



**The Kellogg Health Scholars Program**, together with the National Cancer Institute are sponsoring the "Third Annual Workshop on Behavioral Methodologies in Cancer Research For Underrepresented Investigators," March 23-25, 2008, San Diego, CA. **Twenty-five participants will be selected to attend this workshop.** Travel and lodging will be sponsored by NCI only for participants who live and work 50 miles or more outside of San Diego, California. **Application Deadline: October 29, 2007, 5:00 p.m. (Eastern Time).** Applications can be obtained at: [http://www.scgcorp.com/B\\_methods/](http://www.scgcorp.com/B_methods/). The workshop co-chairs are Karen Emmons, Ph.D., Harvard School of Public Health and Eliseo Pérez-Stable, M.D., University of California at San Francisco. The topics to be covered include: \* Behavioral Intervention Design; \* Mixed Research Methods; \* Longitudinal Research Designs; \* Mediation Analysis; \* Measurement Issues: Race/Ethnicity and SES; \* Multi-Level Statistical Methods; \* Behavioral Genetics Methods. To be eligible to participate, you must: \* Be from a racial/ethnic minority group, from a disadvantaged/underserved group, and/or have a disability; \* Be an investigator at an early or mid-career level (e.g., post-doctoral fellow, research associate, assistant professor, associate professor); \* Have interests in Behavioral Science and Cancer-Related Research (e.g., tobacco cessation, obesity, physical activity, diet/nutrition, cancer screening, sun safety, cancer decision making, coping with cancer, cancer survivorship); \* Have not been a PI on a National Institutes of Health R01 funded grant; \* Reside in the United States or U.S. territory; and \* Submit an application with supporting documents. For additional information, contact: Ms. Debbie Libbey, e-mail: [b-methods@scgcorp.com](mailto:b-methods@scgcorp.com), phone: 301-670-4990.

**Kellogg Scholars and Fellows and the November 2007 APHA Meeting**...Please inform Barbara Krimgold ([bkrimgold@cfah.org](mailto:bkrimgold@cfah.org)) or Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)) if your abstract has been selected for the November APHA meeting and provide information regarding your presentation.

***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 Health Scholars Program alumnus, **Michael Royster, MD, MPH...**

Dr. Michael Royster is the Director, Office of Minority Health and Public Health Policy, Virginia Department of Health. He was a Community Health Scholar from 2000-2002 at the University of North Carolina at Chapel Hill. As a Scholar, Dr. Royster worked with a community-based organization and a coalition of community representatives to develop an initiative to improve the health of African American men in Raleigh, NC. He conducted focus groups and used them as a basis for the issues that they will target. Dr. Royster also worked on the evaluation of a community-based chronic disease prevention project. The evaluation, which continues, will determine changes in behaviors, community capacity, and cultural norms that result from the interventions. As well, he has also conducted an assessment of this community-based organization and its members to develop recommendations that would contribute to improving the organizations functions.

Dr. Royster writes: "In my current position, I'm leading the reorganization of my office to focus our efforts on eliminating health inequities. Our new vision is "Advancing Health Equity for all Virginians." Our new mission is "to identify health inequities, assess their root causes, and address them by promoting social justice, influencing policy, establishing partnerships, providing resources and educating the public." My office includes the state offices of minority health, rural

health, and primary care. We also address health workforce issues in underserved areas. Our new direction includes a focus on promoting health equity using social justice as the guiding principle. This includes plans to train community partners in social justice and strategies they can use to address inequities (based in the CBPH philosophy), promoting CBPR as an important strategy in understanding and addressing health inequities, advocating for health promoting public policy, and using data more creatively to draw attention to the root causes of health inequities. In a nutshell, the Community Health Scholars Program has had a profound impact on my understanding of health and my commitment to promoting health equity and social justice."

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## FUNDING

### Health Resources and Services Administration

#### Nursing Workforce Diversity

**Current Closing Date for Applications: November 16, 2007**

Grants are awarded to increase nursing education opportunities for individuals from disadvantaged backgrounds (including racial and ethnic minorities underrepresented among registered nurses) by providing student scholarships or stipends, pre-entry preparation, and retention activities. Announcement details at

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=CE4BB1FD-B6A0-4E19-A115-F100F2A8AAFA>

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## CALL FOR SUBMISSIONS

### Call for Papers: Center for the Study of Diversity in Science, Technology, and Medicine, Massachusetts Institute of Technology, Cambridge, Massachusetts

#### What's the Use of Race?

**April 25-26, 2008**

**Deadline: October 15, 2007**

Additional information at <http://web.mit.edu/csd/CSD/Homepage.html> and <http://web.mit.edu/csd/WUR/Welcome.html>.

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](mailto:dsjones@mit.edu) (email submissions preferred).

**Call for Nominations: The Robert Wood Johnson Foundation  
Community Health Leaders Program (CHLP)  
Deadline: October 19, 2007**

This program is designed to recognize, support and sustain the capacity of individuals who demonstrate creativity, innovation, and commitment to improving health outcomes at the community level. Established in 1992, each year CHLP honors 10 outstanding and otherwise unrecognized individuals who have overcome daunting odds to expand access to health care and social services to underserved populations in communities across the United States. Potential Community Health Leaders include (but are not limited to) Nurses, Physicians, Community Organizers, Advocates and Parents among others. The program elevates the work of the leaders through national visibility, financial support, networking opportunities, and by raising awareness of their extraordinary contributions to their communities. The Community Health Leaders award features: \* A financial award of \$125,000 comprised of \$105,000 to enhance the leader's program, and \$20,000 as a personal gift to the leader in recognition of his/her contributions; \* Technical assistance through consultation, phone and video-conferencing, and connections to other resources; \* Facilitated communication with other Robert Wood Johnson Foundation programs and staff resources; and \* Participation in an Annual Meeting with other Leaders.

Candidates for the CHLP Award must be nominated by someone who is keenly aware of and believes in the innovative work and the commitment of the person they are nominating. The deadline for receipt of brief nominations is Friday, October 19, 2007 (5 p.m. ET). The selection process is conducted by members of the CHLP National Advisory Committee, and CHLP staff. The Call for Nominations, eligibility and selection criteria, and other general program information can be found on the CHL Web site at [www.communityhealthleaders.org](http://www.communityhealthleaders.org). For more information, contact Helen Dundas, Administrative Coordinator at [HDundas@rwjf.org](mailto:HDundas@rwjf.org), or (609) 627-5947.

**Call for Nominations: The Robert Wood Johnson Foundation, CDC's Division of  
Adolescent and School Health and Division of Nutrition, Physical Activity and Obesity, and  
the CDC Foundation  
Childhood Obesity Prevention Program and Policy  
Deadline: October 26, 2007**

As the search for answers to effectively address childhood obesity continues, organizations and communities across the country are experimenting with various strategies aimed at changing children's environments to reduce the incidence of obesity. The Robert Wood Johnson Foundation (RWJF), the Centers for Disease Control and Prevention's (CDC) Division of Adolescent and School Health, Division of Nutrition, Physical Activity and Obesity, Prevention Research Centers Program Office, and the CDC Foundation are undertaking a 2-year collaborative project to identify and assess local-level programs and policies that have been implemented with apparent notable success to improve the eating habits and physical activity levels of children. Macro International Inc. serves as the coordinating center for the project. They are seeking nominations for programs or policies that fall into the following 3 areas: 1) comprehensive school physical activity programs, 2) after school/daycare programs addressing obesity, and 3) increasing access to fresh foods in low SES inner city communities. The goal of this project is to conduct evaluability assessments, which are "pre" evaluations to determine if a program is promising and ready for a more rigorous full evaluation. The first round of evaluability assessments is currently underway and they are preparing for the second round. Similar to the first round, they will be aiming to conduct 10 assessments in each of the topic areas. A program that has not been rigorously evaluated can be considered for an evaluability assessment. Once a nominated program is chosen by the Expert Panel, the evaluability assessment consists of a 3-day site visit where trained project staff assess program implementation, data collection, and program outcomes. As part of the site visit, a limited amount of on-site technical assistance will

be provided to each site. Please see the attached document which explains the project and the topic areas in more detail. For additional information, please contact Nicola Dawkins ([Nicola.U.Dawkins@macrointernational.com](mailto:Nicola.U.Dawkins@macrointernational.com); 404-321-3688 fax; 404-321-3211 phone.) The submission deadline is Friday, October 26, 2007.

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

**Deadline: November 1, 2007**

This special issue of The Journal of Empirical Research on Human Research Ethics is being co-edited by CCPH senior consultant Nancy Shore, program director Kristine Wong and executive director Sarena Seifer. 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: Arte Sana  
NUESTRAS VOCES/OUR VOICES: Collaboration and  
Transformation en la Comunidad  
Arte Sana National Conference  
San Antonio, Texas  
August 21-22, 2008**

**Deadline: December 1, 2007**

Arte Sana is pleased to announce the call for proposals for "NUESTRAS VOCES / OUR VOICES: Collaboration and Transformation en la Comunidad." The goals of this two-day capacity-building event include: eliminating victim service barriers and engaging our communities as active partners in prevention, risk reduction and advocacy efforts. More information and workshop submission forms in both English and Spanish can be found at [http://www.arte-sana.com/nuestras\\_voces\\_08.htm](http://www.arte-sana.com/nuestras_voces_08.htm).

**Call for Abstracts/Papers  
Race and Disparities: A Research Forum  
Cape Town, South Africa  
July 14-16, 2008**

**Deadline for abstract submission: December 1, 2007**

This will be an interdisciplinary forum exploring various facets of inequity along lines of race, class, gender, and other differences between people. Details at <http://www.learningcirlenetwork.com>.

**Request for Proposals: Canadian Council on Learning**

The purpose of this Request for Proposals (RFP) from the Canadian Council on Learning (CCL) is to solicit applied research projects from not-for-profit organizations, community-based organizations, labour organizations, and research or academic institutions on the subject of Health and Learning in Canada. For more information on the Canadian Council on Learning, please see About CCL. ELIGIBLE PROJECTS: CCL only supports applied research projects, the results of which hold significant promise of applicability across contexts similar to the one in which the initial research was conducted. It is equally important that all projects include partnerships with appropriate stakeholders. In particular, CCL encourages applicants to build partnerships between community-based organizations and researchers. All CCL-supported projects must be completed and fully reported by December 31, 2008. FUNDING: CCL will normally contribute no more than \$70,000 in total to a research project. Applicants are strongly encouraged to find complementary sources of funding for their projects. Applicants must clearly identify all sources of funding relevant to their research proposal, indicating if the funding is anticipated, confirmed, or in-kind. Proposals that do not provide this information will be disqualified. KNOWLEDGE EXCHANGE: All research supported by CCL must incorporate an explicit strategy for knowledge exchange that will include a dissemination plan for promoting use of the results with the various audiences for the project, such as researchers, educators, parents, service providers, policy-makers, and communities. Knowledge exchange activities may include (but are not limited to) workshops, conference presentations, journal publications, newsletters, website postings,

pamphlets, etc. DELIVERABLES: All CCL-funded projects are expected to provide interim progress reports. A detailed final report is to be submitted at project end describing the research undertaken, the results obtained, and all dissemination and knowledge exchange activities (in accordance with the CCL Intellectual Property Memorandum). A financial report including all supporting documentation is to accompany the final report. Copies of all deliverables submitted to the various project stakeholders or audiences (such as reports, learning tools, assessment materials, etc.) are to be submitted along with the final report. RESEARCH PRIORITIES: While CCL welcomes research proposals on any aspect of health-related learning, proposals that address one or more of the following priorities are encouraged - see details at: <http://www.ccl-cca.ca/CCL/Research/RequestforProposals/RFP20070903HealthLearning2007.htm>. For more information on this RFP, visit <http://www.ccl-cca.ca/CCL/Research/RequestforProposals/RFP20070903HealthLearning2007.htm>. Questions may be addressed to: Sonia Guerriero, PhD, Senior Research Analyst/Project Manager, Research and Knowledge Mobilization, E-mail: [sguerriero@ccl-cca.ca](mailto:sguerriero@ccl-cca.ca), Telephone: 604.662.3101, ext. 303, Fax: 604.662.3168.

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## CAREER DEVELOPMENT

### **American Heart Association VP of Cultural Health Initiatives (Glen Allen, VA office)**

We [the AHA] are searching for strong candidates for the position VP of Cultural Health Initiatives in our Glen Allen, VA office. The salary is \$64,000-\$104,188. To apply and review benefit information, please visit [www.americanheart.org](http://www.americanheart.org) and click CAREERS. Potential candidates can contact Dr. Janet Scott-Harris, Kellogg Fellows in Health Policy Research Program alumna, if they would like her personal take on the work: **Janet L. Scott-Harris, Ph.D.**, Vice President, Cultural Health Initiatives, American Heart Association, 214.706.1617 Voice; [janet.scott-harris@heart.org](mailto:janet.scott-harris@heart.org).

### **APHA's Community-Based Public Health Caucus Learning Institutes on Community-Based Participatory Research Washington, DC November 3-4 Register ASAP**

The Community-Based Public Health Caucus is sponsoring two Learning Institutes on Community-Based Participatory Research (CBPR) at this year's American Public Health Association conference. Session #1008.0, Developing and Sustaining Community-Based Participatory Research Partnerships, is offered on Saturday, November 3 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). Two representatives from the National Institutes of Health will share information about CBPR funding opportunities. Session #2017.0, Community-Based Participatory Research: Working with Communities to Analyze and Interpret Data and Get to Outcomes, is offered on Sunday, November 4 from 8:00am to 11:30am. Learn more at <http://www.apha.org/programs/education/APHA-Learning+Institute.htm>. You do not need to register for the whole conference if you only want to attend a learning institute.

### **The Centers for Disease Control and Prevention Environmental Public Health Leadership Institute Deadline: October 31, 2007**

The Centers for Disease Control and Prevention is accepting applications for the fourth cohort of the Environmental Public Health Leadership Institute (EPHLI). EPHLI identifies, trains and assists in the development of environmental public health leaders. Each year, the institute enhances the leadership and problem-solving skills of approximately 30 environmental public health practitioners. Announcement details at <http://www.cdc.gov/nceh/ehs/ephli/>.

**Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health (5 Fellowships)**

**Deadline: December 3, 2007**

I am delighted to share the call for applications for the 2008-2010 cohort of the Charlotte Ellertson Social Science Postdoctoral Fellowship in Abortion and Reproductive Health. Support for research in this area of great policy significance is largely absent, and trained researchers who focus in it are increasingly scarce. The fellowship aims to support promising social science and public health researchers who can study abortion and reproductive health from the perspective of their own disciplines and who can bridge the divide between research, policy and practice.

Fellows engage in independent and guided research, tap into the network of researchers, service providers and advocates at each fellowship site, and interact with policy and advocacy organizations. We seek applicants who are committed to working on abortion and to developing careers that include a focus on abortion research and advocacy. We are recruiting five fellows for the 2008-2010 fellowship cohort; one each at the sites at Ibis Reproductive Health in Cambridge, University of California, San Francisco, Columbia University, the Guttmacher Institute, and at Johns Hopkins University. Fellowships begin no later than September 30, 2008 and are awarded for two years, with the second year contingent upon successful completion of the first.

Applications for the fellowship will be accepted on line (at [www.ibisreproductivehealth.org/projects/fellowship](http://www.ibisreproductivehealth.org/projects/fellowship)) starting September 24<sup>th</sup> and must be received by 11:59 p.m. PST, Monday, December 3rd, 2007. We will announce fellowship recipients on March 3rd, 2008.

**The Commonwealth Fund/Harvard University Fellowship in Minority Health Policy (CFHUF) Fellowships (5 openings)**

**Deadline: January 2, 2008**

Supported by The Commonwealth Fund, administered by the Minority Faculty Development Program at Harvard Medical School, this innovative fellowship is designed to prepare physicians, particularly minority physicians, for leadership roles in formulating and implementing public health policy and practice on a national, state, or community level. Five one-year, degree-granting fellowships will be awarded per year. Fellows will complete academic work leading to a Master of Public Health (MPH) degree at the Harvard School of Public Health, and, through additional program activities, gain experience in and understanding of major health issues facing minority, disadvantaged, and underserved populations. CFHUF also offers a Master of Public Administration (MPA) degree at John F. Kennedy School of Government to physicians possessing an MPH. It is expected that CFHUF will support the development of a cadre of leaders in minority health, well-trained academically and professionally in public health, health policy, health management, and clinical medicine, as well as actively committed to careers in public service. Each fellowship provides: \$50,000 stipend, full tuition, health insurance, books, travel, and related program expenses, including financial assistance for a practicum project. For application materials, information, and other training opportunities, please contact the CFHUF Program Coordinator by telephone at (617) 432-2922; by fax at 617-432-3834; or by e-mail at [mfdp\\_cfhuf@hms.harvard.edu](mailto:mfdp_cfhuf@hms.harvard.edu).

**CCPH 11<sup>th</sup> Summer Service-Learning Institute**

**July 25-28, 2008**

**Apply Now!**

Designed for both new and experienced service-learning practitioners (faculty, staff and community partners), the institute features national experts in service-learning as presenters and mentors, including health professional faculty and community leaders who have developed successful service-learning partnerships. The institute is held in the Cascade Mountains of Washington State at an ideal setting for learning and reflection. Learn more and download an application at: <http://depts.washington.edu/ccph/servicelearning.html>.

**Memorial University of Newfoundland, Canada**

Three position openings: Associate Dean, Community Health & Humanities; Health Policy/Health Care Delivery position; Biostatistics/Quantitative Research Methods position  
<http://www.med.mun.ca/comhealth/>.

### **National Cancer Institute**

There are openings for the position of chief in the two branches below at the National Cancer Institute (US) in the Division of Cancer Control and Population Sciences (<http://intranet.cancer.gov/dccps/>)..... Please have applicants go to [www.usajobs.gov](http://www.usajobs.gov) <<http://www.usajobs.gov/>> and access vacancy announcement number: NCI-07-224054-MP for the Tobacco Control Research Branch and NCI-07-223437-MP for the Basic Biobehavioral Research Branch.

### **National Center for Health Statistics and AcademyHealth 2008 NCHS/AcademyHealth Health Policy Fellowship**

**Deadline: January 7, 2008**

The Centers for Disease Control (CDC) and Prevention's National Center for Health Statistics (NCHS) and AcademyHealth are seeking applications for their 2008 Health Policy Fellowship. The aim of the fellowship is to foster collaboration between NCHS staff and visiting scholars on a wide range of topics of mutual concern. The fellowship allows visiting scholars to conduct new and innovative analyses, participate in health policy activities related to the design and content of future NCHS surveys, and offers access to the [data resources](#) provided by the CDC. Applicants may be at any stage in their career from doctoral students to senior investigators. Doctoral students must have completed course work and be at the dissertation phase of their program. They must also demonstrate training and/or experience in health services research and methodology, reflecting disciplines such as: Public Health; Sociology; Public Administration; Economics; Health Care Administration; Behavioral Sciences. The duration of the full-time fellowship is 13-24 months, and salaries are commensurate with qualifications and experience. The application deadline is January 7, 2008. For more information on the fellowship and eligibility criteria, visit [www.academyhealth.org/nchs/](http://www.academyhealth.org/nchs/). *Web Site:* [www.academyhealth.org/nchs/](http://www.academyhealth.org/nchs/).  
*Electronic Application:* <http://www.academyhealth.org/nchs/packet.pdf>.

### **National Health Policy Training Alliance for Communities of Color Wellstone Fellowship for Social Justice**

**Deadline: January 15, 2008**

The Wellstone Fellowship for Social Justice aims to advance social justice through health care advocacy by focusing particularly on the unique challenges facing communities of color. Through this fellowship, established to honor the memory of the late Senator Paul D. Wellstone, we hope to expand the pool of talented social justice advocates from underrepresented economic, racial and ethnic minority groups. The ideal candidate must demonstrate an interest in health care policy and racial/ethnic health disparities. Additionally, we are looking for an individual who displays the potential to contribute to social justice work after their year of hands-on experience as a fellow. This is a year-long, full-time, salaried position in Washington, DC. Each year, one candidate will be selected. A fellow will receive a compensatory package that includes an annual stipend of \$35,000 and excellent health care benefits. You can find more information, including a downloadable application form, on our Web site: <http://ga3.org/ct/x1ei-Ws1lmV/>. If you have any questions about the Wellstone Fellowship for Social Justice or would like to request hard copies of the application brochure, please contact Melissa Rosenblatt at [wellstonefellowship@familiesusa.org](mailto:wellstonefellowship@familiesusa.org).

### **National Health Policy Training Alliance for Communities of Color Villers Fellowship for Health Care Justice**

**Deadline: January 15, 2008**

The Villers Fellowship for Health Care Justice was created in 2005 by Philippe Villers, Founder and President of Families USA. Villers Fellows work in our health policy department and assist our organization's efforts to improve access to health coverage for all Americans, especially for low-income and other vulnerable communities. Specifically, Villers Fellows will conduct research

on a range of health care policy issues, and write and contribute to publications that are relevant to current health policy debates. In creating the fellowship, Mr. Villers aspired to develop a network of young leaders who share a passion for health care justice. The ideal candidate will demonstrate a commitment to health care justice work following their year as a fellow. Additionally, in order to encourage the development of future leaders, Villers Fellows must commit to mentoring at least one person over the course of their careers. This is a year-long, full-time, salaried position in Washington, DC. Each year, one candidate will be selected. A fellow will receive a compensatory package that includes an annual stipend of \$35,000 and excellent health care benefits. You can find more information, including a downloadable application form, on our Web site: <http://ga3.org/ct/spei-Ws1lmVL/>. If you have any questions about the Villers Fellowship for Health Care Justice or would like to request hard copies of the application brochure, please contact Melissa Rosenblatt at [villersfellowship@familiesusa.org](mailto:villersfellowship@familiesusa.org).

**National Poverty Centers Research and Training Program on Poverty and Public Policy Fellowship Opportunities (at the National Poverty Center at the University of Michigan in Ann Arbor)**

**Deadline: January 11, 2008**

Sponsored by the National Poverty Centers Research and Training Program on Poverty and Public Policy, these fellowships provide outstanding American minority scholars and other scholars who are members of underrepresented groups in the social sciences an opportunity to spend one or two years conducting research and pursuing extensive training in residence at the National Poverty Center at the Univ of Michigan in Ann Arbor. Fellows will participate in a number of seminars on poverty research and will be supervised by Dr. Sheldon Danziger, professor of Public Policy and co-director of the National Poverty Center. During the fellowship period, scholars receive stipends of \$48,000 per calendar year, beginning as early as July 1, 2008, but no later than September 1, 2008. Applicants must have completed their Ph.D. after 2002 and prior to August 31, 2008. Priority will be given to proposals that would benefit from the resources available at the University of Michigan and from interactions with affiliated faculty members. Application forms and instructions are available at [http://www.fordschool.umich.edu/research/poverty/fellowship\\_opps.php](http://www.fordschool.umich.edu/research/poverty/fellowship_opps.php).

**The Robert Wood Johnson Foundation  
Scholars in Health Policy Research Program**

**Deadline: October 22, 2007**

The Robert Wood Johnson Foundation (<http://www.rwjf.org/>) Scholars in Health Policy Research program helps develop a new generation of creative health policy thinkers and researchers within the disciplines of economics, political science, and sociology. Each year, the program selects up to twelve highly qualified individuals for two-year fellowships at one of three nationally prominent universities -- Harvard University, the University of California at Berkeley (in collaboration with the University of California at San Francisco), and the University of Michigan -- with the expectation that the scholars will make important research contributions to future health policy in the United States. Recent graduates of doctoral programs in economics, political science, and sociology, including junior faculty, are invited to apply. Preference will be given to applicants who have not previously worked extensively in health or health policy research. Applicants must have received a doctoral degree after January 1, 2003, but no later than July 2008. For those expecting to receive degrees in 2008, all degree requirements must be completed by July 15, 2008. All applicants must be citizens or permanent residents of the United States or its territories at the time of the application deadline. The Robert Wood Johnson Foundation embraces racial, ethnic, and gender diversity in this program and encourages applications from candidates with diverse backgrounds. Up to twelve fellowships will be awarded in this grant cycle. Scholars will receive stipends from their university of \$83,000 for year one and \$86,000 for year two. Details at: <http://fconline.foundationcenter.org/pnd/10008786/rwjf>.

**San Diego State University  
Assistant Professor of Health Promotion and Behavioral Science, GSPH, SDSU, (2  
Positions)**

The Division of Health Promotion and Behavioral Science, Graduate School of Public Health, SDSU, is seeking applicants for two tenure track, Assistant Professor positions. SDSU has a highly diverse student population of 33,000 students, including approximately 6,000 graduate students. With 75 master's programs and 16 joint doctoral programs, SDSU currently ranks as number one in research productivity among universities with this number of doctoral programs. The Graduate School of Public Health offers an innovative undergraduate degree in public health and 4 MPH degrees in health promotion/ behavioral science, epidemiology, health services, and environmental health. The School also offers three Public Health Ph.D. degrees with concentrations in Health Behavior, Epidemiology, and Global Health. The School has approximately 300 undergraduate and about 250 graduate students. In 2005/2006, the School generated more than \$ 21 million in grant and contract funds, including \$ 8 million within the Division of Health Promotion. Additional information is available at <http://publichealth.sdsu.edu>.

The Division of Health Promotion and Behavioral Science is the administrative unit for the required concentrations in behavioral science. The division recruits a multidisciplinary student population for both the MPH and Ph.D. degrees. Student backgrounds include but are not limited to psychology, health education, sociology, anthropology, other social sciences, nursing, nutrition, exercise physiology, medicine, and other clinical doctoral level specialties. Students represent all racial and ethnic groups and many nationalities. **QUALIFICATIONS:** The successful candidate shall have an earned doctorate in behavioral or social science with training and experience in public health research or a professional degree (e.g., MD) with additional training in behavioral science. Preference will be afforded to candidates with expertise in one or more of the following: health communications, policy research that targets population behavior, ecological models, and health disparities. Candidates must show evidence of undergraduate or graduate teaching experience, have peer reviewed publications, and have experience with grant proposal writing and show potential for grant procurement. Teaching experience and a commitment to working in a multi-cultural environment with students from diverse backgrounds is desirable. The candidate accepting this position will teach, conduct and publish peer-reviewed research, obtain extramural support, and contribute service to the university and community. Salary is commensurate with education and experience. **APPLICATIONS/NOMINATIONS:** Candidates should apply directly by sending a letter of application; curriculum vitae; and the names, addresses, phone/fax numbers, and email of at least three references. References will be contacted only with permission of the candidates. Applications received by **December 15, 2007**, will receive full consideration, and a review of candidates will begin on or shortly after that date. Please send all communications to: Chair, Health Promotion Faculty Search Committee, Graduate School of Public Health, San Diego State University, 5500 Campanile Drive, San Diego, CA 92182-4162.

### **Senior Action Network (SAN), San Francisco, CA Health Policy Director**

Senior Action Network (SAN), San Francisco's city-wide grassroots advocacy organization for the boomers, elderly and disabled, is seeking a Health Policy Director for outreach and organizing who is a dedicated activist interested in empowering seniors and persons with disabilities to take direct action. **AGENCY OVERVIEW:** Founded in 1991, SAN represents over 30,000 seniors and adults with disabilities from 133 organizations. Our programs train leaders to advocate for crime prevention and pedestrian safety, affordable low-cost housing and universal, single-payer health care. **POSITION SUMMARY:** Under the supervision of the Executive Director, the Health Policy Director is responsible for overseeing all activities of the SAN Health Policy Program.

**RESPONSIBILITIES** include recruiting, training and coordinating campaigns to secure universal single-payer health care in San Francisco and statewide. This is a full-time 40-hour/week position. **DUTIES AND RESPONSIBILITIES:** Strengthen SAN's organizational capacity to conduct health advocacy: 1. Direct an outreach campaign with new and translated literature and outreach events. 2. Conduct monthly meetings to develop strategy and agenda. 3. Organize a community outreach coalition of CBOs to reach uninsured seniors and persons with disabilities. 4. Work with other groups to advocate for expanded health coverage at the local and state levels. 5. Train Seniors and disabled people to lead in health advocacy. **QUALIFICATIONS:** 1. Respect for and responsibility to Seniors and persons with disabilities. 2. Bachelor's degree in Health Education, Social Sciences or similar degree preferred. 3. Minimum one-year experience leading

health care campaigns preferred. 4. Experience training and facilitating groups of seniors and persons with disabilities. 5. Demonstrated ability to work as part of team. 6. Highly organized, creative, innovative. 7. Bilingual English/Spanish or Mandarin or Cantonese or Russian. 8. Knowledge of Healthy San Francisco Program. 9. Familiarity with state and federal single-payer health-care programs. 10. Computer literate (Internet, Word, Excel, Database). Compensation: Competitive salary and benefits package. Please contact Barbara Blong at [barbara@senioractionnetwork.org](mailto:barbara@senioractionnetwork.org).

**Simon Fraser University, Vancouver, BC  
Tenure-track Positions (9 openings)**

Simon Fraser University in Vancouver, BC, continues to build an exciting Faculty of Health Sciences. We will move into our new building next spring. Nine tenure-track positions are available. For more information: [http://www.fhs.sfu.ca/faculty\\_openings.php](http://www.fhs.sfu.ca/faculty_openings.php).

**Stanford Center on Adolescence  
Youth Purpose Awards**

**Deadline: January 17, 2008** (for research to start June 2008 and concluded by September 2009)

The Stanford Center on Adolescence encourages research on adolescent intention, involvement with beyond-the-self causes, and topics that lead to the development of purpose. "Purpose" refers to a stable and generalized intention to accomplish something that is at once meaningful to the self and of intended consequence beyond the self. The Stanford Center on Adolescence is offering awards of up to \$10,000 to advanced doctoral students, post-docs and junior faculty to conduct empirical research that sheds light on youth purpose. APPLICANTS: \*may be advanced (dissertation level) doctoral students, postdoctoral students or junior faculty from all disciplines; \*may request up to \$10,000 for research-related expenses; \*must be affiliated with an accredited college or university; \*must be a U.S citizen or permanent resident; \*if not a student, must have received the degree after 2003. For application materials and additional information see <http://coagrants.stanford.edu>. Funding for these awards is provided by the John Templeton Foundation and the Thrive Foundation for Youth.

**The University of Alabama, Tuscaloosa, AL  
Director, Center for Mental Health and Aging**

The University of Alabama seeks a director for its interdisciplinary Center for Mental Health and Aging. Building on a tradition of more than thirty years of scholarship in aging at the University, the Center for Mental Health and Aging (CMHA) facilitates the research of more than 30 faculty associates in departments throughout the campus. The Center reports directly to the Provost and has stable, core University funding. In the last five years CMHA faculty and students have obtained more than \$18 million in research funding. Grant proposals currently under review total more than \$5 million. Most CMHA research is focused in four areas: elder caregiving, mental health of rural elders, quality of care in institutional settings, and palliative and end-of-life care. Qualifications for the director include a doctoral degree in a social science or mental health-related discipline. Also required is a substantial record of research and scholarship in aging and mental health that merits the award of tenure in the department of the director's discipline on appointment. The director should have a history of accomplishment in obtaining and administering external research funding as a principal investigator and a documented record of sound administrative skills. The director should be able to represent the CMHA to a variety of constituencies and be skilled in mentoring and developing junior faculty members and graduate students. Please submit a letter of interest and curriculum vita to: Lucinda Lee Roff, Ph.D., Search Committee Chair, Center for Mental Health and Aging, Box 870315, Tuscaloosa, AL 35487, 205.348.7518, [Lroff@bama.ua.edu](mailto:Lroff@bama.ua.edu).

**University of Michigan Center for Integrative Approaches for Health Disparities  
Postdoctoral Researcher/Research Investigator**

A Postdoctoral Researcher/Research Investigator position is available in a new Center For Integrative Approaches for Health Disparities, lead by Dr. Ana Diez Roux at the University of Michigan. The focus of the 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. There are opportunities for data analyses and development of publications using large cohort studies with rich social and biologic data. This Center is an excellent interdisciplinary environment with many opportunities for collaboration, training, and mentoring. Candidates should hold a PhD in epidemiology, sociology, or a related discipline and have experience with quantitative data analyses, preferably with some health related focus. The positions are available as of October 1, 2007. Salary is \$50,000+. Applicants should send (via email) a letter and curriculum vitae to: Ana V. Diez Roux, MD, PhD, MPH, Professor of Epidemiology, School of Public Health, University of Michigan, 1214 S. University 2nd floor, Ann Arbor MI 48104-2548, Ph. (734)615-9204, Fax. (734)998-0006, E-mail [adiezrou@umich.edu](mailto:adiezrou@umich.edu), Website: <http://www.sph.umich.edu/isr/faculty/profile.cfm?username=adiezrou>.

**University of Nebraska at Omaha (UNO)  
Assistant or Associate Professor (tenure-track)  
Department of Sociology and Anthropology**

The Department of Sociology and Anthropology at the University of Nebraska at Omaha (UNO) invites applications for a tenure-track Assistant or Associate Professor to begin August 2008. PhD or ABD in sociology, anthropology or related discipline by the time of appointment is required. We are looking for applicants with an interest in teaching and research in health disparities, especially racial/ethnic and social class inequalities. Preference will be given to candidates with a strong research program, track record in obtaining extramural funding, research publications, community engagement, excellence in teaching and ability to work in an interdisciplinary environment. The tenure home will be in the Department of Sociology and Anthropology at UNO. The person can obtain an appointment and conduct collaborative research with the Center for Health Disparities within the newly established College of Public Health at the University of Nebraska Medical Center, located in Omaha. Affiliations are possible with the Department of Black Studies and with interdisciplinary programs such as Latino/Latin American Studies, Native American Studies, Women's Studies at UNO. The Department of Sociology and Anthropology has an international, multi-cultural, and comparative emphasis, with interests in family, health, social organization, and social inequality. We are a growing and diverse department with 12 full-time faculty and over 100 undergraduate majors. The department currently offers a BA and BS in sociology and a minor in anthropology and sociology. We expect to offer a sociology MA with an interdisciplinary focus beginning in the 2008-09 academic year. The university is located in midtown Omaha, a thriving and ethnically diverse metropolitan area of over 800,000 people. The cover letter and CV must be submitted online at the university website: <https://careers.unomaha.edu>. Applicants should submit a letter describing teaching and research interests, a curriculum vita, three letters of reference, evidence of teaching effectiveness, and one or more writing samples. Letters of reference, teaching materials, and writing samples should be sent to: Shireen Rajaram, Chair, Department of Sociology/Anthropology, Box B, University of Nebraska at Omaha, Omaha, NE 68182-0291. Review of materials will begin on November 15th and will continue until the position is filled.

**University of New Mexico, Department of Communication and Journalism  
Health Communication  
Deadline: November 1, 2007**

The Department of Communication and Journalism at the University of New Mexico invites applications for a full-time, probationary position leading to a tenure decision at the rank of Assistant Professor or tenured position at the rank of Associate Professor. MINIMUM QUALIFICATIONS: Doctorate in communication or a related field by time of appointment. Salary is commensurate with qualifications. The department expects to hire a specialist in health communication and is open to various theoretical or methodological approaches. Health communication is one of three core research areas in the department (with media studies and intercultural communication) and includes such foci as interpersonal health communication,

communication campaigns/social marketing, health disparities, community-based participatory research, and diffusion of innovations. There are multiple interdisciplinary research centers available for collaboration including efforts in substance abuse and addictions (Center for Alcoholism, Substance Abuse, and Addictions), mental health, the Robert Wood Johnson Center on Health Policy, and the UNMHC Cancer Center. This position will include teaching and service responsibilities with the department and the Combined BA/MD program (an innovative curricular program that admits New Mexico high schools graduates as freshmen to UNM medical school and seeks to graduate them within 8 years with a BA and MD; (<http://hsc.unm.edu/som/combinedbamd/index.shtml>)). The faculty member will be expected to teach a required junior level seminar on cultural issues and health disparities in the Combined BA/MD program along with courses at the undergraduate and graduate level in the department. The home department will be Communication & Journalism. Preference will be given to applicants with the following qualifications: (a) strong research record or potential for the rank of assistant professor or record of published research that warrants the rank of associate professor at a research university; (b) record of teaching effectiveness at the undergraduate and/or graduate levels in the area of health communication (or related areas); (c) ability and desire to mentor diverse students at both the graduate and undergraduate levels; (d) record of active participation in professional communication associations; (e) ability to contribute to other core areas in the department; and (f) ability or potential for obtaining extramural funding to support research and teaching programs. A complete application consists of: (1) a signed letter of interest identifying areas of expertise, research interests, and teaching experience; (2) an academic resume, including e-mail address; (3) a sample of a recent, representative publication or conference paper; (4) evidence of teaching effectiveness; and (5) a list of three to five references. References will only be contacted with permission of applicants and if the applicant is selected as a semi-finalist. Send applications to Gill Woodall, Search Committee Chair, Department of Communication and Journalism, MSC03 2240 University of New Mexico, Albuquerque, NM 87131-1171; Fax (505) 277-4206. Electronic submissions are accepted but must be followed by a signed letter. For best consideration, please apply by November 1, 2007. The position will remain open until filled. For more information contact Lissa Knudsen, [lknudsen@unm.edu](mailto:lknudsen@unm.edu), Gill Woodall, [gwoodall@unm.edu](mailto:gwoodall@unm.edu) or John Oetzel, Chair, Communication and Journalism, (505) 277-1905, [joetzel@unm.edu](mailto:joetzel@unm.edu). Departmental Web Site: <http://www.unm.edu/~cjdept>.

### **University of Texas Southwestern Medical Center**

#### **Two openings – Project Coordinator and Faith-based Health Educator**

We are seeking to fill two research positions for individuals committed to better understanding the nature, dynamics, potential and effectiveness of faith-health partnership approaches to reducing and eliminating health disparities. Since 1994, our research team has been collaborating with faith-based organizations (FBOs) in order to improve the quality of life and overcome the disproportionate burden of disease in underserved communities. The focus of our work is on reducing and eliminating health disparities. Our team and approach do not view the FBO as just a setting for health interventions. Rather, we have made a permanent commitment to developing and supporting genuine partnerships between FBOs and health professionals for the purpose of transforming communities. Presently, we collaborate with a 325-member conference of churches throughout Texas, and also with a large community of African-American congregations in an area known as South Dallas. The South Dallas area is characterized by significant health disparities, and has high proportions of low-income and minority residents. Our collaborative faith-health programs were developed through funding from the Center's for Disease Control and Prevention (CDC) from 2002 - 2006, and we were recently awarded a five-year grant from the National Heart, Lung and Blood Institute (NHLBI) of the National Institutes of Health (NIH) to continue our work. Our project will test the effectiveness of integrating health promotion, and primary, secondary and tertiary prevention on reducing risk-factors for cardiovascular disease among high-risk individuals in African-American congregations. We will train lay health promoters in health ministry and health principles based on our GoodNEWS (Genes, Nutrition, Exercise, Wellness and Spiritual Growth) Lifestyle Enhancement curriculum. Our intervention will specifically test the effectiveness of a long-term faith-health integrated maintenance strategy on

stimulating permanent lifestyle change and associated risk factor reduction. We are seeking a project coordinator and a faith-based health educator to work with our team on this five-year project and beyond. The project coordinator will have two years of research experience in managing research tasks relevant for this type of project, previous management or supervisory experience, experience with data base development and data analysis. They should also be able to work independently and as a part of a team, and should be detail oriented with strong organizational skills. The other individual should be a health educator with experience in the faith-based setting. They should have a sound understanding of the theory and application of the broad determinants of health at the individual and community levels. Both individuals should be committed to working in the faith-health collaborative setting, for the purpose of making a significant contribution to eliminating health disparities and contributing to sharing what is known about this topic with professional and community audiences alike. If you are interested in learning more about these positions, please forward your CV to Dr. Mark J. DeHaven, Chief, Division of Community Health Sciences and Division of Community Medicine, UT Southwestern Medical Center at Dallas, at [Mark.DeHaven@UTSouthwestern.edu](mailto:Mark.DeHaven@UTSouthwestern.edu), or to Janice Rookstool, Manager, Community Health Sciences, at [Janice.Rookstool@UTSouthwestern.edu](mailto:Janice.Rookstool@UTSouthwestern.edu).

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## CONFERENCES AND EVENTS

**Jackson State University Institute of Epidemiology and Health Services  
Sixth Annual Conference Eliminating Health Disparities  
Jackson, Mississippi  
October 10-12, 2007**

<http://www.jsums.edu/~announcements/2007disparities.registration.pdf>

Contact name: Dr. Marinelle Payton

A conference aimed at discussing and analyzing disparities in Mississippi and the nation. The overall goal of the conference is to create an ongoing dialogue about critical health issues faced by the underserved populations.

### **Building Strong Mixed-Income Communities**

**A National Inclusionary Housing Conference**

**San Francisco, CA**

**October 30-November 1, 2007**

Building on the success of the first National Inclusionary Housing Conference in Washington DC in October 2005, *Building Strong Mixed-Income Communities* will inform and inspire attendees at various levels of expertise on the topic. Is your community considering or currently crafting a policy? Or are you looking for help implementing an existing policy? This conference is designed to inform and inspire you and to connect you with outstanding experts and resources. You'll learn about the value of Inclusionary Housing and how this promising policy tool is working in a wide variety of locations. You'll hear about best practices and get answers to challenges that arise with any Inclusionary Housing program. This conference is also designed to build bridges between key constituencies who often disagree over policy options to address the affordable housing crisis. This conference will take the conversation begun in 2005 to the next level.

**University of Illinois at Chicago**

**Developing Community Capacity for Research Participation**

**Chicago Urban League**

**4510 S. Michigan Ave. (free parking)**

**Friday, November 2, 2007, 9:30 AM - 4:00 PM**

**Deadline: October 26, 2007**

Lunch and refreshments will be provided.

You are cordially invited to join with the University of Illinois at Chicago and other community organizations in the first of three conferences about community-based partnership research. Sponsored by the University of Illinois at Chicago Great Cities, Healthy Cities Collaborative,

Institute for Health Research and Policy, and Office for the Protection of Research Subjects. **PURPOSED:** \*To foster respectful and equal collaborative relationships between community partners and UIC researchers \*To dialogue with community partners about the information they need to more knowledgeably participate in research when approached by university researchers \*To increase organizations' capacity to conduct their own research or to lead or co-lead research efforts \*To increase the capacity of community representatives to inform and protect the community members they represent. The University of Illinois at Chicago is interested in discussing these important issues with community members, staff of community-based organizations and community service providers, people who are new to or interested in community partnership research or those who have some experience but wish to refresh their knowledge of essential research concepts and share their experience. Space is limited. Register early! Call Susan Hobson at 312-996-3668; email to [shobso3@uic.edu](mailto:shobso3@uic.edu) or fax your registration to 312-996-3848 by October 26, 2007.

### **Foundations of Communities of Practice Workshop Next Workshop: January 28, 2008**

**Website:** <http://www.cpsquare.org/edu/foundations/index.htm>

Communities of practice have become a cornerstone of the knowledge strategy of leading organizations. Yet understanding how these largely informal, voluntary, and self-organizing communities actually work still presents a challenge for most organizations. Without an understanding of their dynamics and composition, community initiatives can be wasteful, ineffective or even harmful. Join us and an international group of practitioners for this unique on-line workshop. Learn what communities of practice are, why they are fundamental to knowledge-based organizations, how to develop, nurture, and leverage them, and how to build a knowledge strategy around them. **FACULTY:** The workshop is taught in a seminar format by [Etienne Wenger](#), a leading thinker and practitioner in the field, in collaboration with [John Smith](#), a community coach and technologist and [Bronwyn Stuckey](#), an educational researcher and online facilitator. [Guest speakers](#) and mentors augment the conversation, extend the network and deepen the connection with actual practice. The Foundations workshop is part of the Royal Roads University [Graduate Certificate in Knowledge Management](#). **FORMAT:** Apart from email and the three telephone meetings, the workshop is taught completely on the Web. All you need to participate is e-mail access, an up-to-date Web browser and a phone. A CD with all workshop discussions and reading materials is provided afterwards. **SCHEDULE:** The workshop is held over the course of seven weeks, varying in intensity and focus, as suggested below. As it simulates participation in an active community of practice but compresses the experience into a short period of time, most participants spend between 30 and 50 hours over the course of the 7 weeks reading, writing, and collaborating with other participants. Some people find themselves spending more time than that.

Week 1 - January 28th - Community launch: software, community and workshop familiarization

Week 2 - Domain inquiry, household formation, and leadership tasks

Week 3 - Projects, practice, and guest speaker

Week 4 - Projects, practice, and guest speaker

Week 5 - Projects, practice, and guest speaker

Week 6 - Domain inquiry: what and how are we learning?

Week 7 - Community transition and process reflection

**TOPICS:** The workshop explores a broad range of topics, including: \*The composition and life cycle of communities of practice; \*The function of communities of practice in the development and transmission of knowledge; \*Techniques for stimulating, connecting and assessing communities; \*Uses of technology for drawing global communities together effectively; \*Successful community strategies at leading companies.

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## **RESOURCES**

### **Publications**

**Core Competencies for Public Health in Canada: Release 1.0**  
**Public Health Agency of Canada. Ottawa, September 2007**

Available online as PDF file [28p.] at: <http://www.phac-aspc.gc.ca/ccph-cesp/pdfs/cc-manual-eng090407.pdf>; [www.phac-aspc.gc.ca/core\\_competencies](http://www.phac-aspc.gc.ca/core_competencies); [www.aspc-phac.gc.ca/competences\\_essentielles](http://www.aspc-phac.gc.ca/competences_essentielles)

Core competencies are the essential knowledge, skills and attitudes necessary for the practice of public health. They transcend the boundaries of specific disciplines and are independent of program and topic. They provide the building blocks for effective public health practice, and the use of an overall public health approach. The core competencies primarily relate to the practice of individuals, including [frontline providers, consultants/specialists and managers/supervisors](#). They can also serve as a tool for assessing and creating the best mix of competencies for a public health team or organization. The core competency statements are not designed to stand alone, but rather to form a set of knowledge, skills and attitudes practiced within the larger context of the values of public health. Important values in public health include a commitment to [equity](#), [social justice](#) and [sustainable development](#), recognition of the importance of the health of the community as well as the individual, and respect for [diversity](#), self-determination, [empowerment](#) and [community participation](#). These values are rooted in an understanding of the broad [determinants of health](#) and the historical principles, values and strategies of [public health](#) and [health promotion](#). The 36 core competencies are organized under seven categories:

- 1.0 [Public Health Sciences](#)
- 2.0 [Assessment and Analysis](#)
- 3.0 [Policy & Program Planning, Implementation & Evaluation](#)
- 4.0 [Partnerships, Collaboration and Advocacy](#)
- 5.0 [Diversity and Inclusiveness](#)
- 6.0 [Communication](#)
- 7.0 [Leadership](#)

Each competency statement is illustrated with at least one practice example for a front line provider, a consultant/specialist or a manager/supervisor. Practitioners are encouraged to develop additional examples, based on their own experience and understanding of the competency statements. A companion [Glossary of Terms Relevant to the Core Competencies for Public Health in Canada](#) provides clarity and standardization to the key terms used in the statements. These terms provide the basis for the development of common language and understanding. The [Core Competencies for Public Health in Canada: Release 1.0](#) [PDF](#) contains the full set of competency statements, the practice examples and the glossary. A [reference card](#) [PDF](#) has been developed that contains all 36 core competencies in one handy tool to help apply the Core Competencies for Public Health in your practice and organization

**Economics of Health and Mortality**

Special Feature PNAS - August 14, 2007 - vol. 104 - no. 33

PNAS - Proceedings of the National Academy of Sciences of the United States of America

Table of Content:

Introduction -- The economics and demography of aging

Dora L. Costa, Department of Economics, Massachusetts Institute of Technology, Cambridge, MA, PNAS 2007 104: 13217-13218; 10.1073/pnas.0702940104, [Extract]

<http://www.pnas.org/cgi/content/extract/104/33/13217>, [Full Text]

<http://www.pnas.org/cgi/content/full/104/33/13217>, [PDF]

<http://www.pnas.org/cgi/reprint/104/33/13217>

".....This issue of PNAS brings together a collection of six papers concerning the economics and demography of aging, written in honor of Robert Fogel's 80th birthday. Robert Fogel is the Charles R. Walgreen Distinguished Service Professor of American Institutions and the director of the Center for Population Economics in the University of Chicago Graduate School of Business. The preeminent economic historian of our time, he received the Nobel Prize in Economics in 1993 for his applications of economic theory and quantitative methods to explain economic and institutional change. Since the mid-1980s, Robert Fogel's work has focused on understanding

long-run changes in the physiology of aging in the United States. He has argued that recent increases in longevity and in health are too rapid to have been caused by genetic or evolutionary change and that explanations should focus on changes in the physical environment (<http://www.pnas.org/cgi/content/full/104/33/13217#B1#B1>, <http://www.pnas.org/cgi/content/full/104/33/13217#B2#B2>, <http://www.pnas.org/cgi/content/full/104/33/13217#B3#B3>, <http://www.pnas.org/cgi/content/full/104/33/13217#B4#B4>). Nutritional intake has improved, and the demands on that intake by disease, work, and climate have fallen, thanks to economic growth, technological change, investments in public health, and greater scientific knowledge. Some of these changes have had immediate effects on older-age mortality and morbidity, but others have had lagging effects because, as a growing body of evidence indicates (<http://www.pnas.org/cgi/content/full/104/33/13217#B5#B5>, <http://www.pnas.org/cgi/content/full/104/33/13217#B6#B6>, <http://www.pnas.org/cgi/content/full/104/33/13217#B7#B7>, <http://www.pnas.org/cgi/content/full/104/33/13217#B8#B8>), health at older ages depends both on early childhood health and on maternal health.....".

#### RESEARCH ARTICLES:

\*Race, infection, and arteriosclerosis in the past.

Dora L. Costa, Department of Economics, Massachusetts Institute of Technology, Cambridge, MA, Loren A. Helmchen, School of Public Health, University of Illinois, Sven Wilson, Department of Political Science, Brigham Young University, Provo, UT, PNAS 2007 104: 13219-13224; 10.1073/pnas.0611077104, [Abstract] <http://www.pnas.org/cgi/content/abstract/104/33/13219>, [Full Text] <http://www.pnas.org/cgi/content/full/104/33/13219>, [PDF] <http://www.pnas.org/cgi/reprint/104/33/13219>

".....We document racial trends in chronic conditions among older men between 1910 and 2004. The 1910 black arteriosclerosis rate was six times higher than the white 2004 rate and more than two times higher than the 2004 black rate. We argue that blacks' greater lifelong burden of infection led to high arteriosclerosis rates in 1910. Infectious disease, especially respiratory infections at older ages and rheumatic fever and syphilis at younger ages, predicted arteriosclerosis in 1910, suggesting that arteriosclerosis has an infectious cause. Additional risk factors for arteriosclerosis were being born in the second relative to the fourth quarter, consistent with studies implying that atherogenesis begins in utero, and a low body mass index, consistent with an infectious disease origin of arteriosclerosis....."

\*Nature and causes of trends in male diabetes prevalence, undiagnosed diabetes, and the socioeconomic status health gradient

James P. Smith, Rand Corporation Santa Monica, CA PNAS 2007 104: 13225-13231. [Abstract] <http://www.pnas.org/cgi/content/abstract/104/33/13225>, [Full Text] <http://www.pnas.org/cgi/content/full/104/33/13225>, [PDF] <http://www.pnas.org/cgi/reprint/104/33/13225>

"....This paper investigates levels in diabetes prevalence patterns across key socioeconomic status indicators and how they changed over time. The investigation spans both the conventional concept of diagnosed diabetes and a more comprehensive measure that includes those whose diabetes is undiagnosed. By doing so, I separate the distinct impact of covariates on trends over time in disease onset and the probability of disease diagnosis. The principal force leading to higher diabetes prevalence over time is excessive weight and obesity, which was only partially offset by improvements in the education of the population over time. Undiagnosed diabetes remains an important health problem, but much less so than 25 years ago. Although race and ethnic differentials in undiagnosed diabetes were eliminated over the last 25 years, the disparities became larger across other measures of disadvantage, such as education...."

\*From the Cover: Height, health, and development

Angus Deaton Woodrow Wilson School and Economics Department, Princeton University PNAS 2007 104: 13232-13237; 10.1073/pnas.0611500104, [Abstract] <http://www.pnas.org/cgi/content/abstract/104/33/13232>, [Full Text] <http://www.pnas.org/cgi/content/full/104/33/13232>, [Figures Only] <http://www.pnas.org/cgi/content/figsonly/104/33/13232>, [PDF]

<http://www.pnas.org/cgi/reprint/104/33/13232>

".....Adult height is determined by genetic potential and by net nutrition, the balance between food intake and the demands on it, including the demands of disease, most importantly during early childhood. Historians have made effective use of recorded heights to indicate living standards, in both health and income, for periods where there are few other data. Understanding the determinants of height is also important for understanding health; taller people earn more on average, do better on cognitive tests, and live longer. This paper investigates the environmental determinants of height across 43 developing countries. Unlike in rich countries, where adult height is well predicted by mortality in infancy, there is no consistent relationship across and within countries between adult height on the one hand and childhood mortality or living conditions on the other. In particular, adult African women are taller than is warranted by their low incomes and high childhood mortality, not to mention their mothers' educational level and reported nutrition. High childhood mortality in Africa is associated with taller adults, which suggests that mortality selection dominates scarring, the opposite of what is found in the rest of the world. The relationship between population heights and income is inconsistent and unreliable, as is the relationship between income and health more generally...."

\* The shift from defined benefit pensions to 401(k) plans and the pension assets of the baby boom cohort

James Poterba, Steven Venti, , and David A. Wise,

<http://www.pnas.org/cgi/content/full/104/33/13238#COR1#COR1>

Department of Economics, Massachusetts Institute of Technology, Cambridge, MA; National Bureau of Economic Research, Cambridge, MA; Department of Economics, Dartmouth College, Hanover, NH ; and John F. Kennedy School of Government, Harvard University, Cambridge, MA  
PNAS 2007 104: 13238-13243; 10.1073/pnas.0611596104, [Abstract]

<http://www.pnas.org/cgi/content/abstract/104/33/13238>, [Full Text]

<http://www.pnas.org/cgi/content/full/104/33/13238>, [Figures Only]

<http://www.pnas.org/cgi/content/figsonly/104/33/13238>, [PDF]

<http://www.pnas.org/cgi/reprint/104/33/13238>

".....The rise of 401(k) plans and the decline of defined benefit plans will have an important effect on the wealth of future retirees. Changing demographic structure also will affect the aggregate stock of retirement wealth. We project the stock of assets held in retirement plans and the average retirement saving of retirees through 2040. Our projections show large increases in wealth at retirement, especially if the returns on corporate equities are comparable with historical returns. Retirement wealth will grow, however, even if equity returns fall substantially below their historical level...."

\*Evidence on early-life income and late-life health from America's Dust Bowl era

David M. Cutler<sup>a,b</sup> <<http://www.pnas.org/cgi/content/full/104/33/13244#COR1#COR1>> , Grant Miller<sup>c</sup>, and Douglas M. Nortond

<sup>a,b</sup>Department of Economics, Harvard University and National Bureau of Economic Research, Cambridge, MA ; <sup>c</sup>Stanford Medical School and National Bureau of Economic Research, Center for Health Policy/Center for Primary Care and Outcomes Research, Stanford, CA; and <sup>d</sup>National Bureau of Economic Research, Cambridge, MA, PNAS 2007 104: 13244-13249;

10.1073/pnas.0700035104, [Abstract] <http://www.pnas.org/cgi/content/abstract/104/33/13244>,

[Full Text] <http://www.pnas.org/cgi/content/full/104/33/13244>, [Figures Only]

<http://www.pnas.org/cgi/content/figsonly/104/33/13244>, [PDF]

<http://www.pnas.org/cgi/reprint/104/33/13244>

".....In recent decades, elderly Americans have enjoyed enormous gains in longevity and reductions in disability. The causes of this progress remain unclear, however. This paper investigates the role of fetal programming, exploring how economic progress early in the 20th century might be related to declining disability today. Specifically, we match sudden unexpected economic changes experienced in utero in America's Dust Bowl during the Great Depression to unusually detailed individual-level information about old-age disability and chronic disease. We are unable to detect any meaningful relationship between early life factors and outcomes in later life. We conclude that, if such a relationship exists in the United States, it is most likely not a quantitatively important explanation for declining disability today....."

\*The economics, technology, and neuroscience of human capability formation

James J. Heckman, Department of Economics, University of Chicago, and American Bar Foundation, Chicago, IL, PNAS 2007 104: 13250-13255; 10.1073/pnas.0701362104, [Abstract] <http://www.pnas.org/cgi/content/abstract/104/33/13250>, [Full Text] <http://www.pnas.org/cgi/content/full/104/33/13250>, [Figures Only] <http://www.pnas.org/cgi/content/figsonly/104/33/13250>, [PDF] <http://www.pnas.org/cgi/reprint/104/33/13250>

"....This article begins the synthesis of two currently unrelated literatures: the human capital approach to health economics and the economics of cognitive and noncognitive skill formation. A lifecycle investment framework is the foundation for understanding the origins of human inequality and for devising policies to reduce it...."

### **[Improving the Management of Family Psychosocial Problems at Low-Income Children's Well-Child Care Visits.](#)**

**Arvin Garg, M.D., M.P.H., Arlene M. Butz, Sc.D., R.N., Paul H. Dworkin, M.D. et al.**

Researchers at Johns Hopkins University tested the use of a simple screening tool that allows clinicians to raise sensitive psychosocial issues, like housing insecurity, inadequate parental education, and parental substance abuse, during pediatric visits. Providers who used the tool--which added only a few extra minutes to the overall visit--had more discussions with parents about such topics and made more referrals to community resources like graduate equivalency diploma programs, job training, and food pantries. Twenty percent of the parents who completed the screen reported contacting a referred community resource, compared with only 2 percent of parents who did not, the study found.

### **Centers for Disease Control and Prevention Public Health Research Guide**

The Centers for Disease Control and Prevention (CDC) announces the publication of [Advancing the Nation's Health: A Guide to Public Health Research Needs, 2006-2015](#), a comprehensive public health research compendium. The guide is a critical resource for research areas that should be addressed during the next decade by CDC and its partners in response to current and future needs and events. The publication will also serve as an essential resource for defining a more focused CDC health protection research agenda of research priorities aligned with the Health Protection Goals developed by CDC. Please e-mail [researchguide@cdc.gov](mailto:researchguide@cdc.gov) if you have any questions.

### **Center for Health Care Strategies, Inc.**

**["From Policy to Action: Addressing Racial and Ethnic Disparities at the Ground Level."](#)  
Issue Brief, August 2007**

Health care disparities can impose a tremendous burden on individuals and communities, and account for considerable costs to our society as a whole. This brief, drawing from efforts supported by The Commonwealth Fund and the Robert Wood Johnson Foundation, outlines practical strategies to address documented gaps in care.

### **Do We Have Real Poverty in the United States of America?**

**Paula Braveman, Professor of Family and Community Medicine and Director, Center on Social Disparities in Health, University of California, San Francisco**

**Prev Chronic Dis Volume 4: No. 4, October 2007**

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

**Available online at: [http://www.cdc.gov/pcd/issues/2007/oct/07\\_0124.htm](http://www.cdc.gov/pcd/issues/2007/oct/07_0124.htm)**

"....Consider the images of starving children in Africa, Asia, or Latin America accompanying appeals for humanitarian aid. It is not difficult to understand why people deprived of the most basic material necessities for subsistence — adequate food, clean water, shelter from extreme heat or cold — would suffer high rates of preventable disease, disability, and premature death. Poverty in developing countries is often defined as living on less than \$2.00 per person per day (1). By those terms, very few people in the United States would be poor. But poverty criteria for poor countries are not applicable in affluent countries with far higher living costs. The official U.S.

poverty guideline in 2005 was an annual income of \$19,350 for a family of four (2), which would represent wealth in many poor countries (3). Why, then, are Preventing Chronic Disease and other U.S. journals participating in this multi-journal issue, to be released October 22, 2007, on poverty and human development? Is it simply a magnanimous gesture to support fighting poverty and its adverse health consequences in poor countries, or is poverty an issue we must address at home?....”

### **Onions and Bubbles: Models of the Social Determinants of Health**

**From The Editor In Chief: Lynne S. Wilcox**

**Prev Chronic Dis Volume 4: No. 4, October 2007**

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

**Available online at: [http://www.cdc.gov/pcd/issues/2007/oct/07\\_0126.htm](http://www.cdc.gov/pcd/issues/2007/oct/07_0126.htm)**

“.....The discussion of society and health is complex and sometimes confusing. What is social medicine? What is community medicine? What is the socioecologic model? All these terms have been used to describe the relationship between health and other social conditions. Even public health professionals may find the differences blurred. The previous issue of *Preventing Chronic Disease* discussed community health and community-based participatory research (1). Multiple factors affect a community's function and, in turn, the health of its citizens, and our October issue examines the broader context in which communities operate...”

### **PolicyLink**

#### **New Infrastructure Briefs on School Facilities and Transportation**

As part of an in-depth examination of infrastructure issues in our country, and a follow-up to the release of [Safety, Growth, and Equity: Infrastructure Policies that Promote Opportunity and Inclusion](#) (which offers [seven principles](#) to guide infrastructure planning) PolicyLink has published two infrastructure issue briefs focused on school facilities and transportation. [Safety, Growth, and Equity: School Facilities](#) looks at how aging infrastructure and a growing population have led to a critical need to modernize old schools and address school construction and maintenance disparities in low-income communities; [Safety, Growth, and Equity: Transportation](#) explores equitable transportation policies and investments. The briefs are part of a five-paper series that examines and highlights promising practices around the United States by looking at: - community participation in policy and programming through local activism, coalition-building, and litigation; - standards, measurement, and assessment; - targeting resources to high-need areas; - increasing funding overall; and efficient use of resources, including joint use and creative reuse. Everyone—especially people of color in low-income communities—should be able to benefit from new schools, better transportation systems, and the upkeep of parks and open spaces. Infrastructure improvements not only enhance a community, but can also provide opportunities for employment. PolicyLink believes that planning and funding infrastructure initiatives according to equitable development principles will make it possible to improve where people live as well as the opportunity for people to live, work, raise their families, and contribute to sustaining their communities. The remaining three briefs in the infrastructure series, which will focus on parks and open spaces, technology, and water are due to be published later this year.

### **Preventing Chronic Disease**

#### **Reframing School Dropout as a Public Health Issue**

**Freudenberg N, Ruglis J. Prev Chronic Dis 2007;4(4).**

**[http://www.cdc.gov/pcd/issues/2007/oct/07\\_0063.htm](http://www.cdc.gov/pcd/issues/2007/oct/07_0063.htm)**

Abstract: Good education predicts good health, and disparities in health and in educational achievement are closely linked. Despite these connections, public health professionals rarely make reducing the number of students who drop out of school a priority, although nearly one-third of all students in the United States and half of black, Latino, and American Indian students do not graduate from high school on time. In this article, we summarize knowledge on the health benefits of high school graduation and discuss the pathways by which graduating from high school contributes to good health. We examine strategies for reducing school dropout rates with a focus

on interventions that improve school completion rates by improving students' health. Finally, we recommend actions health professionals can take to reframe the school dropout rate as a public health issue and to improve school completion rates in the United States.

### **Racial Categories in Medicine: A Failure of Evidence-Based Practice?**

George T. H Ellison, Andrew Smart, Richard Tutton, Simon M Outram, Richard Ashcroft, and Paul Martin, *PLoS Med.* 2007 September; 4(9): e287. Published online 2007 September 25. doi: 10.1371/journal.pmed.0040287. Full text at

<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1989752>. PDF at <http://www.pubmedcentral.nih.gov/picrender.fcgi?artid=1989752&blobtype=pdf>.

### **Shattuck Lecture: We Can Do Better Improving the Health of the American People Steven A. Schroeder**

*New England Journal of Medicine.* 357(12):1221-1228. Sep 20, 2007

Free Full Text: <http://content.nejm.org/cgi/content/full/357/12/1221?query=TOC>

The United States spends more on health care than any other nation in the world, yet it ranks poorly on nearly every measure of health status. How can this be? What explains this apparent paradox? The two-part answer is deceptively simple -- first, the pathways to better health do not generally depend on better health care, and second, even in those instances in which health care is important, too many Americans do not receive it, receive it too late, or receive poor-quality care. In this lecture, I first summarize where the United States stands in international rankings of health status. Next, using the concept of determinants of premature death as a key measure of health status, I discuss pathways to improvement, emphasizing lessons learned from tobacco control and acknowledging the reality that better health (lower mortality and a higher level of functioning) cannot be achieved without paying greater attention to poor Americans. I conclude with speculations on why we have not focused on improving health in the United States and what it would take to make that happen.

### **Social Determinants of Health: What, How, Why, and Now**

Marilyn Metzler, Koger Center, CDC, Atlanta, GA

*Prev Chronic Dis* Volume 4: No. 4, October 2007

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

Available online at: [http://www.cdc.gov/pcd/issues/2007/oct/07\\_0136.htm](http://www.cdc.gov/pcd/issues/2007/oct/07_0136.htm)

".....Efforts to improve the conditions for health will present many challenges, not least among them the possibility for unintended effects. In her editorial in this issue, Wilcox uses a playful image of interacting bubbles, connected to each other by dynamic processes, to explore the topic of models that seek to describe the multiple factors affecting health (14).

Just as a change in one bubble creates changes in the others, even small changes in complex systems can affect the entire system. Improving disadvantaged neighborhoods by adding walking trails and full-service grocery stores can set into motion gentrification processes that displace low-income residents (15). Improving access to education can create despondency in people unable to find jobs where they can use their new skills (16). Systems modeling is one way to explore these interconnected relationships by thinking critically about plausible futures through the use of what-if scenarios (17)....."

### **WHO Commission on Social Determinants of Health**

**Interim Statement on "Achieving Health Equity: From root causes to fair outcomes"**

Website: [http://www.who.int/social\\_determinants/en/](http://www.who.int/social_determinants/en/)

The interim statement sets out the Commission's vision and goals, the problems it seeks to ameliorate, and the intellectual foundation for a social determinants approach. In doing so, the Interim Statement is a resource for stakeholders concerned with social determinants of health and health equity, as they build towards a global movement. Recommendations for action, based on the evidence gathered across all the Commission's work streams, will be made in the Final Report in May 2008. Download the full statement [pdf 535kb]

[http://www.who.int/entity/social\\_determinants/resources/csdh\\_media/csdh\\_interim\\_statement\\_07.pdf](http://www.who.int/entity/social_determinants/resources/csdh_media/csdh_interim_statement_07.pdf). Download the chapters: Introduction [pdf 272kb], [http://www.who.int/entity/social\\_determinants/resources/interim\\_statement/csdh\\_interim\\_statement\\_intro\\_07.pdf](http://www.who.int/entity/social_determinants/resources/interim_statement/csdh_interim_statement_intro_07.pdf); Preface, about the Commission, the Commissioners, Health inequality, inequity, and social determinants of health [pdf 54kb], [http://www.who.int/entity/social\\_determinants/resources/interim\\_statement/csdh\\_interim\\_statement\\_inequity\\_07.pdf](http://www.who.int/entity/social_determinants/resources/interim_statement/csdh_interim_statement_inequity_07.pdf); Global health improvements but still major inequalities between countries; health inequalities within countries and the social gradient; justice, inequality and inequity; empowerment and freedom - dealing with poverty and the gradient. Social determinants of health and health equity: "the causes of the causes" [pdf 113kb], [http://www.who.int/entity/social\\_determinants/resources/interim\\_statement/csdh\\_interim\\_statement\\_causes\\_07.pdf](http://www.who.int/entity/social_determinants/resources/interim_statement/csdh_interim_statement_causes_07.pdf); Growing, living and working; contextualising behaviour; health systems; the shape of society; the social context; the global arena. The time for action [pdf 23kb], [http://www.who.int/entity/social\\_determinants/resources/interim\\_statement/csdh\\_interim\\_statement\\_action\\_07.pdf](http://www.who.int/entity/social_determinants/resources/interim_statement/csdh_interim_statement_action_07.pdf); Annex: The CSDH multipronged approach [pdf 222kb] , [http://www.who.int/entity/social\\_determinants/resources/interim\\_statement/csdh\\_interim\\_statement\\_annexes\\_07.pdf](http://www.who.int/entity/social_determinants/resources/interim_statement/csdh_interim_statement_annexes_07.pdf). The goals, commissioners, knowledge networks, additional key issues, country work streams, civil society organizations, global initiatives, working with WHO. References [pdf 128kb], [http://www.who.int/entity/social\\_determinants/resources/interim\\_statement/csdh\\_interim\\_statement\\_references\\_07.pdf](http://www.who.int/entity/social_determinants/resources/interim_statement/csdh_interim_statement_references_07.pdf)

#### **The Urban Institute, Washington, DC**

#### **Concentrated Poverty: Dynamics of Change by G. Thomas Kingsley and Kathryn L.S. Pettit. Neighborhood Change in Urban America Series, Brief 4.**

<http://www.urban.org/url.cfm?ID=411527>

America's urban neighborhoods generally fared better in the 1990s than they did over the preceding decade, but this brief shows patterns of change were far from uniform. It contrasts census tracts in the 100 largest metropolitan areas that improved over a decade (poverty rate decreased by 5 percentage points or more) with those that worsened (poverty rate increased by 5 points or more). Indeed, a larger share improved in the 1990s (11 percent) than in the 1980s (8 percent). But even though the numbers were declining, the shares that worsened were actually larger in both decades: 15 percent in the 1990s down from 19 percent in the 1980s. The share of neighborhoods that improved in the 1990s was much higher where markets were strong than where they were weak, but the results were always a mix; some neighborhoods worsened even in the strongest markets and vice versa. Neighborhoods that worsened most often saw sizeable increases in minority populations, but racial composition did not change as much in improving tracts, suggesting that gentrification was not the dominant explanation. While there were many exceptions, tracts that improved were most often found in the inner portions of the central city and the outer rings of the suburbs, while tracts that worsened were more prevalent in the outer portions of the cities and, in particular, the inner ring of the suburbs. Beyond that, we found no simple set of indicators as of 1990 that reliably differentiated how tracts would change over the subsequent decade. Local officials cannot be complacent about the good news that has been reported about urban trends of late. Clearly, they should make better use of local data to get early warnings of worsening and improvement and to learn more effective ways to address the challenges that both imply.

#### **The Democracy Collaborative at the University of Maryland**

#### **Linking Colleges to Communities: Engaging the University for Community Development**

Electronic copies are available at <http://www.community-wealth.org/articles/index.html>

#### **Unequal Lives: Health and Socioeconomic Inequalities**

Hilary Graham, professor of Health Sciences at the University of York, UK.

Open University Press, September 2007

Publisher website: <http://www.mcgraw-hill.co.uk/html/0335213693.html>

"...Unequal Lives provides an evidence-based introduction to social and health inequalities. It

brings together research from social epidemiology, sociology and social policy to guide the reader to an understanding of why people's lives and people's health remain so unequal, even in rich societies where there is more than enough for all...." Margaret Whitehead, WH Duncan Professor of Public Health, University of Liverpool, UK. \* What is meant by health inequalities and socioeconomic inequalities? \* What evidence is there to support the link between socioeconomic status and health? \* Why do these links persist over time, between and within societies, and across people's lives? \* What part do policies play in the persistence of social and health inequalities?

Chapter 1 Health inequalities and inequities available online PDF [18p.] at: <http://www.mcgraw-hill.co.uk/openup/chapters/9780335213696.pdf>

".....Health inequalities can be cast as individual differences in health, differences in health between population groups and differences between groups linked to broader social inequalities. These definitions are distinguished by their focus on individuals (individual differences in health), the social groups to which individuals belong (health differences between population groups) and the unequal structures of which groups are part (health differences between unequal groups). The three concepts are used to describe within country inequalities: to capture health inequalities between individuals and groups living in the same country. They can also be applied to inequalities in health at the global level...."

Content:

Introduction

Part 1: Key Terms

Health inequalities and inequities

Measures of health and health inequalities

Socioeconomic inequalities

Measures of socioeconomic position

Part 2: Patterns of Unequal Health

Health inequalities: global, national and historical

Health inequalities across changes in disease

Part 3: Understandings

Social determinants of health and health inequalities

Socioeconomic inequalities across generations: occupation and education

Socioeconomic inequalities across generations: partnership and parenthood

Health across unequal lives

Unequal lives: policy matters

## **Other**

### **Kaisernetwork.org Healthcast**

**Department of Health and Human Services Office on Women's Health**

**2007 Minority Women's Health Summit, Women of Color: Addressing Disparities, Affirming Resilience, and Developing Strategies for Success**

**August 23, 2007**

The [Department of Health and Human Services Office on Women's Health](http://www.dhhs.gov/opa/whh/) hosts this summit to address health disparities among women of color living in the United States. The goal of this Summit is to focus on the often unrecognized threats to health experienced by women of color by building on knowledge gained in previous conferences, identifying distinct health issues disproportionately impacting minority women, and highlighting successful models of health promotion and prevention. To view video and presentations, visit

[http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=2278](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=2278).

### **Kaisernetwork.org Healthcast**

**Health Affairs**

**Vulnerable Populations and Health Care: How Can We Improve?**

9/11/2007



