clinical; Laboratory Reporting System (ECLRS) to assure proper transfer and data quality; \*Write and debug SAS programs for statistical analysis, including descriptive statistics, time-trend and cluster analysis, and outbreak detection algorithms; \*Develop and evaluate new protocols for data QA/QC and analysis; \*Create and maintain disease outbreak databases in ACCESS; \*Participate in weekly rotation to analyze and report notifiable disease data to the Centers for Disease Control and Prevention (CDC); \*Assist staff with management and analysis of epidemiological data and respond to ad hoc data and analysis requests; \*Train and support surveillance staff in the use of the Communicable Disease Surveillance System (CDSS); \*Design supplemental investigation form screens in CDSS to capture epidemiological information about reported infectious diseases; \*Generate reports using Crystal Reports; \*Write summary reports and research papers describing surveillance methodologies and results; \*Participate in conferences, meetings, and seminars related to infectious disease surveillance; \*Contribute to planning and implementation of agency emergency response activities.

**PREFERRED SKILLS:** Demonstrated aptitude for maintaining, manipulating and analyzing high-quality public health databases. Experience with SAS and relational databases, including ACCESS. Experience with complex queries of MS-SQL databases. Knowledge of and interest in infectious diseases. Excellent writing and interpersonal communication skills. **QUALIFICATION REQUIREMENTS:** (a) A Doctorate degree from an accredited college or university with specialization in an appropriate field of physical, biological, environmental or social science and one (1) year of full-time experience in a responsible supervisory, administrative or research capacity in the appropriate field of specialization; or (b) A Master's degree from an accredited college or university with specialization in an appropriate field of physical, biological, environmental or social science and three (3) years of responsible full-time experience in the appropriate field of specialization, including one (1) year of full-time experience in a responsible supervisory, administrative or research capacity in the appropriate field of specialization; or (c) Education and/or experience that is equivalent to (a) or (b) above. However, all candidates must have a master's degree in an appropriate field of specialization and one (1) year of full-time experience in a responsible supervisory, administrative, or research capacity as described in (b) above. **NOTE: IF YOU WERE EDUCATED IN A FOREIGN SCHOOL, YOU MUST SUBMIT A FOREIGN DEGREE EVALUATION WITH YOUR RESUME. NOTE: NEW YORK CITY RESIDENCY IS REQUIRED.**

**RAND Health, Santa Monica, CA**

**Project Associate**

RAND Health is seeking a full time bilingual (English/Spanish) Project Associate to work on various community health research projects. RAND Health is a division of the RAND Corporation, a non-profit research organization based in Santa Monica, CA. Project Associates are expected to perform research support tasks under moderate supervision of RAND researchers. They may provide both quantitative and qualitative support to research projects and carry out analytic tasks in their areas of expertise. RESPONSIBILITIES MAY INCLUDE: \*Conducting phone and/or in-person survey interviews and focus groups; \*Conducting behavioral observations in community settings; \*Performing literature reviews; \*Assembling data and conducting qualitative or quantitative analyses; \*Preparation of draft documents and presentations. In addition, the Project Associate may have responsibilities for managing research project operations including preparing and monitoring budgets, coordinating teams of researchers, managing project support staff, representing the project to external audiences and collaborators, organizing conferences, coordinating IRB approvals, and overseeing the production of final reports. QUALIFICATIONS: \*MA/MS degree in sociology, anthropology, psychology, public health, or other related discipline required, and at least 3 years of relevant work experience. \*Applicants with a BA/BS, strong language skills, and 6 years of relevant work experience may also apply. \*Communicate clearly and effectively in Spanish and English, both orally and in writing. \*Minimum of 3 years experience required. SPECIFIC TECHNICAL SKILLS REQUIRED/PREFERRED: \*Survey research skills demonstrated in coursework and work experience; \*Experience collecting and analyzing behavioral observational and/or qualitative data; \*Experience with community-based participatory research and/or experience working collaboratively with diverse community leaders/organizations; \*Ability to train and supervise research support staff (e.g., interviewers); \*Ability to work effectively as a member of multi-disciplinary teams; \*Ability to manage large research projects; \*Must also be highly motivated, organized, flexible, and demonstrate a strong commitment to RAND's core values of quality and objectivity. APPLICATION PROCESS: RAND accepts applications only through our website, <http://www.rand.org/jobs>. Click "Find a Job at RAND," and click on the "Advanced Search" link. Enter 1980 in the "Job Opening ID" box and click "Search." Follow the prompts for application submission.

**University of California, Los Angeles**

**Assistant Professor, Clinical Psychology**

**Department of Psychology**

<http://jobs.psychcareers.com/jobdetail.cfm?job=2614388&keywords=&ref=1>

The UCLA Department of Psychology invites applications for an assistant professor position in clinical psychology. Candidates should have a well-defined and innovative program in any area of clinical research and will be expected to offer both undergraduate and graduate courses. Send a curriculum vitae and statement of research interests, and also arrange for three letters of recommendation to be sent to: Clinical Psychology Search Committee (Job #: 0875-0708-01), Department of Psychology, Box 951563, UCLA, Los Angeles, CA 90095-1563. Application review will begin on October 15, 2007.

**University of California, Los Angeles**

**Assistant/Associate Professor**

**Social Disparities in Health/Social Epidemiology**

**Department of Community Health Sciences**

**School of Public Health**

The Department of Community Health Sciences in the UCLA School of Public Health seeks to fill a tenure-track faculty position. Our multidisciplinary faculty has a strong history of ongoing research and graduate education (M.P.H., M.S.P.H., Dr.P.H., Ph.D. programs) in social dimensions of health and health disparities. Hiring will most likely be at the assistant or associate professor level, although candidates at all levels are invited to apply. Candidates must have a doctoral degree and demonstrate: substantial independent research in the social, psychological, epidemiologic and/or cultural dimensions of health with a focus on disparities; prior success in obtaining extramural funding, research publications, and interdisciplinary collaborations; a

commitment to interdisciplinary research; and excellence in teaching. Specialty can be in any field; reproductive health and/or demography, maternal and child health, health behavior, emergencies and disasters, nutrition, or mental health preferred. An orientation toward global health is desirable. Send curriculum vitae, statement of research interests, and contact information for at least three references to the address below. Review of applications will commence in Fall 2007 and continue until the position is filled. Judith M. Siegel, Ph.D., M.S.Hyg., Chair, Health Disparities Search Committee, Department of Community Health Sciences, UCLA School of Public Health, 650 Charles E. Young Drive South, Los Angeles, CA 90095-1772, Email: [jmsiegel@ucla.edu](mailto:jmsiegel@ucla.edu), Phone: (310) 206-6442, Departmental website: <http://www.ph.ucla.edu/chs>.

**UCLA School of Nursing  
Health Disparities Research in Vulnerable Populations  
Pre-and Post Doctoral Training**

The UCLA School of Nursing has been awarded a 5-year Ruth L. Kirschstein Institutional Research Training Grant (T32) from the National Institute of Nursing Research, NINR. This training program began enrolling students in 1995 and is focused on preparing nurse scholars to conduct and disseminate research in the area of health disparities among vulnerable populations and to build nursing science in this area. Three predoctoral and two postdoctoral trainee positions are available in 2007-2008. Vulnerable populations are defined as ethnic racial minorities, people living in poverty, and marginalized/stigmatized persons who experience differential patterns of morbidity and mortality and life expectancy. The training program is affiliated with other centers in the School of Nursing. Three predoctoral trainees must be enrolled as doctoral students in the UCLA School of Nursing PhD program and will be required to take a sequence of designated doctoral courses, seminars, research apprenticeships, scholarly writing, presentation requirements, and completion of a dissertation. Postdoctoral trainees will have individualized training programs based upon their academic research and methodological needs as well as selected seminars, and other activities, and will develop and submit a research grant proposal for external funding before the end of their traineeship. Evaluation of both predoctoral and postdoctoral trainees will be assessed by the progress of trainees toward designed benchmarks. The program is open to U.S. citizens and those possessing a valid green card. For more information or application information, please contact: Adey Nyamathi, ANP, PhD, FAAN, Principal Investigator/Director or Felicia Hodge, DrPH, Co-Principal Investigator/Co-Director, UCLA School of Nursing, 700 Tiverton, Box 951702, Los Angeles, CA 90095-1702, 310-825-8405 (phone), 310-206-7433 (fax), [anyamath@sonnet.ucla.edu](mailto:anyamath@sonnet.ucla.edu).

**University of Iowa Prevention Research Center  
Department of Community and Behavioral Health  
The University of Iowa  
College of Public Health  
Professor or Associate Professor, Director, University of Iowa Prevention Research Center (UI PRC)**

The Department of Community and Behavioral Health, College of Public Health, The University of Iowa is currently recruiting a dynamic leader to serve as the Director of the UI PRC. This position will be filled as a tenure track appointment at the Professor or Associate Professor rank. We are seeking an individual who has a doctorate or equivalent professional degrees (MD with MPH) in Behavioral Science, Social Science, Community Health, Health Promotion and/or Health Education or related areas. Sustained national recognition for a productive program of research, scholarship or creative work of high quality is required. A consistent record of high-quality teaching, including continued successful direction of doctoral candidates to the completion of their degree programs is required. An outstanding record of extramural research funding and publication is essential and should be commensurate with years of professional service. Previous work in the areas of community based participatory research and/or program evaluation is highly desired. Successful candidates will be expected to maintain the Department levels of academic productivity in research, service and teaching, and to work closely with other academic units within The University of Iowa to effectively continue a commitment to collegiality and interdisciplinary collaboration. Salary and rank will be commensurate with experience. The chair

of this search is Joe Coulter, PhD, [joe-coulter@uiowa.edu](mailto:joe-coulter@uiowa.edu). *The University of Iowa Prevention Research Center* is a CDC Prevention Research Center with the theme of improving health in rural communities. Initiated in October 2002, the UI PRC began working with community leaders in Sigourney, Iowa, a rural community in Keokuk County. The initial demonstration project is intended to improve the community's eating and exercise habits through a variety of intervention activities throughout the year. *The Department of Community and Behavioral Health* is one of the five established Departments in the accredited College of Public Health. The Department is currently in the next phase of building with strong support within the College, the University, and the public health community. The Department offers degrees at the MPH, MS, and PhD levels. Visit our website at <http://www.public-health.uiowa.edu/cbh/index.html>. The current College of Public Health has over 70 full-time faculty, 200 professional staff and 40 support staff who work with an annual budget of \$45 million, \$32 million of which comes from extramural research funding. The College of Public Health has five Departments: Biostatistics, Community and Behavioral Health, Epidemiology, Health Management and Policy and Occupational and Environmental Health. These academic units have successful teaching and research programs. *The University of Iowa* is located in a vibrant small city that offers affordable housing, award winning public schools, excellent arts and entertainment and accessible recreational facilities. We are located within a 4-5 hour drive of Minneapolis, Chicago, Kansas City, and St. Louis. Walking on city streets, you'll hear several languages spoken, and pass restaurants that specialize in foods of several cultures. There are ten diversity organizations for staff and professionals on campus. Among the 350 student organizations at Iowa, more than 25 have been formed by students of various ethnic groups. Ten fraternities and sororities exist for students of color. Our community is a place that celebrates and is enhanced by the differences represented by this rich mixture of world views. *Commitment to Diversity* -- One of the top goals of the Department of Community and Behavioral Health and the College of Public Health is to enhance diversity among faculty, staff and students. We are committed to recruiting culturally diverse faculty and students of the highest caliber. The University of Iowa, among the first public universities in the United States to admit women and minorities, has a long history of being committed to equal employment opportunity for all, regardless of race, national origin, color, creed, religion, sex, age, disability, veteran status, sexual orientation, gender identity, or associational preference. The Associate Dean of Diversity for the College of Public Health is Joe Dan Coulter, [joe-coulter@uiowa.edu](mailto:joe-coulter@uiowa.edu). Successful candidates will need to demonstrate job-related experience with and/or a commitment to diversity in the work/academic environment. Screening of applications will begin immediately and continue until the position has been filled. Send letter of application, curriculum vitae, and names of three references to: Dr. Joe Coulter, Search Committee Chair, Attn: Robert Svetly, Department of Community and Behavioral Health, College of Public Health, The University of Iowa, 200 Hawkins Drive, E 227 General Hospital, Iowa City, IA 52242.

**University of Michigan School of Public Health  
Prevention Research Center Of Michigan  
Assistant Research Professor**

The Prevention Research Center of Michigan (PRC/MI) strives to embody excellence in public health research, practice, and policy through long-term partnerships based on trust and equality. The PRC/MI is a partnership of the University of Michigan School of Public Health (UMSPH), community-based organizations (CBOs), local health departments, the Michigan Department of Community Health, and health service and advocacy groups. The Center conducts community-based prevention research aimed at improving the health status and reducing morbidity and mortality among populations experiencing a disproportionate share of poor health outcomes. The five-year research agenda of the PRC/MI is to develop, implement, and evaluate a model for reducing health disparities by integrating a social determinants of health community survey and qualitative assessment with a larger capacity building project focused on enhancing strengths and capability of all PRC/MI partners. As a member of the PRC/MI Management Team, the Assistant Research Professor will provide leadership for research projects and program evaluations, provide technical assistance to community organizations and agencies, initiate grant proposals, and prepare publications and other research products. DUTIES: \*Work collaboratively with the

School of Public Health management team, and the Community and State Boards to advance the goals and objectives of the PRC/MI. \*Develop proposals to federal, state and local funding agencies in collaboration with community, public health practice and academic partners. \*Direct the evaluation of the PRC/MI Capacity Building project, including the collection, management and analyses of evaluation data. \*Provide technical assistance to community organization partners in preparing grant proposals, designing evaluation plans and analyzing and interpreting data. \*Produce publications for peer reviewed journals. \*Produce research reports and presentations for academic and community audiences. \*Supervise graduate student research assistants. \*Assist in the evaluation of the PRC/MI and in the preparation of PRC/MI proposals and reports. QUALIFICATIONS: Ph.D. in public health, social science or related discipline. At least two years of experience working in community-based settings. Expertise in applied research methods, including evaluation design, quantitative and qualitative data analyses, and research proposal development. Evidence of scholarship, including publications and involvement in funded research. Resumes to: Susan Morrel-Samuels, PRC/MI Managing Director, UM School of Public Health, 109 Observatory Street, Ann Arbor, MI 48109-2029, (734) 647-0219, [sumosa@umich.edu](mailto:sumosa@umich.edu).

### **University of Michigan**

#### **Postdoctoral position in new center for study of health disparities**

POSITION AVAILABLE. Available September 1. Postdoctoral position in new center for the study of health disparities at the University of Michigan. Focus of Center is on the study of how social and biologic factors interact in creating health disparities in cardiovascular disease. Areas of interest include but are not limited to social and race/ethnic disparities in cardiovascular risk, psychosocial factors and cardiovascular disease, neighborhood effects, interphase between mental health and cardiovascular disease, and gene-environment interactions. Opportunities for data analyses and development of publications using large cohort studies with rich social and biologic data. Excellent interdisciplinary environment with many opportunities for collaboration, training, and mentoring. Candidates should hold a PhD in epidemiology, sociology, or related discipline and have experience with quantitative data analyses, preferably with some health related focus. Applicants should send letter and curriculum vitae to Ana V. Diez Roux, Professor of Epidemiology, Associate Director Center for Social Epidemiology and Population Health, University of Michigan. [adiezrou@umich.edu](mailto:adiezrou@umich.edu).

### **University of Minnesota**

#### **Research Coordinator**

The Healthy Eating Research program, based in the Division of Epidemiology & Community Health, School of Public Health, University of Minnesota, seeks a 100% time Research Coordinator. Healthy Eating Research (HER) is a national research program funded by the Robert Wood Johnson Foundation (RWJF) and directed by Mary Story, PhD, RD. The purpose of this five-year, \$16 million national program is to support research on environmental and policy strategies to promote healthy eating among children to prevent childhood obesity, especially among populations at greatest risk, including low-income and racial and ethnic minority children (African-American, Hispanic, Native American and Asian/Pacific Islander). HER supports research teams nationwide from diverse disciplines working on a range of research projects related to healthy eating and obesity prevention. The successful candidate will work closely with staff located in the HER national program office and at RWJF, as well as program advisers, consultants, applicants, and grantees. This Academic Administrative position will report to the faculty program director and the assistant program director. The position is annually-renewable based on funding availability and job performance. This appointment is in the Division of Epidemiology & Community Health. Primary responsibilities for this position include: 1) coordinating development of solicitation materials related to Calls for Proposals, including Web site content, content for online grant application modules, and assuring adherence to process and deadlines; 2) coordinating communications related to diversity promotion initiatives, including first point of contact with the public and public relations (initiatives will include development of a new funding opportunity and mentor program for early-career investigators from diverse backgrounds); 3) coordinating/providing assistance to program grantees, including technical assistance,

collecting grantee reports, and budgetary oversight; 4) conducting literature searches and assisting with writing reports, research briefs, presentations, and manuscripts; 5) coordinating grantee working groups via listservs, conference calls, and Web site; 6) writing content for program Web site and extranets; 7) coordinating and planning local and national conferences and meetings; 8) maintaining program database and spreadsheets using Microsoft Access and Excel; 9) managing program information and providing regular reports to senior program management; 10) participating in collaborative efforts with other RWJF national program offices and staff; and 11) occasional travel within the U.S. to attend meetings and workshops. Specific requirements for this position include: 1) Master's degree in public health, public policy, public administration, nutrition, or related field, and a minimum of one year of experience in a research setting; 2) experience coordinating data collection and management; 3) experience with meeting planning and logistics; 4) budgetary skills and experience, including initial budget development and revisions; 5) excellent oral and written communication skills; 6) outstanding organizational and time management skills and attention to detail, including ability to document work and maintain thorough and organized electronic and paper shared files; 7) a work history demonstrating the ability to work independently and to take initiative, as well as ability to multi-task and work as a team member in a fast-paced, deadline-driven environment; 8) strong interpersonal skills and ability to work effectively with a variety of people; 9) strong computer skills, including Microsoft Office applications (Microsoft Word, Excel, PowerPoint, Outlook, Access) and literature search engines (e.g., Medline); 10) ability to adapt to changing situations and priorities; 11) must be able to travel within the U.S. Preference will be given to candidates with: 1) content knowledge and research experience related to healthy eating and obesity prevention; 2) personal or professional experience with organizations representing disadvantaged populations or communities of color; 3) Web software knowledge (e.g., MostlyWeb, SurveyMonkey, Dreamweaver) and Website management experience; and 4) experience working with public and not-for-profit health-related organizations. The successful candidate will be hard-working, flexible, take initiative to solve problems and be willing to fulfill different program tasks as needed. The position is available immediately and will remain open until a suitable candidate is identified and the position is filled. Applicants should submit a cover letter, resume and three references to <http://employment.umn.edu/applicants/Central?quickFind=63467> Please reference requisition # 148960. Cover letter should be addressed to: Epidemiology and Community Health, University of Minnesota, Attn: Joni Lemieux, 1300 South Second Street, Suite 300, Minneapolis, MN 55454.

### **University of South Carolina**

#### **Faculty Positions in Child Obesity and Related Health Conditions**

The University of South Carolina invites applications to fill two tenure-track faculty positions, as part of a cluster hire, to build a program of interdisciplinary research in child obesity and related conditions affecting children and their families. This open rank recruitment is part of USC's Faculty Excellence Initiative to expand campus-wide areas of excellence. The primary appointments for these positions will be in the Arnold School of Public Health Department of Exercise Science, and in the College of Arts and Sciences Department of Psychology. Adjunct or joint appointments are possible, particularly with the ASPH Department of Epidemiology and Biostatistics and affiliation with the Center for Research in Nutrition and Health Disparities, the Research Consortium on Children and Families (RCCF), and/or Prevention Research Center is desirable. Relevant areas of obesity research may include: the impact of family systems including parenting styles and family functioning in underserved youth; etiologic, metabolic, genetic, and cultural aspects of obesity and associated health conditions in children and adolescents; the influence of psychosocial, family, community, environment or policy factors on physical activity or nutrition as relates to children; and/or development and delivery of appropriate interventions. Successful applicants are expected to lead their own research program and demonstrate potential to acquire external grant funding. Postdoctoral experience strongly preferred. Formal and non-formal teaching in the applicant's general area of expertise and consistent with the departmental needs is expected. Review of applications will begin immediately, and will continue until hiring is complete. Rank and salary will be commensurate with experience. Applications should include curriculum vitae, a cover letter detailing research directions and grant activity, examples of published research, as well as names and contact information for three references.

Send applications and inquiries via email ([sergause@gwm.sc.edu](mailto:sergause@gwm.sc.edu)) or by postal mail to: Sarah G. Epting, Grants Coordinator, Center for Research in Nutrition and Health Disparities, 2718 Middleburg Drive, Columbia, SC 29204.

**The University of Texas Health Science Center at San Antonio  
Department of Epidemiology and Biostatistics  
Institute for Health Promotion Research  
Two Open Rank Tenure-Track Scholars**

The University of Texas Health Science Center at San Antonio is accepting applications for two open rank tenure-track scholars in its Institute for Health Promotion Research. We seek candidates who apply social science theory and methods to issues of health promotion, disease prevention and health disparities. Candidates may possess expertise in any of the following areas: epidemiology, bioinformatics, health promotion, health communication, health psychology, policy research, environmental/occupational health, screening, and survivorship. Qualifications include: 1) a terminal degree (PhD, DrPH, MD or equivalent) in social science, behavioral science, nursing, education, public health, or medicine; 2) a strong record or promise of extramural funding; and 3) a strong publication record for rank. We seek researchers who can contribute immediately to publications, grant writing, mentoring students and fellows, overseeing data management and analysis, and implementing research protocols. Special populations of interest include Latinos, and communities that are underserved or challenged educationally or economically. Candidates have the option of locating in San Antonio or at the university's regional campus in Harlingen, TX. The Institute for Health Promotion Research was created in October 2006 within the Department of Epidemiology and Biostatistics. Its experienced and productive team of 15 faculty and staff has focused on a variety of Latino behavioral research issues. For details, visit these websites: [redesenaccion.org/](http://redesenaccion.org/) and [saludenaccion.org/](http://saludenaccion.org/). Department information -- <http://www.ceb.uthscsa.edu/>. University information -- <http://www.uthscsa.edu/>. Applicants should send a letter describing areas of expertise, research interests, career goals, a current curriculum vita, and contact information (including email addresses) for at least 3 professional references to: Amelie G. Ramirez, DrPH, Institute for Health Promotion Research, 8207 Callaghan Road, Suite 110, San Antonio, TX 78230, PH 210-348-0255, Fax 210-348-0554, Email: [ramirezag@uthscsa.edu](mailto:ramirezag@uthscsa.edu). Applications will be accepted until the positions are filled.

**Yale Cancer Center  
National Cancer Institutes' Cancer Information Service  
Sr Research Coordinator - Northern Cluster**

Job Description and General Purpose: Reporting to the Cancer Information Service (CIS) Program Director at the Yale Cancer Center the CIS Senior Research Coordinator will be responsible for planning, developing and implementing the National Cancer Institute's Cancer Information Service's Research Agenda. The agenda will be applicable in the Northern Cluster which includes: the six New England States (Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont), New York, New Jersey, Pennsylvania, Delaware, Michigan, Indiana and Ohio. Essential Duties of Position: \*Execute Strategic Plan for research in the Northern Cluster that includes 13 states; \*Collaborate on and support currently funded CIS communications research studies; \*Support current research projects in the field by regular monitoring of research being conducted in other offices in the Northeast Cluster. Set regular meetings with offices to conduct trainings and discuss new and/or ongoing research; \*Work with investigators on research concepts and proposals. Concepts for collaborative research projects must involve the appropriate Senior Research Coordinator and Project Officer for Research. Senior Research Coordinators may be co-investigators on collaborative CIS research studies; \*Work with investigators, Program Directors, Partnership staff, and Information Service staff to implement research studies and disseminate findings. Plan and implement a regional "Science Day" to showcase Northeast Cluster research projects in the field, implement a model for regional research projects and gather new information for ongoing research projects; \*Promote the CIS Research Program and agenda by presentations and publications in appropriate venues and journals; \*Document efforts and update Project Office on progress of studies to ensure compatibility with CIS Research Agenda; \*Advise cluster research within Partnership Program to

initiate community involvement/collaboration in education efforts and participation in clinical trials. Overall Objectives of Position: \*Work closely with the National Cancer Institute to implement the CIS National Research Agenda in coordination with their direction and timeline; \*Represent and promote the CIS to the communications research community, fostering high quality research collaborations between CIS and external researchers; \* Establish new communications research partnerships and assist in maintaining existing ones to ensure that new and innovative collaborative research partners can be recruited in the community through the Partnership Program; \*Provide professional research support to the Project Office and Northern Cluster in proposal and protocol review, data analysis and publication; \*Function as a team with three other Senior CIS research Coordinators to provide research expertise and coordination across the Network; \*Adhere to Government policies, procedures and guidelines related to research. Position Requirements: (1) Ph.D preferred. (2) Thorough understanding of research design, quantitative and qualitative research methods and cancer prevention and control. (3) Demonstrated training in public health, health education or health communication. (4) Experience of at least 3-5 years as a contributing member of a research team and in design and implementation of qualitative and quantitative research studies. (5) Experience in critical assessment of research proposals and reports. (6) Excellent written/oral communications and presentation skills. (7) Experience in development of professional publications. Please visit [www.yale.edu/jobs](http://www.yale.edu/jobs) for more information.

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## CONFERENCES AND EVENTS

### **NIH Conference on Building the Science of Dissemination and Implementation in the Service of Public Health Bethesda, MA**

**September 10-11, 2007**

**Registration is open.**

**Details at: <http://obssr.od.nih.gov/di2007/index.html>**

This trans-NIH conference is part of the Office of Behavioral and Social Sciences Research's new strategic prospectus which seeks to facilitate increased support for the science of implementation as a key avenue for moving behavioral and social science forward. Specifically, the prospectus calls for research to understand the factors which are promoting or impeding the adoption, adaptation, implementation, and maintenance of evidence-based practices by health providers, insurers, policy makers, and the public. This conference is also building on the momentum of three existing trans-NIH Funding Opportunity Announcements (FOAs) which aim to support dissemination and implementation research (Dissemination and Implementation Research in Health, PAR-07-086, PAR-06-520, and PAR-06-521; <http://grants.nih.gov/grants/guide/pa-files/PAR-07-086.html>; <http://grants.nih.gov/grants/guide/pa-files/PAR-06-520.html>; <http://grants.nih.gov/grants/guide/pa-files/PAR-06-521.html>). These FOAs seek to test models which will sustain evidence-based health behavior change, preventive, diagnostic, treatment, and quality of life improvement services into public health and clinical practice settings. For the purposes of this conference, organizers are utilizing the following definitions as put forward in the Program Announcements: Dissemination and Implementation Research in Health. Dissemination is the targeted distribution of information and intervention materials to a specific public health or clinical practice audience. The intent is to spread knowledge and the associated evidence-based interventions. Research on dissemination addresses how information about health promotion and care interventions are created, packaged, transmitted, and interpreted among a variety of important stakeholder groups. Implementation is the use of strategies to adopt and integrate evidence-based health interventions and change practice patterns within specific settings. Research on implementation addressed the level to which health interventions can fit within real-world public health and clinical service systems. This distinction is important because interventions developed in the context of efficacy and effectiveness trials are rarely transferable without adaptations to specific settings. Therefore, research is needed to examine the process of integrating evidence-based interventions into diverse practice settings that may be similar to but



also somewhat different from the ones in which the intervention was developed and tested. The goals of the conference are four-fold: \*To explicate the state of the theory, methods, and practice of dissemination and implementation research; \*To highlight where increased conceptual, empirical, and methodological development is needed, thus identifying challenges for the field; \*To foster dissemination and implementation science with the ultimate goal of improving public health through the availability, adoption, adaptation, and sustained maintenance of efficacious approaches that improve the quality of health and human services; and \*To recruit additional researchers and develop a diverse community of scientists, thus fostering the interdisciplinary collaborations necessary to pursue such complex and multidimensional dissemination and implementation research. The first day of the conference (September 10th, 2007) will consist of targeted science presentations and dialogues that will provide an in-depth review of the field of dissemination and implementation research. The second half-day (September 11, 2007) will consist of a technical assistance workshop for researchers who are interested in submitting an application under the current funding opportunity announcements. Interested participants must submit a two-page concept paper that includes no more than one page of specific aims and a one-page research design description. These concept papers will be used to provide feedback to participants and to organize content-specific discussion groups during the workshop concept paper guidelines. Participants are also encouraged to view the webcast of the initial technical assistance workshop, sponsored by National Institute of Mental Health and National Cancer Institute, which was held on March 26, 2007 prior to attending the September 11th workshop (<http://www.scgcorp.com/dissemin2007/index.asp>; <http://videocast.nih.gov/PastEvents.asp>).

**ICUH 2007 – 6<sup>th</sup> International Conference on Urban Health  
“Harnessing the Power of Technology to Achieve Behavior Change and Improve Urban Health”**

**Sheraton Baltimore City Center Hotel  
Baltimore, MD**

**October 31- November 2, 2007**

**Registration is now open.**

Visit <http://www.icuh2007.org/registration.html> to register today and secure the early bird rate.

Key conference organizational partners/sponsors are [International Society for Urban Health](#), [Johns Hopkins University School of Public Health](#), and the [University of Maryland](#).

This conference is designed to: \*Bring together a diverse group of researchers, practitioners and policymakers; \* Challenge attendees to brainstorm about how technology might enhance their behavioral interventions, research or programs; \*Challenge attendees to think about how technology influences personal behavior and health outcomes; \*Encourage attendees to consider how technology might help (or harm) our attempts to address racial and ethnic disparities in the urban environment; \*Stimulate thought regarding the role of technology in behavioral interventions in developing nations; \*Promote transdisciplinary research, practice and policy collaborations.

**Society for Public Health Education (SOPHE) 58th Annual Meeting**

**Alexandria Mark Hilton Hotel**

**Alexandria, VA**

**October 31 – November 3, 2007**

The theme for this year's meeting, *Partnerships to Achieve Health Equity*, highlights a central focus of health education – the elimination of health disparities. SOPHE is particularly pleased to be partnering with two dynamic groups in addressing the conference theme: CDC's Racial and Ethnic Approaches to Health (REACH) Program and Eta Sigma Gamma, a national professional health education honorary on more than 200 college campuses. Eta Sigma Gamma is celebrating its 40th Anniversary. KEYNOTE PRESENTATION: Dr. David Satcher, Former U.S. Surgeon General and SOPHE Honorary Fellow will provide the keynote address. During his term as Surgeon General, elimination of health disparities was identified as one of two over-arching Healthy People goals and CDC launched the highly successful, community-based REACH program. OTHER PLENARY SPEAKERS include Dr. Carolyn Clancy, director of the Agency for Healthcare Research and Quality; Dr. David Hayes-Bautista of the UCLA School of Medicine;

Tawara D. Goode of the Georgetown University National Center for Cultural Competence; Dr. James S. Marks of the Robert Wood Johnson Foundation; Dr. Lawrence Green of the University of California at San Francisco; and Dr. Karen Glanz of the Emory Rollins School of Public Health. PROGRAM HIGHLIGHTS: \*6 pre- and post-conference skill building workshops; \*More than 90 plenary and concurrent sessions and 44 posters displayed through out the conference; \*Networking opportunities ; \*Meeting Mentoring Program – a great way for students/new professionals and seasoned health educators to learn from each other; \*Presentation of the 2007 Elizabeth Fries Health Education Award and lecture; \*Awards Banquet at the Ronald Reagan Building and International Trade Center; \*CHES and CE credits. REGISTRATION AND HOTEL: Registration information will be available soon on the SOPHE website ([www.sophe.org](http://www.sophe.org)). In the interim, hotel reservations can be made by contacting the Hilton at 1-800-HILTONS or 703/845-1010. Ask for the Society for Public Health Education room block and the special conference rate of \$179 (sgl/dbl plus tax) before **October 16, 2007**. For more information or updates, see [www.sophe.org](http://www.sophe.org).

**American Public Health Association, Community-Based Public Health Caucus Learning Institutes at the APHA November 3-7, 2007 Conference**  
**Registration is now open.**

In addition to sponsoring CBPR sessions throughout the conference, the Community-Based Public Health Caucus is sponsoring two Learning Institutes on CBPR at this year's American Public Health Association conference. Session #1008.0, Developing and Sustaining Community-Based Participatory Research Partnerships, will be offered on Saturday, November 3rd, from 9:00am to 5:00pm. The session is an outgrowth of work done by the ASPH/CDC Examining Community-Institutional Partnerships for Prevention Research Group - view the Group's curriculum online at [www.cbprcurriculum.info](http://www.cbprcurriculum.info)). Session #2017.0, Community-Based Participatory Research: Working with Communities to Interpret and Analyze Data for Policy Change, will be offered on Sunday, November 4th, from 8:00am to 11:30am. For details on these Learning Institutes, visit <http://www.apha.org/programs/education/APHA-Learning+Institute.htm>. Registration is open now for these learning institutes and the conference as a whole (November 3-7). It's possible to register only for one or both learning institutes if you can't attend the whole conference.

**U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion and the Centers for Disease Control and Prevention**  
**2007 National Prevention and Health Promotion Summit: Creating a Culture of Wellness**  
**Hyatt Regency on Capitol Hill**  
**400 New Jersey Avenue, NW**  
**Washington, DC**  
**November 27-29, 2007**

**Register as soon as possible and no later than October 27 to avoid higher registration fees. You must register by November 1 to be listed in the participant directory.**

The U.S. Department of Health and Human Services' Office of Disease Prevention and Health Promotion and the Centers for Disease Control and Prevention (CDC) will host the 2007 National Prevention and Health Promotion Summit: Creating a Culture of Wellness. Two national associations, the Directors of Health Promotion and Education and the National Association of Chronic Disease Directors, join in sponsoring this conference. For 2007, the National Prevention and Health Promotion Summit will occur in place of previous conferences, including the Secretary's National Prevention Summit and CDC's National Health Promotion Conference, the National Conference on Chronic Disease Prevention and Control, and the National Birth Defects and Developmental Disabilities Conference. We invite those partners who have a long history of supporting those meetings to join us, as we foster a culture of wellness that can help us reduce the disease burden and economic impact of some of the nation's leading causes of death and disability. For more information, visit <http://quest.cvent.com/EVENTS/Info/Summary.aspx?i=ca740841-1e81-4379-87ea-defe1b8dc0ae>.



## RESOURCES

### Publications

#### **Canadian Institutes of Health Research**

##### **Guidelines for Health Research Involving Aboriginal People**

The Canadian Institutes of Health Research has released Guidelines for Health Research Involving Aboriginal People. They are available in html at <http://www.cihr-irsc.gc.ca/e/29134.html> and in PDF format at [http://www.cihr-irsc.gc.ca/e/documents/ethics\\_aboriginal\\_guidelines\\_e.pdf](http://www.cihr-irsc.gc.ca/e/documents/ethics_aboriginal_guidelines_e.pdf). Below are excerpts from the website. A sample research agreement from the Centre for Indigenous Peoples' Nutrition and Environment is posted at <http://www.cihr-irsc.gc.ca/e/29134.html#7>. These Guidelines have been prepared by the Ethics Office of the Canadian Institutes of Health Research (CIHR), in conjunction with its Institute of Aboriginal Peoples' Health, to assist researchers and institutions in carrying out ethical and culturally competent research involving Aboriginal people. The intent is to promote health through research that is in keeping with Aboriginal values and traditions. The Guidelines will assist in developing research partnerships that will facilitate and encourage mutually beneficial and culturally competent research. The Guidelines will also promote ethics review that enables and facilitates rather than suppresses or obstructs research. These Guidelines are applicable to researchers carrying out research to which CIHR has made a financial contribution. The reader should note that these Guidelines are not regulations nor are they meant to be of general application. Rather, they are guidelines that should be followed by anyone who carries out research involving Aboriginal people in Canada if the research is funded by CIHR. The obligation on the researcher to abide by the Guidelines is contractual, i.e. it is voluntarily assumed by the researcher in return for the funding provided by CIHR. As these guidelines primarily address the special considerations that arise when carrying out research involving Aboriginal people, researchers must also refer to, and comply with, other Tri-Council and CIHR policies, as well as any applicable legislation and, for those to whom it applies, the Canadian Charter of Rights and Freedoms. Other agencies of government may impose additional regulatory or other requirements.

#### **The Commonwealth Fund**

##### **Aiming Higher: Results from a State Scorecard on Health System Performance**

([http://www.commonwealthfund.org/publications/publications\\_show.htm?doc\\_id=494551](http://www.commonwealthfund.org/publications/publications_show.htm?doc_id=494551))

Released by the Fund's Commission on a High Performance Health System, the report ranks states on 32 indicators of access, quality, avoidable hospital use and costs, equity, and "healthy lives." While no state scored highly on each performance indicator, the health care system in certain states and regions is functioning markedly better than elsewhere.

#### **Community-Campus Partnerships for Health (CCPH) Theme Section of the Journal of Higher Education Outreach and Engagement!**

The latest issue of the journal features 4 papers based on presentations made at the 2006 CCPH conference: (1) Engaging a University in Self-Assessment and Strategic Planning to Build Partnership Capacity: the UCSF Experience; (2) How to Avoid Stumbling While "Walking the Talk": Supporting the Promise of Authentic Partnerships; (3) The Community Impact Statement: A Prenuptial Agreement for Community-Campus Partnerships; and (4) Community-University Research Partnerships: Devising a Model for Ethical Engagement. To download and read the articles in the CCPH theme section, go to: <http://depts.washington.edu/ccph/pastpresentations.html#ninthconf>.

#### **Disparities in Health Care Are Driven by Where Minority Patients Seek Care Examination of the Hospital Quality Alliance Measures**

Romana Hasnain-Wynia, PhD; David W. Baker, MD, MPH; David Nerenz, PhD; Joe Feinglass, PhD; Anne C. Beal, MD, MPH; Mary Beth Landrum, PhD; Raj Behal, MD, MPH; Joel S. Weissman, PhD, *Arch Intern Med.* 2007;167:1233-1239.

**BACKGROUND.** Racial/ethnic disparities in health care are well documented, but less is known about whether disparities occur within or between hospitals for specific inpatient processes of care. We assessed racial/ethnic disparities using the Hospital Quality Alliance Inpatient Quality of Care Indicators. **METHODS.** We performed an observational study using patient-level data for acute myocardial infarction (5 care measures), congestive heart failure (2 measures), community-acquired pneumonia (2 measures), and patient counseling (4 measures). Data were obtained from 123 hospitals reporting to the University HealthSystem Consortium from the third quarter of 2002 to the first quarter of 2005. A total of 320 970 patients 18 years or older were eligible for at least 1 of the 13 measures. **RESULTS.** There were consistent unadjusted differences between minority and nonminority patients in the quality of care across 8 of 13 quality measures (from 4.63 and 4.55 percentage points for angiotensin-converting enzyme inhibitors for acute myocardial infarction and congestive heart failure [ $P < .01$ ] to 14.58 percentage points for smoking cessation counseling for pneumonia [ $P = .02$ ]). Disparities were most pronounced for counseling measures. In multivariate models adjusted for individual patient characteristics and hospital effect, the magnitude of the disparities decreased substantially, yet remained significant for 3 of the 4 counseling measures; acute myocardial infarction (unadjusted, 9.00 [ $P < .001$ ]; adjusted, 3.82 [ $P < .01$ ]), congestive heart failure (unadjusted, 8.45 [ $P = .02$ ]; adjusted, 3.54 [ $P = .02$ ]), and community-acquired pneumonia (unadjusted, 14.58 [ $P = .02$ ]; adjusted, 4.96 [ $P = .01$ ]). **CONCLUSIONS.** Disparities in clinical process of care measures are largely the result of differences in where minority and nonminority patients seek care. However, disparities in services requiring counseling exist within hospitals after controlling for site of care. Policies to reduce disparities should consider the underlying reasons for the disparities.

**Eliminating Healthcare Disparities in America: Beyond the IOM Report**  
**Williams, Richard Allen (Ed.)**

**2008, Approx. 500 p., 16 illus., Hardcover**

**ISBN: 978-1-934115-42-8**

**Available: September 12, 2007**

"Orders should be placed right away and they will be classified as "back orders." When the book hits the warehouse, all the backorders will ship first so they will get their books before any post-pub orders ... orders can be placed at 1-800-SPRINGER or at [orders-ny@springer.com](mailto:orders-ny@springer.com)"

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M.P.H., M.S., Janice Rabkin, M.P.H., Ph. D.; 17. Access Health Solutions: A Minority Physician Network Model That Works, Kathy B. Jackson, Ph. D.; 18. Carolinas Association for Community Health Equity-CACHE: A Role Model for Community Health Organizations, Yele Aluko, M.D. Concluding Recommendations -- 19. Principles for Eliminating Racial and Ethnic Disparities in Healthcare, John Z. Ayanian, M.D., M.P.P. Richard Allen Williams, M.D.

### **Inclusion: The Politics of Difference in Medical Research**

**Steven Epstein**

**University of Chicago Press, 2007**

As a society, we have learned to value diversity. But can some strategies to achieve diversity mask deeper problems, ones that might require a different approach and different solutions? With *Inclusion*, Steven Epstein argues that in the field of medical research, the answer is an emphatic yes. Formal concern with diversity in American medical research, Epstein shows, is a fairly recent phenomenon. Until the mid-1980s, few paid close attention to who was included in research subject pools. Not uncommonly, scientists studied groups of mostly white, middle-aged men—and assumed that conclusions drawn from studying them would apply to the rest of the population. But struggles involving advocacy groups, experts, and Congress led to reforms that forced researchers and pharmaceutical companies to diversify the population from which they drew for clinical research. That change has gone hand in hand with bold assertions that group differences in society are encoded in our biology—for example, that there are important biological differences in the ways that people of different races and sexes respond to drugs and other treatments. While the prominence of these inclusive practices has offered hope to traditionally underserved groups, Epstein argues forcefully that it has drawn attention away from the tremendous inequalities in health that are rooted not in biology but in society. There is, for instance, a direct relationship between social class and health status—and Epstein believes that a focus on bodily differences can obscure the importance of this factor. Only when connected to a broad-based effort to address health disparities, Epstein explains, can a medical policy of inclusion achieve its intended effects.

### **Journal of Higher Education Outreach and Engagement (JHEOE)**

The latest issue of the *Journal of Higher Education Outreach and Engagement* features a section of 4 papers based on presentations made at the 2006 Community-Campus Partnerships for Health (CCPH) conference: \*Engaging a University in Self-Assessment and Strategic Planning to Build Partnership Capacity: the UCSF Experience - Naomi Wortis, Ellen Goldstein, Roberto Ariel Vargas, Kevin Grumbach; \*How to Avoid Stumbling While Walking the Talk: Supporting the Promise of Authentic Partnerships - Terri L. Shelton, James M. Frabutt; \*The Community Impact Statement: A Prenuptial Agreement for Community-Campus Partnerships - Susan Ann Gust, Catherine Jordan; \*Community-University Research Partnerships: Devising a Model for Ethical Engagement - Linda Silka, Paulette Renault-Caragianes. To download and read the articles, go to: <http://depts.washington.edu/ccph/pastpresentations.html#ninthconf>. To learn more about the Journal, visit <http://www.uga.edu/jheoe/about.htm>.

### **The psychosocial effects on health of socioeconomic inequalities**

**Stephen Abbott**

**Critical Public Health, 17(2), 151-158 (June 2007)**

<http://tinyurl.com/23cggg>

Abstract: Socioeconomic inequalities are thought to impair health in a way that is independent of the effect of material deprivation on health. But the mechanisms whereby inequalities have such an effect have not been thoroughly explained or explored. Two linked but distinct mechanisms have been suggested: social comparison and hierarchical conflict. In the first case, people compare their social status with that of others, and where this comparison is to their disadvantage they experience negative emotions that impact on their health. Epidemiological data suggest that this is a large area effect but psychological studies of social comparison suggest that small-group comparisons are important for social comparison. No explanation as yet embraces both large and small scales, and much about social comparison and its possible effects on health is poorly understood. Hierarchical conflict has been well documented in non-human primate societies

(although with variable effects on health), and it is hypothesized that human hierarchies, in so far as they are structures based on domination, may affect health by means of the chronic stress associated with subordination. However, the degree to which human and non-human behaviour is comparable is unclear; nor is it clear that hierarchy as such is necessary conflictual: this may depend on how it is organized socially and experienced by subordinate groups. Much work needs to be done to understand both hypotheses, although at present the social comparison hypothesis appears to have more explanatory power.

### ***Racial Discrimination and Breast Cancer Incidence in US Black Women*** **The Black Women's Health Study**

Teletia R. Taylor, Carla D. Williams, Kephher H. Makambi, Charles Mouton, Jules P. Harrell, Yvette Cozier, Julie R. Palmer, Lynn Rosenberg and Lucile L. Adams-Campbell  
American Journal of Epidemiology Advance Access originally published online on March 30, 2007  
American Journal of Epidemiology 2007 166(1):46-54; doi:10.1093/aje/kwm056  
Perceived discrimination may contribute to somatic disease. The association between perceived discrimination and breast cancer incidence was assessed in the Black Women's Health Study. In 1997, participants completed questions on perceived discrimination in two domains: "everyday" discrimination (e.g., being treated as dishonest) and major experiences of unfair treatment due to race (job, housing, and police). Cox proportional hazards models were used to estimate incidence rate ratios, controlling for breast cancer risk factors. From 1997 to 2003, 593 incident cases of breast cancer were ascertained. In the total sample, there were weak positive associations between cancer incidence and everyday and major discrimination. These associations were stronger among the younger women. Among women aged less than 50 years, those who reported frequent everyday discrimination were at higher risk than were women who reported infrequent experiences. In addition, the incidence rate ratio was 1.32 (95% confidence interval: 1.03, 1.70) for those who reported discrimination on the job and 1.48 (95% confidence interval: 1.01, 2.16) for those who reported discrimination in all three situations—housing, job, and police—relative to those who reported none. These findings suggest that perceived experiences of racism are associated with increased incidence of breast cancer among US Black women, particularly younger women.

### **Race Matters**

#### **Annie E. Casey Foundation**

<http://www.aecf.org/KnowledgeCenter/PublicationsSeries/RaceMatters.aspx>

This toolkit is designed to help decision-makers, advocates, and elected officials get better results in their work by providing equitable opportunities for all. The approach described in the toolkit deals specifically with policies and practices that contribute to inequitable outcomes for children, families, and communities. The toolkit presents a specific point of view on addressing unequal opportunities by race and simple, results-oriented steps to help you achieve your goals.

### **Social determinants and Indigenous health: The International experience and its policy implications**

Available online as PDF file [41p.] at:

[http://www.who.int/social\\_determinants/resources/indigenous\\_health\\_adelaide\\_report\\_07.pdf](http://www.who.int/social_determinants/resources/indigenous_health_adelaide_report_07.pdf)

Report on specially prepared documents, presentations and discussion at the International Symposium on the Social Determinants of Indigenous Health Adelaide, 29-30 April 2007 for the Commission on Social Determinants of Health (CSDH). This report is made up of the following sections: - Identification of Symposium documents; - Identification of themes in the Situational Analysis; - Summaries of the 36 case studies available; - Review of the 3 Canadian discussion papers and Overview; - Symposium proceedings; - Key issues and areas for action.

### **WHO CSDH Commission**

A Conceptual Framework for Action on the Social Determinants of Health – plus two final reports from the WHO CSDH Commission's knowledge networks. The reports appear as they have been

submitted to the Commission. The views presented are those of the authors and do not necessarily represent the decisions, policy or views of WHO or the Commission.

***Early childhood development: A Powerful Equalizer***  
***Prepared by Lori G. Irwin, Arjumand Siddiqi, Clyde Hertzman,***  
***June 2007***

***Available online as PDF [41p.] at:***

***[http://www.who.int/social\\_determinants/resources/ecd\\_kn\\_report\\_07\\_2007.pdf](http://www.who.int/social_determinants/resources/ecd_kn_report_07_2007.pdf)***

"....This report gives a synthesis of knowledge on available opportunities for improving the state of early child development globally. In keeping with international policy standards, it defines early childhood as the period from prenatal development to eight years of age. Within the work of the Commission, early child development has strong links to other social determinants of health, particularly urban settings, gender, globalization, and health systems. The report provides a framework for understanding the environments (and their characteristics) that play a significant role in influencing early development.

***Towards health-equitable globalization: rights, regulation and redistribution -***  
***Globalisation Knowledge Network***

***by Ronald Labonté (Chair) Ted Schrecker (Hub Coordinator) June 2007***

***Available online PDF [197p.] at:***

***[http://www.who.int/social\\_determinants/resources/gkn\\_report\\_06\\_2007.pdf](http://www.who.int/social_determinants/resources/gkn_report_06_2007.pdf)***

"....Globalization holds considerable potential for improving human health while presenting many challenges. The key challenge for the Commission is to understand how globalization affects people's access to social determinants of health (SDH). The Globalization Knowledge Network (GKN) approaches this subject by emphasizing the economic aspects of globalization since the 1970s.

***A Conceptual Framework for Action on the Social Determinants of***  
***Health***

***Draft - May 2007***

***Available online as PDF file [77p.]***

***[http://www.who.int/social\\_determinants/resources/csdh\\_framework\\_action\\_05\\_07.pdf](http://www.who.int/social_determinants/resources/csdh_framework_action_05_07.pdf)***

Framework prepared by WHO's Department of Equity, Poverty and Social Determinants of Health as a contribution to the work of the Commission. /It is not the official framework of the Commission. /

A first draft of this paper was prepared for the May 2005 Cairo meeting of the Commission on Social Determinants of Health by the Commission secretariat, based in the Department of Equity, Poverty and Social Determinants of Health, Evidence and Information for Policy Cluster, WHO Geneva. The principal writers were Orielle Solar and Alec Irwin. Valuable input to the original draft was provided by other members of the Commission secretariat, in particular Jeanette Vega. In the course of discussions in Cairo, Commissioners and the Chair contributed substantive insights. Commissioners recommended the preparation of a revised draft paper, which was completed in January 2007. The current version of the paper was submitted to CSDH Commissioners at their June 2007 meeting in Vancouver. In addition to the Chair and Commissioners of the CSDH, many colleagues have offered valuable comments and suggestions in the course of the revision process. Thanks are due in particular to: Joan Benach, Sharon Friel, Tanja Houweling, Ron Labonte, Carles Muntaner, Ted Schrecker, Sarah Simpson and Jeanette Vega.

The latest Commissioners' meeting report

**MEETING OF THE COMMISSION ON THE SOCIAL DETERMINANTS OF HEALTH**  
**8TH MEETING VANCOUVER, CANADA JUNE 7-9, 2007 PDF [5p.] at:**

***[http://www.who.int/social\\_determinants/links/events/8th\\_meeting\\_csdh\\_report.pdf](http://www.who.int/social_determinants/links/events/8th_meeting_csdh_report.pdf)***

**Web sites**

<http://www.health08.org>

**Kaiser Family Foundation**

**Sign up for the email at <http://www.health08.org/email>.**

Kaiser Family Foundation launches health08.org – which will be free of charge and not include advertising – serves as a hub for information about health care and the presidential campaign. This new Web site provides up-to-date polling, analysis, facts, news, video and interviews from Kaiser and a broad range of sources.

[www.inequality.org](http://www.inequality.org)

**America's Growing Economic Divide – Resources for Journalists, Teachers, Policymakers, Citizens**

Inequality.org was created to serve as a dependable portal of information. Too much inequality, we believe, undermines democracy, community, culture and economic health. Because the problem is so important, accuracy is important, and we are committed to presenting the best and latest information.

<http://www.hsll.pitt.edu/guides/histmed/researchresources/dissertations/index.html>

Free database that lists recent doctoral dissertations world wide on a wide variety of medical humanities related topics. Several of the largest topics relate directly to public health issues and include AIDS, environmental concerns, international public health, and women's health care concerns. The site is maintained at the University of Pittsburgh School of Medicine and its Graduate School of Public Health. Please send comments/questions directly to Jonathon Erlen, PH.D., who runs the history of medicine programming and maintains the web site, at 412-648-8927 or [erlen@pitt.edu](mailto:erlen@pitt.edu).

<http://www.thinkculturalhealth.org/>

**Department of Health and Human Services, Office of Minority Health**

**Think Cultural Health: Bridging the Health Care Gap Through Cultural Competency Continuing Education Programs**

With growing concerns about racial and ethnic disparities in health and the need for health care systems to accommodate increasingly diverse patient populations, cultural competence has become more and more a matter of national concern and attention. Providers can take the first step to improve the quality of health care services given to diverse populations. By learning to be more aware of their own cultural beliefs and more responsive to those of their patients, providers can think in ways they might not have before. That can lead to self-awareness, and over time, changed beliefs and attitudes that will translate into better health care. This site, sponsored by the [Office of Minority Health \(OMH\)](#), offers the latest resources and tools to promote cultural competency in health care. You may access free online courses accredited for continuing education credit as well as supplementary tools to help you and your organization promote respectful, understandable, and effective care to your increasingly diverse patients. [A Physician's Practical Guide to Culturally Competent Care](#), is a free online educational program accredited for physicians, nurses, nurse practitioners, and pharmacists. [Culturally Competent Nursing Care: A Cornerstone of Caring](#), is a free online educational program designed specifically for nurses and is accredited by the American Nurses Credentialing Center. [Health Care Language Services Implementation Guide](#), is a Web-based interactive tool that can assist healthcare organizations in planning, implementing, and evaluating language access services to better serve their limited English proficiency patient population and decrease disparities in access to healthcare.

**Other**

**Audiofiles & Handouts from Call Series on Institutional Review Board (IRB) and Ethical Issues in Research Available Online! T**

he series, cosponsored by CCPH and the Tuskegee University National Center for Bioethics in Research and Health Care, covered such topics as "what is an IRB and what purpose does it



serve” to “supplementing IRBs with community advisory boards” and “IRB reform: changing policy and practice to protect communities.” For more information on the series, visit <http://depts.washington.edu/ccph/irbcalls.html>. Audiofiles & handouts are available at <http://depts.washington.edu/ccph/pastpresentations.html>.

### **NCCR LAUNCHES NATIONAL NETWORK TO CONNECT INVESTIGATORS BASED AT MINORITY INSTITUTIONS**

Award Will Facilitate Multi-Site Collaborative Clinical and Translational Research  
The National Center for Research Resources (NCCR), a part of the National Institutes of Health (NIH), announced today it will initially provide \$9.5 million over three years to launch a Translational Research Network that will increase the opportunity for multi-site clinical and translational research among minority and other collaborating institutions throughout the nation. Investigators at these institutions are focused on cancer, diabetes, renal disease, infant mortality, HIV/AIDS, and cardiovascular diseases, diseases that disproportionately affect minority populations. Translational research conducted in the network will range from those studies focused on applying discoveries generated during research in the laboratory to clinical trials, and then to developing and implementing best practices in disease prevention and intervention in local community settings. By providing computer-based tools for analyzing and managing clinical research data, recruiting for clinical trials, and sharing information with patients, the network will enable clinical and translational researchers to collaborate more efficiently with each other and their communities. The principal investigator leading the network is Keith Norris, M.D., an expert in kidney disease at Charles Drew University in Los Angeles, Calif. Other participating institutions are Morehouse School of Medicine, Atlanta, Ga; University of Hawaii, Honolulu, Hawaii; Hunter College, CUNY, New York; University of Puerto Rico, Medical Sciences Campus, San Juan, Puerto Rico; Meharry Medical College, Nashville, Tenn; Howard University, Washington, D.C.; and Jackson State University, Jackson, Miss. "The network will allow investigators to pool resources and expertise as they conduct high quality, collaborative, multi-center research that will increase the productivity and impact of each of the individual centers," said Norris. "It also is designed to integrate clinical, biomedical, and behavioral researchers with community health providers and community leaders into novel geographic and ethnically diverse research partnerships." The Data Technology and Coordinating Center for the network will be located at Jackson State University in Jackson, Miss. The center will provide a secure website, data management and data sharing tools, staff, hardware, and software for collection, analysis, storage, and exchange of clinical data for the multi-site studies. The institutions participating in the network are part of the Research Centers in Minority Institutions Program (RCMI). Funded by NCCR since 1985, the RCMI program enhances the research capacity and infrastructure at minority colleges and universities that award doctorates in the health and health-related sciences. In addition, the National Center on Minority Health and Health Disparities, another component of NIH, will contribute to the funding for the network. "The infrastructure, particularly informatics tools, provided by the network will allow RCMI investigators to leverage more effectively the resources that are in place at their institutions to provide greater opportunities for minority populations to participate in NIH-funded clinical trials," said NCCR Director Barbara Alving, M.D. The National Center for Research Resources (NCCR) provides laboratory scientists and clinical researchers with the environments and tools they need to understand, detect, treat, and prevent a wide range of diseases. Central to this effort, NCCR leads the Clinical and Translational Science Award (CTSA) program -- a national consortium of academic health centers that will transform the conduct of clinical and translational research to ensure that biomedical discoveries are rapidly translated into prevention strategies and clinical treatments for rare and common diseases. Through the CTSA consortium and other collaborations, NCCR connects researchers with one another, and with patients and communities across the nation. For more information, visit <http://www.ncrr.nih.gov>. This NIH News Release is available online at: <http://www.nih.gov/news/pr/jul2007/ncrr-24.htm>.

**University of Victoria Opens New Community-Based Research Office**



