

create state Offices of Minority Health in Connecticut, Maine, New Hampshire, Rhode Island, and Vermont.

Former positions include, Administrator of Health and Human Services and member of the Mayor's Cabinet for the City of Fall River, and Human Resources Director for the City of Xenia. Jan has worked in roles that impact the community level to a regional and national focus and understands the importance of comprehensive and strategic planning to reach and affect culturally specific health change at individual, community and broad systems levels. Also, she has worked in various positions in health services delivery, as a consultant and as a director of neighborhood health clinics. Jan has worked in roles ranging from the community level to a regional and national focus and has a terrific understanding of the importance of a combined national and local strategy to reach our cultural health objectives.

Dr. Scott-Harris received her Ph.D. in Social Policy and Health Policy Research from Brandeis University, Waltham, Massachusetts, where she was a W. K. Kellogg Health Disparities Fellow in Health Policy Research. She holds a Diploma of Nursing, RN from Miami Valley Hospital School of Nursing, Dayton, Ohio; Bachelor of Science in Health Education from Central State University, Wilberforce, Ohio; Master of Business Management from Central Michigan University, Mt. Pleasant, Michigan; and Master of Social Policy and Management also from Brandeis University. She has authored papers related to health disparities and state health policy. She has conducted research at Brown University, taught at Tufts University, Boston University and a number of other colleges and universities in New England and Ohio. Jan has received numerous awards and she volunteers on local and community boards and committees.

<> <> <> <> <> <> <> <> <> <>

FUNDING

National Institutes of Health

Mentoring Programs to Diversify the Mental Health and Substance Abuse HIV/AIDS Research Workforce through Innovative Educational Initiatives (R25) (PAR-07-386)

Letters of Intent Receipt Date(s): August 17, 2007

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

Application Submission/Receipt Date(s): September 17, 2007

This funding opportunity announcement (FOA) was developed in response to: (i) simultaneous overrepresentation of individuals from racial and ethnic groups with HIV/AIDS, yet underrepresentation of individuals from racial and ethnic groups, individuals with disabilities, and individuals from disadvantaged backgrounds as HIV/AIDS researchers; (ii) insufficient scientific information about HIV/AIDS disparities experienced by members of underrepresented racial and ethnic groups; (iii) the paucity of HIV/AIDS mental health, and substance abuse research by investigators from underrepresented racial and ethnic groups; and (iv) the limited number of individuals from underrepresented racial and ethnic groups who are pursuing careers in HIV/AIDS mental health and/or substance abuse research. The National Institute of Mental Health (NIMH), the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and the National Institute on Drug Abuse (NIDA) encourage the development of research mentoring programs for graduate students, postdoctoral fellows, and early career faculty from underrepresented groups to improve the capacity for high quality HIV research and to facilitate the research career development of investigators in HIV/AIDS fields, particularly as they relate to mental health and substance abuse. This FOA solicits grant applications from applicant organizations that propose to: (i) develop a special summer institute for new and improved research mentorship programs—targeting individuals from underrepresented racial and ethnic groups, individuals with disabilities, or individuals from disadvantaged backgrounds—relevant to the HIV/AIDS research missions of NIMH, NIAAA and NIDA and/or (ii) establish a central network of senior mentors in HIV/AIDS research for mentees from underrepresented groups (for the purpose of this FOA, “underrepresented groups” is defined as individuals from racial and ethnic groups, individuals with disabilities, and individuals from disadvantaged backgrounds). These mentoring programs should have a

thematic focus on research/educational activities that relate to the mental health, substance abuse or CNS aspects of HIV infection (e.g., disparities, neuropsychiatry, neuropathogenesis, prevention, treatment, services). Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-07-386.html>.

**Agency for Healthcare Research and Quality
AHRQ National Research Service Award Institutional Research Training Grant (T32)
RFA-HS-08-001**

Letters of Intent Receipt Date: September 10, 2007

Application Receipt Date: October 19, 2007

Peer Review Date: January 2008

The Agency for Healthcare Research and Quality (AHRQ) will award Ruth L. Kirschstein National Research Service Award (NRSA) Institutional Research Training Grants (T32) to eligible institutions as the primary means of supporting predoctoral and postdoctoral health services research training to help ensure that a diverse and highly trained workforce is available to assume leadership roles related to the Nation's health services research agenda. The primary objective is to prepare qualified individuals for careers in health services research who will focus their careers on producing research that will be implemented to improve the health care of all Americans. Because of the nature and scope of the proposed research, training needs will vary from application to application and it is anticipated that the size of each award will also vary. The total amount awarded and the number of awards will depend upon the number, quality, and costs of the applications received. AHRQ plans to fund a mix of new training programs and competing continuation programs, assuming a sufficient number of meritorious applications. Only domestic, non-profit, private or public institutions that have strong and high-quality research programs in the area(s) proposed for research training and have requisite staff and facilities may apply for grants to support NRSA Institutional Research Training Grants (T32 mechanism).

Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-HS-08-001.html#PartI>.

National Institutes of Health

**Reducing Health Disparities Among Minority and Underserved Children (R21)
(PA-07-391)**

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

Letters of Intent Receipt Date(s): Not Applicable

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

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

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

This Funding Opportunity Announcement (FOA) issued by the National Institute of Nursing Research (NINR), National Institute of Child Health and Human Development (NICHD), National Heart, Lung, and Blood Institute (NHLBI), National Institute on Alcohol, Alcoholism, and Alcohol Abuse (NIAAA), National Cancer Institute (NCI), and National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Institutes of Health (NIH), solicits Exploratory/Developmental Grant (R21) applications from institutions/organizations that propose to conduct research to reduce health disparities among minority and underserved children. Specifically, this initiative focuses on ethnic and racial minority children and underserved populations of children such as: children from low literacy, rural and low-income populations, geographically isolated children, hearing and visually impaired children, physically or mentally disabled children, children of migrant workers, children from immigrant and refugee families, and language minority children. Specific targeted areas of research include biobehavioral studies that incorporate multiple factors that influence child health disparities such as biological (e.g., genetics, cellular, organ systems), lifestyle factors, environmental (physical and family environments), social (e.g., peer influences), economic, institutional, and cultural and family influences; studies that target the specific health promotion needs of children with a known illness and/or disability; and studies that test and evaluate the cost effectiveness of health promotion interventions conducted in nontraditional settings. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-07-391.html>.

National Institutes of Health

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

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

Letters of Intent Receipt Date(s): Not Applicable

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

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

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

This Funding Opportunity Announcement (FOA) issued by the National Institute of Nursing Research (NINR), National Institute of Child Health and Human Development (NICHD), National Heart, Lung, and Blood Institute (NHLBI), National Institute on Alcohol, Alcoholism, and Alcohol Abuse (NIAAA), National Cancer Institute (NCI), and National Institute of Arthritis and Musculoskeletal and Skin Diseases (NIAMS), National Institutes of Health (NIH), solicits Research Project Grant (R01) applications from institutions/organizations that propose to conduct research to reduce health disparities among minority and underserved children. Specifically, this initiative focuses on ethnic and racial minority children and underserved populations of children such as: children from low literacy, rural and low-income populations, geographically isolated children, hearing and visually impaired children, physically or mentally disabled children, children of migrant workers, children from immigrant and refugee families, and language minority children. Specific targeted areas of research include biobehavioral studies that incorporate multiple factors that influence child health disparities such as biological (e.g., genetics, cellular, organ systems), lifestyle factors, environmental (physical and family environments), social (e.g., peer influences), economic, institutional, and cultural and family influences; studies that target the specific health promotion needs of children with a known illness and/or disability; and studies that test and evaluate the cost effectiveness of health promotion interventions conducted in nontraditional settings. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-07-392.html>.

National Institutes of Health

**Health Promotion Among Racial and Ethnic Minority Males (R21)
PA-07-421**

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

Letters of Intent Receipt Date(s): Not Applicable

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

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

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

This Funding Opportunity Announcement (FOA) solicits Exploratory/Developmental (R21) grant applications from applicants that propose to stimulate and expand research in the health of minority men. Specifically, this initiative is intended to: 1) enhance our understanding of the numerous factors (e.g., sociodemographic, community, societal, personal) influencing the health promoting behaviors of racial and ethnic minority males and their subpopulations across the life cycle, and 2) solicit applications focusing on the development and testing of culturally and linguistically appropriate health-promoting interventions designed to reduce health disparities among racially and ethnically diverse males and their subpopulations age 21 and older. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-07-421.html>.

National Institutes of Health

**Health Promotion Among Racial and Ethnic Minority Males (R01)
PA-07-422**

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

Letters of Intent Receipt Date(s): Not Applicable

NOTE: On time submission requires that applications be successfully submitted to Grants.gov no later than 5:00 p.m. local time (of the applicant institution/organization). Application Submission/Receipt Date(s): Standard dates apply, please see <http://grants1.nih.gov/grants/funding/submissionschedule.htm>

This Funding Opportunity Announcement (FOA) solicits Research Project (R01) grant applications from applicants that propose to stimulate and expand research in the health of minority men. Specifically, this initiative is intended to: 1) enhance our understanding of the numerous factors (e.g., sociodemographic, community, societal, personal) influencing the health promoting behaviors of racial and ethnic minority males and their subpopulations across the life cycle, and 2) solicit applications focusing on the development and testing of culturally and linguistically appropriate health-promoting interventions designed to reduce health disparities among racially and ethnically diverse males and their subpopulations age 21 and older. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-07-422.html>.

**The Robert Wood Johnson Foundation
Advancing Measurement of Equity and Patient-Centered Care to Improve Health Care Quality**

Deadline: September 25, 2007

Through this special solicitation, the Robert Wood Johnson Foundation is seeking proposals for projects that will improve our understanding of how to measure equity and patient-centered care and the role of both in promoting quality. For the three topic areas below, approximately \$3 million will be available starting in 2008. Grants between \$100,000 to \$300,000, depending on the topic, will be available for policy relevant research grants. Three topics have been identified to address specific knowledge gaps needed to advance our regional quality strategy: Topic 1—Performance Measurement; Topic 2—Patients' Experience with Care and Survey Instruments; Topic 3—Shared Decision-making and Diverse Populations. For more information, visit <http://www.rwjf.org/applications/solicited/cfp.jsp?ID=19921> or email quality-equality1@rwjf.org.

**The Robert Wood Johnson Foundation
Substance Abused Policy Research Program (SAPRP)**

Brief Proposals due: November 7, 2007

Invited Full Proposals due: March 25, 2008

Funded by the Robert Wood Johnson Foundation, SAPRP is designed to encourage experts in public health, law, political science, medicine, sociology, criminal justice, economics, psychology and other behavioral and policy sciences to address issues related to substance use, one of the most pressing public health problems facing our nation. Projects are expected to increase understanding of public and private policy interventions to prevent, treat and reduce the harm caused by the use of tobacco, alcohol and other drugs. Up to \$4 million is available in this round of funding. Total awards will be funded up to a maximum of \$400,000 (including indirect costs) for large grants and \$100,000 (including indirect costs) for small grants and may extend for a maximum of three years. Preference will be given to applicants that are tax-exempt under Section 501(c)(3) of the Internal Revenue Code and are not private foundations as defined under Section 509(a). SAPRP encourages collaborative or multidisciplinary policy research projects involving researchers and community organizations or policy-making organizations. Because this program focuses on the United States, studies of other countries policies will be considered only to the extent that they may directly affect U.S. policy. Announcement details at <http://www.rwjf.org/applications/solicited/cfp.jsp?ID=19840&c=EMC-FA141>.

**National Center on Minority Health and Health Disparities
Loan Repayment Program for Health Disparities Research (LRP)
(PA-07-439)**

Application Period: September 1, 2007 through December 1, 2007, 8 p.m. EST

The National Institutes of Health (NIH) and the National Center on Minority Health and Health Disparities (NCMHD) announce the availability of educational loan repayment under the Loan

Repayment Program for Health Disparities Research (HDR-LRP or Program). The HDR-LRP provides for the repayment of educational loan debt of up to \$35,000 annually for qualified health professionals conducting minority health or other health disparities research for domestic non-profit or government entities. Payments equal to 39 percent of the loan repayments are issued to the Internal Revenue Service on behalf of the program participants to offset Federal tax liabilities incurred as a result of participating in the program. The Program may also provide reimbursement for state and local tax liabilities. Through this announcement, NIH and NCMHD invite qualified health professionals who contractually agree to engage in minority health or other health disparities research for at least two years, and who agree to engage in this area of research for at least 50 percent of their work schedule (not less than 20 hours per week based on a 40-hour work week), to apply for participation in the Loan Repayment Program for Health Disparities Research. HDR-LRP applications will be accepted from September 1, through December 1, 2007. Applications must be submitted via the NIH Loan Repayment Website, www.lrp.nih.gov. WHERE TO OBTAIN ADDITIONAL INFORMATION: For questions on the HDR-LRP program, please see the LRP website at <http://www.lrp.nih.gov>, send an email to lrp@nih.gov, call the LRP helpline at (866) 849-4047 or contact the NCMHD Loan Repayment Program Coordinator at (301) 594-8704. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-07-439.html>.

<> <> <> <> <> <> <> <> <> <>

CALL FOR SUBMISSIONS

Call for Papers -- RACE, SEX, POWER: New Movements in Black & Latina/o Sexualities, University of Illinois at Chicago Chicago, IL

April 11-12, 2008

Deadline: September 15, 2007

Over the past decade, racialized representations of Black and Latina/o sexualities as perverse others have been systematically challenged by scholars and political and cultural activists from myriad disciplinary fields. The steady emergence of new exhibitions, performances, media, writings, virtual communities, and activist groups bear witness to the importance of how Black and Latina/o people love and express themselves sexually. This conference brings attention to these "bodies of knowledge" -- in their biological, social, cultural, and political forms -- in order to rethink how the relationships between race, sexuality, and power has, and continues to, shape Black and Latina/o sexualities in the U.S. This conference intends to highlight debates, ideas, and practices relating to the meanings assigned to black and brown bodies in the U.S., how black and brown people experience their socially regulated bodies, and how those bodies are positioned vis-à-vis knowledge, truth, politics, and history. Bringing together activists, artists, independent scholars, faculty, practitioners, and students from a broad range of disciplines and fields, the conference aims to address issues of sexual desire and pleasure, cultural activism, black-brown dialogues and coalition-building, creating and performing sexual identities, human rights and social justice, and citizenship, among other topics. The conference venue presents a unique opportunity for the participants to examine critically the state of empirically grounded, historicized, and theoretically informed inquiries and practices around Black and Latina/o bodies and sexualities. Equally important in this moment then, is the recognition and scrutiny of how these interventions have made an impact on the fields of African American studies; Latina/o studies; women's and gender studies; sexuality studies; lesbian, gay, bisexual, transgender, intersex, and queer studies; as well as mainstream disciplines like literature, sociology, history, public health, psychology, art history, public policy, etc. *Participants from all disciplinary fields and perspectives who wish to engage with these issues are welcome. *Through this interdisciplinary forum, the conference seeks to create a diverse intellectual community, to foster healthy debate about the intersections of race and sexuality, and to provide unique opportunities for networking and professional development. In turn, such working relationships can better inform public policy, present and future scholarly agendas, and community needs. Interested participants may submit an abstract (approx. 300 words) for: 1) *individual papers*; 2) *panels and roundtables* (approx. 4 persons);

3) *poster presentations*; or 4) *visual presentations* (film, performance, video, photography displays). If applicable, please include any technology requests, space needs as well as low-resolution images of your work, in addition to your abstract. Please submit abstracts (as well as any queries) to RACESEXPOWER2008@DEPAUL.EDU.

Call for Nominations -- The Robert Wood Johnson Foundation, Active Living Research Translating Research to Policy Award

Deadline: September 17, 2007

To create healthier communities and reverse the epidemic of childhood obesity in the United States, the Robert Wood Johnson Foundation (RWJF) is focused on improving access to affordable healthy foods and opportunities for physical activity, especially in communities with the fewest resources. Active Living Research (ALR) contributes to the prevention of childhood obesity in low-income and high-risk racial/ethnic communities by supporting research to examine how environments and policies influence active living for children and their families. A major goal of ALR is to facilitate the use of research to guide and accelerate effective action and policy change. Because translating research to policy and practice is recognized as a key challenge in public health, it's important to identify effective models for using evidence in the policy-making process. Active Living Research announces the "Translating Research to Policy Award" to recognize innovators in research, policy or advocacy who have had success in catalyzing policy and environmental change. The goal is to celebrate their achievements, understand how they were successful, and share their stories so others will be inspired to use or adapt their approaches. Applications can illustrate impact at any policy-making level, including school, private sector, local, state and federal. Examples of settings and topics that are relevant include schools, public or private recreation facilities, transportation, community built environment and the social/media environment. This national award will be given by Active Living Research to a researcher whose work has informed policy or practice, OR to a policy-maker, decision-maker or advocate who has effectively used research in his or her work, OR to a team composed of any combination of the above. The award recipient will receive the following: *\$1,000 cash prize (to be shared in the event of a team award) *A recognition plaque and announcement/publicity *Paid travel and accommodations to attend the 2008 Active Living Research Annual Conference in Washington, D.C. *Invitation to make an oral presentation at the conference *Publication of the "translation story" in the Conference binder and on the Active Living Research Web site. ELIGIBILITY: The translational efforts described must cover efforts based in the United States. Researchers can represent any discipline (e.g., transportation, urban planning, public health, education, behavioral science, environmental psychology or economics) or sector (i.e., public or private). "Policy-maker" is defined broadly to include elected officials, government employees, or others involved in decision-making that could affect active living. Individual advocates and community advocacy organizations also are encouraged to apply. Nominees do not have to be Active Living Research grantees, nor do they have to demonstrate they have used research funded by the Active Living Research program. Employees of the Robert Wood Johnson Foundation and Active Living Research and their immediate family members are not eligible. Self-nominations are welcome. For more details, visit <http://www.activelivingresearch.org/conference/2008/cfn2008>.

Call for Abstracts and Speaker Nominations -- The National Hispanic Medical Association 2008 National CME & CNE Accredited Conference

"Health Care Reform: A Priority for Hispanic Communities"

The Washington Hilton

Washington, DC

April 17-20, 2008

Deadline: September 20, 2007

Do You Have? Hispanic Health Updates; New research on Hispanic Health; Research results on Hispanic Health; Innovative treatments or projects; Cultural Competence Ideas; Medical Technology Updates; Policy updates; Etc... Conference Goals: *To provide clinical updates on diabetes, cancer, HIV/AIDs, obesity, cardiovascular disease, asthma, alzheimer's disease, and renal disease ; * To increase awareness about cultural competence, literacy, language services and medical care delivery to Hispanics ; *To increase knowledge about Federal and State health

policies that impact Hispanics ; *To develop skills for health professionals in academic medicine, research, private sector and government; *To make recommendations targeted at Hispanics for the national health policy agenda in the U.S. **Call for Abstract form is attached.** Other National Conference Opportunities: Sponsorship Interest: e-mail nhma@nhmamd.org; Exhibit Opportunities: e-mail jeanneponsa@sbcglobal.net; Submit a Research Poster: www.nhmamd.org/researchposters.htm. More conference information at <http://www.nhmamd.org/conference2008.htm>.

Call for Papers -- IUSSP Scientific Panel on Historical Demography in cooperation with the Societe Italiana di Demografia Storica (SIDES), the University of Sassari and the Netherlands Interdisciplinary Demographic Institute (NIDI)

International Seminar on The Emergence of Social Differences in Mortality: Time Trends, Causes, and Reactions

May 29-30, 2008

Alghero, Italy

Deadline: October 1, 2007

The IUSSP Scientific Panel on Historical Demography invites researchers in the field to submit a 200-word abstract and curriculum vitae before 1 October 2007 to Frans van Poppel (poppel@nidi.nl) with a copy to Madeleine Jarl (Madeleine.Jarl@ekh.lu.se). Abstracts must be submitted in English only and the working language at the meeting is English. Invitations to attend the seminar will be issued, based on the outcome of submitted abstracts, by 1 November 2007. Participants will be expected to submit their complete paper by 1 May 2008. Since the 1980s, socioeconomic inequality in adult mortality has become a key topic for epidemiologists, demographers and policy makers. A number of studies reported a widening of socioeconomic inequalities in mortality since the 1960s and as a consequence, the study of trends in socioeconomic inequalities in mortality became an important issue. Most of these studies have a very limited time horizon making it difficult to assess the direction of the trend. This International Seminar will bring together demographers, historians, epidemiologists, and social and political scientists who are interested in long-term trends in socioeconomic mortality differences, in particular among the adult and elderly population, and in the political and societal reactions to these differences. The focus is mainly on the 19th and first half of the 20th centuries. We welcome contributions relating to a variety of settings and regions, from researchers in both developed and developing countries. Papers may be country-specific or comparative. Especially encouraged are contributions on the changes over time in the relationship between mortality, social class and gender, on the relationship between locality and social class differences in mortality, including studies using multi-level and event history models that account for temporal variations of contextual effects and papers that will account for the temporal variations of the contextual effects over long periods of time. We are interested in the mechanisms between socioeconomic position and mortality, i.e. whether the gradient is due to income and wealth, housing, education, etc. We also are interested in the way in which the academic and political world historically has stimulated research in this field and or reacted to research findings. Contributions might be based on re-analysis of published statistical data, on analyses on newly-collected information from micro-data and on more qualitative sources. A full announcement and description of this seminar is available at <http://www.iussp.org/Activities/hisdem/call08.php>. For further information, please contact Frans van Poppel (poppel@nidi.nl).

Call for Submissions -- Harvard Health Policy Review Fall 2007 issue

Deadline: October 15, 2007

The Harvard Health Policy Review is currently calling for submissions for our Fall 2007 issue. The editor is currently soliciting articles addressing access to health care in America. The upcoming issue will address the issue of access to adequate healthcare. They are setting an ambitious goal for themselves to analyze the issue in the breadth and depth that it deserves, and thus are encouraging experts from a wide variety of fields to submit. The submission deadline for the Fall 2007 issue of the Harvard Health Policy Review is October 15th, 2007. Nevertheless, please note that they welcome submissions for future issues on a rolling basis throughout the year. A more detailed description of the journal follows. The Harvard Health Policy Review is a nonpartisan, semiannual journal, edited by Harvard College students dedicated to addressing health policy

issues. The publication is supported by the University-wide Interfaculty Initiative in Health Policy, and it prints articles by recognized experts in health policy. The publication's readership include hundreds of individuals and organizations, with a recipient list including members of Congress, academic institutions, and research institutes such as the RAND Corporation and URBAN Institute. The Harvard Health Policy Review has an interdisciplinary approach to health policy and is accessible to and educational for a variety of audiences. To learn more about the publication, visit www.hhpr.org.

Call for Contributions -- Manifestation: Journal of Community Engaged Research and Learning Partnerships

Volume 1, Number 1, Spring/Summer 2008

Building and Sustaining Community Partnerships

Submission Deadline: December 1, 2007

Publication: May 1, 2008

About this Issue: The last decade has seen a substantial increase in the number of opportunities to engage in collaborative research and implementation of evidence in community settings.? Indicators of this include the revitalization of the Science Shop movement in Europe, the growth and strengthening of the movement towards community-campus partnerships in health and healthcare, the growth in the funding from government and private sources for community-based research, service learning, and participatory research activities, as well as an increase in the implementation of structural supports on University campuses and the development of research mandates within community-based organizations. This surge of activity has led to some very positive outcomes, which include better ways of coping with issues at the local level and solving conflicts between competing interests.? However, given the local nature of much collaborative work, promising practices that could be models for others are often not easily shared across environments.? One of the consistent gaps in the literature on collaborative work is on the theory and practice of building and sustaining community partnerships. This issue of *Manifestation* is a call for contributions on the theory, practice, art, governance, management, and spirit that supports strong and resilient community partnerships.? We are not only seeking ?success stories? but also for examples of conflict and where plans did not quite happen as intended.

ABOUT THE JOURNAL: *Manifestation* (ISSN 1913-651X) is an open-access, electronic, peer-reviewed journal dedicated to the conversations about how to most beneficially support and engage in community-based research, community-campus partnerships, service-learning, action research, and other inclusive methods and practices that build and empower our communities. We accept contributions from a range of sources and in several formats. The following are suggestions but the editorial board is willing to consider other formats as well. Please contact the Editor-in-Chief to discuss. At this time, we have editorial capacity in English and limited editorial capacity in French. (Volunteers are most welcome.) You are welcome to contribute in either language. CONTRIBUTION FORMATS – Articles: Maximum 5000 words using inclusive language guidelines below. Vancouver or APA citation styles acceptable. Please include a 250 word abstract in plain language. Use Verdana or similar font, 12 point. Text in Microsoft Word or rich-text format. Photos in JPEG. Video in MPEG. Other formats, please discuss with Editor-in-Chief. Audio files with text description: Maximum size 10 MB. Curricula: Discuss formats with Editor-in-Chief. Photos with text description: Maximum size 3 MB. Poems: Maximum 200 lines. Project reviews: Maximum 2000 words. Reference materials: Discuss formats with Editor-in-Chief. Toolkits: Discuss formats with Editor-in-Chief. Videos files with text description: Maximum size 10 MB. Other formats: Discuss formats with Editor-in-Chief. Inclusive Language: ABCs. In an effort to stimulate conversations, *Manifestation* has adopted a contribution format that uses simple questions to prompt further questions and answers from readers of the journal. We refer to these as the ABCs. While we consider these to be the essential points that should be included with each contribution, we remain open to suggestions. Please try to answer all of these questions, including when contributing poems, photos, video, and other formats.

- a) What is your name?
- b) Where are you from?
- c) How can we contact you?
- d) Who did you work with?

- e) What did you do?
- f) How did you do it?
- g) What did you find out?
- h) What were the benefits from doing this?
- i) What were the problems from doing this?
- j) What else needs to be done?
- k) What else do you plan to do?
- l) What should others do?
- m) Why is this important?

Contact Information: Editor-in-Chief: editor@manifestationjournal.org. Peter Levesque, 1961 Caprihoni Way, Ottawa, ON, K4A 4R6, +1 613 841 0858 phone, +1 613 841 1750 fax, www.manifestationjournal.org.

<> <> <> <> <> <> <> <> <> <>

CAREER DEVELOPMENT

Asian & Pacific Islander American Health Forum

Policy Analyst, 1.0 FTE (37.5 hours/week)

Location: Based in Washington, DC or San Francisco, CA

Reports to: Policy Director in Washington, DC

Salary: DOE, with excellent fringe benefits

Deadline: September 7, 2007

Start Date: October 1, 2007

<http://www.apiahf.org/about/index.htm#jobs>

Job Summary: The Policy Analyst will work with the Policy Director, Policy Division and other program staff to promote federal and state policies that address the needs of AANHPIs. The Policy Analyst will focus primarily on state health policy issues and assist in federal health policy issues as appropriate. Primary focus areas will include: Expanding access to health care; Improving quality of health care by promoting cultural and linguistic competency; Ensuring a diverse and culturally competent health care workforce; Increasing research on and improving data collection; and Promoting investment in community-based programs. DUTIES AND RESPONSIBILITIES: *Conduct policy analysis on state and federal health policy issues affecting Asian Americans, Native Hawaiians and Pacific Islanders; *Develop and write policy briefs, reports and publications; *Develop and conduct advocacy campaigns including use of internet technology and media; *Maintain relationships and communication with legislative and administrative policymakers; *Maintain relationships and communication with Asian American, Native Hawaiian and Pacific Islander policy partners, Asian American, Native Hawaiian and Pacific Islander communities and constituencies, and other health policy advocates; *Plan and coordinate meetings, trainings and conferences on state health policy issues affecting Asian Americans, Native Hawaiians and Pacific Islanders; *Provide training and technical assistance to Asian American, Native Hawaiian and Pacific Islander community-based organizations, provider associations and other health policy advocates on Asian American, Native Hawaiian and Pacific Islander health policy issues; *Participate in Division and organization planning and evaluation; *Attend and assist with all Division and organization meetings, events and functions as required; and *Perform other duties as assigned by the Policy Director. REQUIRED QUALIFICATIONS: * Master's degree or equivalent in health, public policy, law or related field; *Three years experience in public policy and advocacy, especially health policy; *Demonstrated knowledge of AANHPI health issues; *Demonstrated effective written and oral communication skills; *Demonstrated experience in interacting professionally with diverse individuals and organizations; *Strong motivation and adaptability, including ability to work under pressure and with little supervision; *Demonstrated ability to work as a team member; *Demonstrated proficiency with personal computers, including Windows-based word processing and database applications; *Demonstrated experience with electronic communications, including internet applications; *Ability to travel as part of work responsibilities. DESIRE QUALIFICATIONS: *Bilingual/biliterate in an Asian or Pacific Islander language; *Demonstrated interest or experience working with

Asian, Native Hawaiian and Pacific Islander communities; *Experience in meeting and event planning; *Experience in media advocacy; and *Experience on the Hill or in state legislature. If interested, please send resume and cover letter indicating if you have a preference for working in San Francisco or in Washington, DC to: APIAHF, ATTN: HR - Policy Analyst Search, 450 Sutter Street, Suite 600, San Francisco, CA 94108, FAX: 415-954-9999, E-MAIL: hr@apiahf.org.

Asian & Pacific Islander American Health Forum

Fellow, 12 months, Full Time (37.5 hours/week)

Location: Based in Washington, DC or San Francisco, CA

Reports to: Policy Director, Washington, DC Office

Stipend: \$40,000 for 12 months, excellent fringe benefits

Deadline: September 7, 2007

Start date: October 1, 2007

<http://www.apiahf.org/about/index.htm#jobs>

Job Summary: The Healthy Asian American and Pacific Islander (HAAPI) Fellows Program is a one-year fellowship designed to provide experience and develop skills necessary to become leaders in the movement for AANHPI health. Working with the policy team and capacity building staff, the Fellow will further develop the AANHPI health agenda by analyzing policies and practices, convening experts, proposing new policies and practices, educating constituents, and communicating with stakeholders and policymakers. The work is organized around the convening of an AANHPI Health Brain Trust, an issue-specific meeting attended by a select group of community members, advocates, researchers, health professionals, public health officials, and other leaders. The purpose of the meeting is to deepen our understanding of AANHPI health issues; develop new frames of AANHPI health and the concept of health disparity; explore different levers for change; and build consensus around an agenda for change. The first Health Brain Trust, held in April 2007, focused on the issue of improving data on Asian American, Native Hawaiian and Pacific Islander health. The second Health Brain Trust will focus on the issue of promoting community-based participatory research in Asian American, Native Hawaiian and Pacific Islander communities. DUTIES AND RESPONSIBILITIES: *Conduct policy research and analysis. *Develop and write educational materials (e.g. issue briefs, position papers, proceedings). *Plan and implement a meeting of AANHPI health advocates (the Health Brain Trust). *Participate in capacity development activities with community-based organizations. *Attend and assist with agency activities as required. *Perform other duties as assigned. REQUIRED QUALIFICATIONS: *Bachelor's degree in public health, public policy, health communications, or related fields; *Demonstrated effective written and oral communication skills, including public speaking; *Demonstrated proficiency with Windows-based computer programs, including word processing, database management, email, and online research; *Demonstrated experience working effectively in team environment; *Ability to travel out-of-state as part of work responsibilities. DESIRED QUALIFICATIONS: *Master's degree in public health, public policy, law or related field. *Strong research, analysis and writing skills. *Demonstrated interest or experience working with Asian, Native Hawaiian and Pacific Islander communities. If interested, please send resume with cover letter indicating your interest and whether you prefer to work in San Francisco or Washington, DC to: APIAHF, Attn: HR - Fellow Search, 450 Sutter St., Ste. 600, San Francisco, CA 94108, Fax: 415-954-9999, E-mail: hr@apiahf.org.

Bates College, Lewiston, ME

Vice President for College Advancement

Details at http://www.leodasgroup.com/searches/pdf/bates_vpa.pdf.

Summary of Search: Bates College seeks an individual with exceptional management and development skills to lead the institution's advancement operation, serve as an effective spokesperson on behalf of the College, and inspire and engage the full range of Bates' constituencies. Founded in 1855 by Maine abolitionists, Bates College is recognized for its academic rigor, inclusive social character and progressive tradition. The College is rightly celebrated as one of the first institutions of higher learning to admit women and people of color. Its graduates have always included men and women from diverse racial, ethnic and religious backgrounds. Widely regarded as one of the finest liberal arts colleges in the nation, dedicated to

the principle of active engagement, Bates enrolls approximately 1,700 students from 48 states and 78 countries. (More at <http://www.bates.edu/about-bates.xml>). The Vice President for College Advancement will be joining a college that has seen noteworthy change in recent years under the leadership of [Dr. Elaine Tuttle Hansen](#), President of Bates College. Since 2002, President Hansen has increased Bates' academic quality, improved campus facilities, and positioned the institution to compete against higher ranking, richer colleges for top faculty and students. Under President Hansen's leadership, Bates has undertaken a complete [General Education review](#), which has resulted in a new curriculum set to begin in Fall, 2007, with the Class of 2011, admissions and financial aid reviews, the first comprehensive [facilities master plan](#), a communications audit, and the new [Benjamin Mays Initiative](#), which grew out of the Campus Climate Project. Bates has achieved a new awareness of and a sense of urgency about the necessity for private philanthropy and, in 2006, completed its highly successful [Campaign for Bates: Endowing Our Values](#), raising nearly \$121 million from 18,813 donors over a six-year period. Over the past five years, the [endowment](#) at Bates has grown by over \$77 million and is now valued at about \$250 million. Building on the successes of these last five years, President Hansen has initiated a campus wide process to plan for the future, which will commence this fall. The process will include a series of meetings and open forums aimed at articulating Bates' strengths and identifying key ways in which it can more effectively express, support, and enhance its mission going forward. The new Vice President will oversee a \$2 million advancement operation that raises roughly \$14-18 million a year and is comprised of more than 40 individuals in principal and leadership gift fundraising, annual giving and alumni/parent programming, corporate and foundation fundraising, advancement services, stewardship and donor relations, and communications and media relations. This opportunity requires a high level of energy and strong leadership skills to build on Bates' growing advancement program and capitalize on additional, thus far, unexploited opportunities. The Vice President will report to the President and will be a member of her senior staff. Bates College seeks a candidate who is excited by the challenge of growing a program and who wants to be a change agent in an evolving institution. The Vice President will be expected to bring a strong appreciation and passion for education and the mission of a liberal arts college. He or she will possess a proven ability to raise large gifts; to execute a comprehensive campaign; to direct successful multi-faceted advancement programs; to recruit, mentor and manage staff; to be innovative, creative and to think strategically and analytically; to guide and coordinate the development activities of academic leaders; to develop and sustain effective systems and productive ways of working; and to operate effectively within an academic environment. The ideal candidate will have at least 10 years of development leadership experience including some experience within a liberal arts college. This search is being conducted by executive recruiters, Suzanne Isack and Katina Leodas of The Leodas Search Group. TO APPLY: Inquiries and applications should be directed via email to: Suzanne Isack, Leodas Search Group, Email: sisack@leodasgroup.com, Website: www.leodasgroup.com. For additional information about the College, please go to <http://www.Bates.edu>.

**California State University Long Beach
Assistant Professor (Tenure-track)
Department of Women's Studies**

JOB ANNOUNCEMENT - <http://www.csulb.edu/depts/womens-studies/Employment/index.htm>

Tenure-track Assistant Professor in Women's Studies. Searching for a specialist in feminist health studies, with an emphasis in urban and community public health or health policy, and sexuality and sex education. Fields of specialization may include, but are not limited to: comparative/feminist urban studies, feminist political ecology, social geography, health and social environment, epidemiology of race/gender/health, political economy of health, sustainability of cities/bodies. Duties include teaching courses in women and health/sexuality at lower and upper division levels of undergraduate education, as well as more general Women's Studies courses. Applicants must have a Ph.D. in health science or related field at the time of appointment, have demonstrated excellence in teaching at the university/college level, evidence of potential for successful research and publication, and an ability to communicate effectively with an ethnically and culturally diverse campus community. Preferred qualifications also include grant writing experience and a record of community activism. We welcome applicants interested in developing

student opportunities for research and/or activism. Probable salary range is \$59,000-61,000, depending on background and experience. Send letter of application, current c.v., three current letters of recommendation, and official transcript from institution awarding highest degree. Position open until filled (or recruitment cancelled). Review of applications to begin November 9, 2007. Applications, required documentation, and/or requests for information should be addressed to Wendy Griffin, Chair, Department of Women's Studies, California State University, Long Beach, 1250 Bellflower Boulevard, Long Beach, CA 90840-1601.
<http://www.csulb.edu/depts/womens-studies/>

Centers for Disease Control and Prevention

Research Scientist, Division of Violence Prevention, National Center for Injury Prevention and Control

Deadline: September 7, 2007

The Centers for Disease Control and Prevention (CDC) is pleased to announce an employment opportunity for a research scientist in the Division of Violence Prevention, National Center for Injury Prevention and Control. The Division supports both intramural and extramural research and projects to prevent violence. Activities focus on the primary prevention of violence through the public health approach: defining the problem, identifying risk and protective factors, developing and testing prevention strategies, and assuring widespread adoption of prevention principles and strategies. The specific opportunity is within the Program Implementation and Dissemination Branch (PIDB) of the Division of Violence Prevention, which is seeking someone with a social or behavioral science background to serve as a Senior Service Fellow on the Research, Synthesis, and Applications Team (RSA). The PIDB is oriented toward researching, designing, and implementing violence prevention programs from a public health perspective across the social ecological model. The branch addresses primary prevention of intimate partner violence, sexual violence, youth violence, child maltreatment, and suicide. The RSA Team has three main foci: 1) Program evaluation, including evaluation research and program evaluation, 2) Synthesis and translation of scientific knowledge to practice, and 3) Dissemination/Implementation research of intervention strategies and programs. Specifically, the person we are seeking will be: A Social/Behavioral/Health Scientist with expertise to implement evaluation research and program evaluation of violence prevention strategies, programs, and policies through independent research and advice and consultation to others. The incumbent will focus also on providing technical assistance and consultation to grantees implementing violence prevention programmatic activities to improve their capacity to evaluate program effectiveness and impact. Knowledge or experience in synthesizing, translating and disseminating violence prevention strategies is highly desirable. Interest or knowledge in dissemination/implementation research is advantageous. Only applicants with experience in research/program evaluation at the community-level will be considered. Interested individuals should send a curriculum vita or resume to Terrie D. Sterling, PhD, RSA Team Lead. Her e-mail address is TSterling@cdc.gov or phone is 770-488-1557.

CDC/Guide to Community Preventive Services, Atlanta, GA

Systematic Review Research Fellows

Deadline: September 11, 2007

The CDC/Guide to Community Preventive Services seeks candidates for multiple positions as Systematic Review Research Fellows. These are contract positions with the Federal Government based in Atlanta, GA USA. DESCRIPTION: The successful candidates will assist with the conduct of systematic reviews of the effectiveness of population-based and community-based health promotion and disease prevention interventions. Specific tasks include the use of scientific methods to identify, screen, appraise, and analyze the literature on the health outcomes for these interventions. In addition, participants will be expected to use available database programs to assist with the management of literature and study and outcome data. The candidate will participate in communicating and disseminating the results of these reviews and other related reviews to diverse audiences using diverse formats. Persons with an interest in systematic reviews, critical assessment of scientific literature, program evaluation, or translating knowledge (research) into action who also have excellent oral and written communication skills are ideal

candidates for this position. **QUALIFICATIONS:** Graduate level training in public health, epidemiology, behavioral and social sciences, economics, or a related field. Experience and training in systematic reviews, study design and research methods, and/or program evaluation are also desired. Good oral and written communication skills, leadership and interpersonal skills, time management and organizational skills are all essential. Because other team members will provide substantive subject matter expertise, specific background in the subject matter of the reviews is not required. **TO APPLY:** Submit a resume and cover letter to: Matt Griffith, MPH, ORISE Research Fellow, The Guide to Community Preventive Services, Centers for Disease Control and Prevention, 1600 Clifton Road, MS E-21, Atlanta, GA 30333, MMGriffith@cdc.gov, www.thecommunityguide.org.

**The Commonwealth Fund
2008-09 PACKER POLICY FELLOWSHIPS
An Australian-American Health Policy Fellowship Program
Deadline: October 1, 2007**

On behalf of the Australian Government Department of Health and Ageing, The Commonwealth Fund invites applications for the 2008-09 Packer Policy Fellowships. The Packer Policy Fellowships offer a unique opportunity for outstanding, mid-career U.S. professionals--academics, clinicians, decisionmakers in managed care and other private health care organizations, federal and state health officials, and journalists--to spend up to 10 months in Australia conducting research and working with leading Australian health policy experts on issues relevant to both countries. In addition to undertaking original policy research, fellows will participate in seminars and policy briefings, which include meetings with senior officials at the Commonwealth and State levels, Ministerial officers, service providers, academics, and other stakeholders in the public and private sectors. At the end of their tenure, fellows produce a report and present project findings to senior government officials and policy experts at a final reporting seminar. Australia, like the U.S. and other similar developed countries, faces health policy challenges in relation to demographic change, affordability, safety and quality in health care, adoption of new treatment technologies, workforce issues and meeting the needs of special populations. The Australian Government Department of Health and Ageing hopes to enrich health policy thinking as Packer Policy Fellows study how Australia approaches health policy issues, share lessons learned from the United States, and develop an international perspective and network of contacts to facilitate policy exchange and collaboration that extends beyond the fellowship experience. To apply, applicants must submit a formal application, including a project proposal that falls within an area of mutual policy interest to Australia and the United States, such as: health care quality and safety, the private/public mix of insurance and providers, the fiscal sustainability of health systems, management of health care delivery, the health care workforce, and investment in preventive care strategies. U.S. citizenship is a requirement for eligibility. The Fellowships provide up to \$55,000 (AUD) for six to ten months in Australia. In addition, a supplemental allowance is provided to fellows accompanied by a spouse and/or children. For the Packer Policy Fellowships brochure and further information on the 2008-09 Packer Policy Fellowships, or to obtain an application, please see <http://www.commonwealthfund.org/fellowships/>. For questions, contact Robin Osborn, The Commonwealth Fund at: telephone: 212-606-3809 or email: ro@cmwf.org

**The Fenway Institute, Fenway Community Health, Boston, MA
Program Manager, Population Research Program**

Under the direction of the Principal Investigator (PI), the Program Manager will provide support and technical ability in the development, implementation and maintenance of assigned components within the lesbian, gay, bisexual and transgender (LGBT) health population research program in The Fenway Institute at Fenway Community Health. The Program Manager will work closely with the PI, Co-PIs, Scientific Management Team, and Operations Team to ensure effective coordination of population research components, timeliness of work plan activities, and effective communication among all participants in the population research program. Attendance at local and off-site meetings will be expected. **REQUIREMENTS:** MPH or Master's in a related field required, including experience with LGBT research. The individual in this position must have over two years experience coordinating large projects that involve multiple components and

require the application of diverse skills. Required skills include proficiency in Microsoft Office applications and SPSS or SAS, ability to conduct literature searches on the Internet, preparation of written documents and presentations, and familiarity with reference databases such as Endnote. The Program Manager will provide leadership to foster teamwork and collaborative efforts among all participants in the population research program. About Fenway Community Health: For more than thirty-five years, Fenway Community Health has been working to improve the physical and mental health of the community, especially those who are traditionally underserved like LGBT people, women, those living with HIV/AIDS, and people from communities of color. Fenway Community Health is one of only seven LGBT-specific health centers in the U.S. The Fenway Institute at Fenway Community Health works to increase the health of the larger community through research and evaluation, education, outreach and health policy advocacy. For more information about The Fenway Institute, visit www.thefenwayinstitute.org. For more information about this position and for instructions on how to apply, please go to http://www.fenwayhealth.org/site/PageServer?pagename=FCHC_abt_about_employment.

**Harvard School of Public Health
Yerby Postdoctoral Fellowship Program
Deadline: December 15, 2007**

The Yerby Postdoctoral Fellowship Program is geared toward expanding the diversity of those entering academic public health. The program creates a bridge between academic training in health-related disciplines and entry-level faculty positions at institutions throughout the United States. Fellows have a home within one of the school's nine academic departments: Biostatistics; Environmental Health; Epidemiology; Genetics and Complex Diseases; Health Policy and Management; Immunology and Infectious Diseases; Nutrition; Population and International Health; and Society, Human Development, and Health. Candidates for the Yerby Postdoctoral Fellowship Program must have a doctoral degree. To achieve the goal of increasing the diversity of academic public health, candidates must also be members of minority groups underrepresented in public health or first-generation college graduates. For more information, please visit www.hsph.harvard.edu/academicaffairs/yerby.htm. Please direct all inquiries to Betty Johnson, director, Yerby Postdoctoral Fellowship Program, bljohnso@hsph.harvard.edu.

**Institute for Community Research, Hartford, CT
Senior Research Associate
Deadline: October 15, 2007**

The Institute for Community Research (ICR) has an opening to begin in 2008 for a full time Senior Research Associate, with interest in and qualifications to assist with building the future of the organization. ICR is an independent, non-profit community-based research organization located in Hartford, Connecticut. The mission of the Institute, built on principles of community-based collaborative research, is to conduct research with community partners that promotes justice and equity in a diverse, multi-ethnic, multi-cultural world. This mission directs ICR to focus on research that responds to issues of inequity and disparities in health, education, cultural representation, and other areas of community concern, both in the United States and in the developing world. ICR is fully independent and relies almost exclusively on research grants and other forms of grant support. Details on the Institute's history, principles, current and past projects, and recent conferences and special events are available at www.incommunityresearch.org. The Senior Research Associate will demonstrate a strong track record in successful federal research grant awards, and will be prepared to contribute significantly to grant development that advances the community oriented mission and work of the Institute, including his or her own partnership research grants, and to contribute through this work to shaping the future of the Institute. The successful candidate must have a doctoral degree in an applied social science, public health research, educational, or humanities field and a strong publications record, as well as the interest in and desire to conduct research in a non-clinical community setting. Experience and expertise in qualitative and quantitative research methods is preferable. Specific responsibilities include the following: Seek federal research grants as principal investigator, in collaboration with an interdisciplinary ICR research team, and other outside researchers and organizational partners in areas of expertise that are in line with the

capacity, mission, and guiding principles of ICR; Assist other researchers (senior and junior) at ICR in development of grant proposals to be submitted; Conduct research associated with these and other projects, and disseminate research findings in local, national, and international forums and through publications, including in peer reviewed professional journals, as lead author and/or co-author; Contribute to planning and development of the overall collaborative research program of the Institute; Promote the development and enhancement of ethical research conduct in community-based research; Participate in activities of the Institute, including other project activities, staff meetings, committee meetings, conferences and special events, and assist with the overall administration and functioning of the Institute. **QUALIFICATIONS:** Ph.D. in social or behavioral science, education, public health, or humanities, with a strong publications record and evidence of previous successful federal research grant awards. Prior experience working in a community-based research environment, with interdisciplinary research/program teams, managing multiple grants, or working on multiple projects and working with an ethnically and otherwise diverse and multi-disciplinary staff. Excellent communication and writing skills, team work, and ability to work independently are required. **SALARY:** Commensurate with education and experience; excellent benefits. **SEND LETTER OF INTRODUCTION AND RESUME TO:** Human Resources Office, Institute for Community Research, 2 Hartford Square West, Suite 100 Hartford, CT 06106-5128

**Medical College of Wisconsin
Tenure-Track Faculty Positions-Rank Open
Department of Population Health
Deadline: Positions open until filled.**

The Department of Population Health at the Medical College of Wisconsin seeks candidates for three newly created full-time tenure-track faculty positions in the areas of epidemiology, social and behavioral health sciences, and health policy. The successful candidates will join the faculty in a new and innovative PhD Program in Public and Community Health that will enroll its first cohort of students in the Fall of 2008. This program will transform the research paradigm in public and community health by educating a new generation of researchers who will integrate the rigors of the traditional public health sciences with the essential components of community health improvement through participation and partnership. Candidates will be expected to maintain the Department levels of academic productivity in research activity, service and teaching. Minimum qualifications include an earned doctorate in a field relevant to public health and a demonstrated record of teaching, research and scholarly activity. Ideal candidates will have an extensive publication record in peer-reviewed journals; a history of extramural funding; commitment to and experience in mentoring students; prior experience in community-based participatory research and partnership development; effective oral and written communication skills; and commitment to collegiality and collaboration. The Medical College of Wisconsin is committed to community health improvement through its Advancing a Healthier Wisconsin permanent endowment of \$300M which has three complementary components: **Healthier Wisconsin Partnership Program**-supports community-academic partnerships and awards \$5-\$7M per year in perpetuity. **Educational Leadership for the Health of the Public**-supports investments in health and healthcare education for both providers and consumers. **Research for a Healthier Tomorrow**-supports both basic and clinical research initiatives in cardiovascular disease, cancer, neuroscience, genetics and population health. For more information, please visit <http://www.mcw.edu/display/router.asp?docid=2729>. Salary and other considerations will be competitive and consistent with the College's commitment to recruiting excellent faculty leaders. Review of applications will occur on a rolling basis and continue until the positions are filled. The date of appointment is open to negotiation. Please submit a letter indicating area of expertise and interest in a position, curriculum vitae and the names and contact information of three references by mail and email to: Cheryl A. Maurana, Ph.D., Ph.D. Program Director and Professor of Population Health, Medical College of Wisconsin, 8701 Watertown Plank Road, P.O. Box 26509, Milwaukee, WI 53226-0509, maurana@mcw.edu. For information on the Department of Population Health, please visit <http://www.mcw.edu/display/router.asp?docid=159>.

New York Lawyers for the Public Interest (NYLPI)

**Community Organizer
Access to Health Care Project**

Resumes encouraged by September 15, 2007.

New York Lawyers for the Public Interest (NYLPI) seeks an experienced community organizer to work with civil rights attorneys in our Access to Health Care Project. The Community Organizer works in partnership with other members of NYLPI's Access to Health Care team to develop and to implement NYLPI's access to health care program. In addition to community outreach, the organizer will be responsible for organizing trainings and meetings, creating outreach materials, developing community campaigns, building coalitions among community members and community-based organizations, facilitating communication among newly formed coalitions, providing technical assistance to community leaders and activists, and educating the public, elected officials and the media on issues concerning discrimination and barriers of access to health care for low income communities of color. NYLPI's Access to Health Care Program applies an innovative community lawyering approach to advocacy, focusing particularly on issues of racial and ethnic discrimination in access to health care in New York City. Examples of NYLPI's advocacy work include efforts to ensure language access for non-English speakers and to prevent the closure of hospitals and other health care facilities in low-income communities of color. New York Lawyers for the Public Interest (NYLPI) is a nonprofit, civil rights law firm that strives for social justice and helps underrepresented people develop legal strategies to serve their vision for themselves and their communities. NYLPI's staff attorneys, community organizers and advocates engage in advocacy and litigation in the areas of access to health care, environmental justice & community development, and disability rights on behalf on low-income individuals and communities of color. In addition, NYLPI works with 90 of New York's most prestigious law firms and corporate legal departments through its pro bono clearinghouse. These law firms and legal departments provide free assistance to community organizations and not-for-profits on legal matters within and beyond NYLPI's in-house practice. Significant community organizing experience and commitment to racial justice and immigrants' rights required. B.A. and bilingual skills preferred, but not required. Strong writing and public speaking skills required. Applicant must be a team player with the ability to juggle multiple tasks under time constraints. Applicant must also be flexible and creative, show initiative and work both collaboratively and independently. Salary commensurate with experience. NYLPI offers excellent benefits including health insurance, a pension plan, and dependent and medical flex plans. Applicants should send a cover letter, resume, writing sample and three references to: Organizer Search, c/o Joni Carrasco, New York Lawyers for the Public Interest, 151 West 30th Street, 11th Floor, New York, NY 10001. Please mention in your cover letter where you saw this ad. NYLPI is an affirmative action employer and actively recruits people of color and individuals with disabilities.

**Northeastern University School of Professional and Continuing Studies
Adjunct Faculty Job Announcement**

Northeastern University's School of Professional and Continuing Studies is looking for instructors to teach two courses this fall term: RA 3203 "Food, Drug, and Medical Device Law: Topics & Cases." Instructors should hold a masters degree or doctorate and demonstrate excellence in teaching at the university level. Inquiries please contact Eric D. Kupferberg, PhD, Assistant Dean of Academic & Faculty Affairs via email (e.kupferberg@neu.edu) or phone (617-373-6018).

**PolicyLink, Oakland, CA
Senior Associate – Health
Deadline: Open until filled.**

100% FTE

Salary Commensurate with experience

This professional level position, available immediately, is an exciting opportunity to join the staff at PolicyLink. PolicyLink is a national research and action institute that works collaboratively to develop and implement local, state, and federal policies to achieve economic and social equity. Please visit our website at www.policylink.org. ESSENTIAL RESPONSIBILITIES: The successful candidate will be a key staff member of the new PolicyLink Center for Health and Place. They will develop, in collaboration with executive and senior level colleagues, an understanding of the field

of health and place, and will investigate strategic opportunities for research, capacity building, policy development and advocacy across the country. As appropriate, the Senior Associate will supervise staff and work collaboratively with project partners. They will build relationships with staff at key foundations, practitioners, business leaders, organizations, and other stakeholders. As needed, the Senior Associate will make presentations and develop written reports.

QUALIFICATIONS/SKILLS: *Experience in public health and/or public policy. Minimum of 7 years of professional experience. *Advanced degree, such as MPP, MPA, MPH, or MSW. * Strong written and verbal communication skills and analytical skills. *Experience with qualitative and quantitative research, outreach and coalition building, and writing reports and articles. *Experience building relationships with, and providing technical support to, partner organizations and stakeholders. *Commitment to economic and social equity issues. *Demonstrated ability to work as a self-starting member of a team. **TO APPLY:** Send Resume, Cover Letter, and three professional references to: PolicyLink - Senior Associate Search Committee, 1438 Webster Street, Suite 303, Oakland, CA 94612 or Fax to 510-587-1113 or e-mail to jobs@policylink.org (include subject line: "[your name]" Senior Associate). Excellent benefits including paid vacation, health, vision, and dental insurance and 401(k) retirement plan.

**The United States Military Cancer Institute, Washington, DC
Biostatistician (2 positions)**

The United States Military Cancer Institute (USMCI), a component of the Uniformed Services University of the Health Sciences of the Department of Defense, is seeking applications for two positions in biostatistics. There are unique and invaluable research resources in the Department of Defense (DoD) health care system. These include the military health databases such as the cancer registry data and the clinical care data. The clinical care data cover millions of medical care beneficiaries. Working with the Division of Cancer Epidemiology and Genetics, NCI, we are currently linking different health databases, which will be a tremendous resource for research on cancer and other outcomes. The DoD also has a serum bank containing millions of samples collected prior to cancer diagnosis, which provides unique opportunity in cancer research and in health disparities research. In addition, there are strong research programs in prostate, breast, and gynecologic cancers in the DoD system. The successful applicant will assist in the development of biomedical research protocols and projects, manipulate databases including large complex data sets, perform statistical analyses throughout the courses of studies, and provide statistical consultation as needed. He/she will also provide relevant statistical and project status updates to research staff, prepare reports for presentations and publications, and help interpret and disseminate research results. Knowledge, skills, and abilities required for this position include excellent knowledge and ability of using complex biostatistical research methods; advanced knowledge in computer programming with experience in advanced multivariate statistical methods; knowledge of statistical and data management software including SAS, SPSS, ACCESS, and Excel; and excellent written communication skills. Qualifications include a doctoral or master degree in Biostatistics, Epidemiology or a related scientific discipline. At least two years of working experience in statistical analysis is needed for a doctoral level person and at least four years of the experience is needed for a master-level person. US citizenship is required for at least one of the positions. The USMCI provides an excellent working environment and competitive salary and benefits. Contact: Ginny Van Horne at Virginia.vanhorne@amedd.army.mil or 202-782-3819.

**University of Maryland College Park School of Public Health
Assistant / Associate Professor (Tenure Track)
Department of Public and Community Health
Review of Application Begins: December 1, 2007**

The University of Maryland College Park School of Public Health, Department of Public and Community Health is seeking two Assistant / Associate Professors (Tenure Track) to develop an externally-funded research program (no specific area) that falls within and complements the area of social and behavioral sciences discipline, to supervise MPH and PhD graduate students, and to assist with graduate and/or undergraduate teaching. The positions represent an exciting opportunity to join a department of productive community and public health investigators as we

become a NEW accredited School of Public Health. **QUALIFICATIONS:** Candidates must have completed a PhD degree in public health, community health, health behavior, psychology or the social or behavioral sciences area; moreover, postdoctoral research training is preferred. Candidates must provide evidence of a productive publication history and previous and current external grant funding or grant submissions. The candidate's research must be consistent with the goals of our School of Public Health. Previous teaching experience is preferred. The candidate must have high-level research skills a strong interest in close collaboration with the current faculty and a commitment to diversity in teaching, training students and research. **RESPONSIBILITIES:** The primary responsibilities of the position(s) are to develop an externally-funded research program (no specific area) that fall within and complement the area of social and behavioral sciences discipline, to advise/supervise MPH and PhD graduate students, and to assist with graduate and/or undergraduate teaching. **SALARY AND APPOINTMENT DATE:** These are 12-month tenure-track appointments with salaries commensurate with experience; however, \$65-70,000 is guaranteed funding for 9 months with options for research and teaching supplements over 12 months. The appointments are scheduled to begin August 17, 2008. **APPLICATION:** Review of application materials will begin December 1, 2007. However, the search will continue until the positions are filled. Candidates should submit a letter of application clearly indicating how they meet the qualifications described above, including a description of their skills, and how their research will extend and complement that of the current faculty; a complete signed CV; 3 representative publications; and the name, address, telephone number, and email address of 3 references to Kenneth H. Beck, PhD, Department of Public and Community Health, University of Maryland College Park School of Public Health, College Park, MD 20742-2611 (email: kbeck1@umd.edu). Further information on the research programs of the current faculty is available on the Department's web page, <http://www.hhp.umd.edu/dpch/>.

University of South Carolina, Arnold School of Public Health Research Associate

The Research Associate will have major responsibility for carrying out research objectives for community-based intervention research focused on diet and exercise among economically disadvantaged women. **ESSENTIAL FUNCTIONS:** 1) Provides leadership in conducting participant recruitment, tracking, retention, and follow-up activities. 2) Supervises and conducts collection and analysis of qualitative data, such as focus groups and interviews. 3) Serves as key liaison for interaction with Community Advisory Board and other research partners. 4) Provides direct health education intervention activities to research participants and assists with supervision of other intervention staff persons and students. 5) Participates in creating intervention curricula and materials; developing questionnaires and implementing quantitative data collection; and overseeing logistics of research activities and timeline. 6) Assists with project reporting, manuscripts, presentations, and compliance with human subjects requirements. 7) Monitors project adherence to the research plan, protection of human subjects and application of principles of cultural competence. **REQUIREMENTS:** A Master's degree in Health Promotion/Health Education or a closely related field and at least 5 years relevant experience in health promotion practice and research or a PhD/DrPH in Health Promotion/Health Education and at least 3 years' experience with a combination of practice and research experience. Ability to collect and analyze qualitative data, facilitate focus groups, and manage large-scale projects. Cultural competence and experience providing health education to minority participants. Ability to meet deadlines, communicate effectively orally and in writing, and to work with minimal supervision. Ability to work with a team, assist in supervising other staff, and interact effectively with diverse partners. Knowledge/experience in physical activity/nutrition is desirable. Occasional travel to professional meetings is required. Some evening work is required to provide the intervention meetings. Skilled in use of Microsoft Word, Internet search engines, and qualitative analysis package (e.g. NVivo). Understanding of need for research rigor and adherence to a research plan. **SKILLS AND ABILITIES:** Ability to multi-task and work efficiently under time pressure while maintaining high quality of work. Careful attention to detail and ability to follow-through on assignments independently. Flexibility on occasions when work schedule must vary. Ability to maintain poise and exercise good judgment at all times when interacting with the public. The Research Associate must possess the skills of a health educator/group facilitator and have an

understanding of operating effectively within a research environment. "People skills" as well as research skills are essential to this position. For a full description and to apply, go to: <http://hr.sc.edu/employ.html>.

**University of Wisconsin-Madison, Department of Family Medicine
Research Director
Health Extension Program**

The goal of the Health Extension Program (HEP) is to build a stable research infrastructure that directly engages UW researchers in solving the problems faced by communities of patients, clinicians and health systems across Wisconsin. This position provides the experienced researcher with a unique opportunity to build a brand new University program for community-academic research partnerships. As part of a team in the UW Institute for Clinical & Translational Research - Community-Academic Partnerships Program (ICTR-CAP), the Scientist will work closely with communities around the state to identify project opportunities and design and implement interventions to improve care. PRIMARY DUTIES WILL INCLUDE: • Engaging community health practitioners; • Outreach to underserved communities; • Implement mechanisms to further two-way communication between researchers and potential community partners; • Identify research areas of critical importance to Wisconsin communities; • Develop program components to foster innovative community research, to provide training programs and to secure research funding. Working in collaboration with the Wisconsin Area Health Education Center (AHEC), and under direction of the HEP Faculty Director, this position will be responsible for overall program development, implementation and coordination, the design and implementation of program policies and procedures, supervision of outreach specialist staff and budget oversight and management. In addition, the HEP Director will act as a liaison between Wisconsin providers and communities, other UW programs and centers, and ICTR-CAP. Significant in-state travel is required. DEGREE SPECIALIZATION: Ph.D. in social or behavioral sciences, health services research, public health, and/or health policy or other related field. M.D. with significant research experience will be considered. MINIMUM YEARS AND RELEVANT WORK EXPERIENCE: • Minimum of 3 years experience including research writing and publications and designing and conducting qualitative and/or quantitative health research. • Demonstrated expertise in research design and research methods. • Excellent analytical, writing and interpersonal skills and strong management skills demonstrated through managing a research project required. • Demonstrated skill and experience working with diverse communities of providers and healthcare consumers. • Experience conducting community-based participatory research and/or implementation and dissemination research desirable. TO APPLY: Send cover letter and resume referencing PVL #56979 by August 27, 2007 to: Colleen Nash- HR; Dept. of Family Medicine; 777 S. Mills Street, Madison, WI 53715; email: colleen.nash@fammed.wisc.edu.

<> <> <> <> <> <> <> <> <> <>

C O N F E R E N C E S A N D E V E N T S

**NIH Regional Consultation Meetings on Peer Review
Chicago, September 12, 2007, at the Fairmont Princess
New York City, October 8, 2007, at the Embassy Suites
San Francisco, October 25, 2007, at the Renaissance Parc 55**

As you probably know, NIH is undertaking a comprehensive look at our entire system of research support, including the peer review system, in order to enhance its efficiency and effectiveness. We are inviting you to participate in this discussion. NIH has formed the Peer Review Working Group of the Advisory Committee to the Director (ACD), one of whose functions is to seek advice from the scientific community on all aspects of the peer review process. As one approach, the Working Group is hosting three 4-hour consultation meetings: *Chicago, September 12, 2007, at the Fairmont Princess; *New York City, October 8, 2007, at the Embassy Suites; *San Francisco, October 25, 2007, at the Renaissance Parc 55. We hope that you will join us at one of these meetings; a common agenda for all three is attached [SEE BELOW]. To attend, please register at

<http://enhancing-peer-review.nih.gov/>. In one segment of the meeting, participants will make brief presentations (less than 5 min each) offering specific strategies or tactics for enhancing NIH peer review and research support. In particular, we are seeking bold, unconventional approaches to perceived issues. Our goal is ambitious but important: craft a system with a minimum of bureaucratic burden that identifies and funds the best scientists to do the best science. If you wish to make a presentation, please notify Drs. Vesna Kutlesic (kutlesicv@od.nih.gov) and/or Lawrence Tabak (tabakl@mail.nih.gov) by COB Friday, August 31, with a brief (<250 words) summary of your idea. Depending on the response, it may be necessary for us to select a subset of speakers, attempting to avoid redundancy and remain within time constraints. We shall notify those who will be speaking, and will post all germane written statements on the website. Moreover, as shown on the agenda, most of the meeting will be devoted to open discussion, so there will be substantial opportunity for direct input at the meeting. These consultation meetings will be excellent opportunities for you to advise NIH on ways to meet the challenges of identifying and supporting outstanding, innovative science in the 21st century in the face of a sharply increased load on the peer review system. Should you be unable to attend, however, we hope you will contribute written comments on the peer review process through the Request for Information (RFI) link on the website above, or directly at <http://grants.nih.gov/grants/guide/notice-files/NOT-OD-07-074.html>. We look forward to your suggestions, and hope to see you at one of the consultation meetings. Should you have questions, please contact Dr. Vesna Kutlesic at the NIH at 301-435-3670 (kutlesicv@od.nih.gov). NIH Regional Consultation Meeting on Peer Review Meeting Agenda:

9:00 a.m. – 9:15 a.m. -- Meeting context and review of ongoing activities, Dr. Lawrence Tabak, Director, National Institute of Dental and Craniofacial Research, NIH Co-Chair of the Working Group of the Advisory Committee to the NIH Director (ACD) on NIH Peer Review
9:15 a.m. – 9:30 a.m. -- Goals for the meeting, Dr. Keith Yamamoto, Executive Vice Dean, School of Medicine, UCSF, Professor, Cellular/Molecular Pharmacology and Biochemistry/Biophysics, UCSF, Co-Chair of the Working Group of the Advisory Committee to the NIH Director (ACD) on NIH Peer Review
9:30 a.m.-10:30 a.m. -- Statements/proposals from External Scientific Community offering specific strategies or tactics for enhancing NIH peer review and research support
10:30 a.m.-10:45 a.m. -- Break
10:45 a.m.-11:45 a.m. -- Open discussion: Response to emerging themes. As part of our iterative process, we welcome feedback about a series of issues/suggestions that have been made thus far- these will be posted on the website in advance of the meeting. Drs. Yamamoto and Tabak, Facilitators
11:45 p.m.-12:45 p.m. -- Open Discussion; 1) Challenges and opportunities for NIH system of research support; 2) Challenges and opportunities for NIH peer review; Drs. Yamamoto and Tabak, Facilitators
12:45 p.m.-1:00 p.m. -- Closing remarks; Drs. Yamamoto and Tabak

**Cochrane Health Promotion & Public Health Field
Exploratory Meetings – September 13, 2007 (University College, Cork, Ireland) and October 29, 2007 (Jiuhua Resort and Convention Center, Beijing, China)**

The Cochrane Health Promotion & Public Health Field has flagged its intention to register as a Public Health Review Group potentially within both the Cochrane and Campbell Collaborations. Their aim is to form and manage a team of authors and editors of Cochrane and Campbell reviews of the effects of public health interventions, with a focus on upstream interventions. Currently these types of review topics are not specifically covered by existing review groups. The HPPH Field will subsequently be deregistered. As part of the registration process, and to gain insight into the needs of stakeholders, review users and contributors, they are holding two exploratory meetings. (1) The first meeting is being held to coincide with the Meeting of the Society for Social Medicine & the International Epidemiological Association (European Federation), on September 13 2007, between 1 - 5pm at University College, Cork, Ireland; www.ucc.ie/academic/pubh/ssmiea. (2) A second meeting is planned to coincide with Forum 11 of the Global Forum for Health Research, October 29, 2007, between 10am - 2pm at the Jiuhua Resort and Convention Center in Beijing, China;

http://www.globalforumhealth.org/Site/004_Annual%20meeting/001_Forum%2011/001_Home.php. A flyer and agenda for the Cork meeting is available on the new website www.ph.cochrane.org. Information on the Beijing meeting, along with updates and draft documents for comment, will be posted on the website soon. If you are unable to attend either of these meetings and wish to make comment on the proposal for registration, please feel free to email to Jodie Doyle, Coordinator - Cochrane Health Promotion & Public Health Field, Research Fellow, Deakin University, Burwood, Australia at jdoyle@vichealth.vic.gov.au and your comments will be noted. CHPPH Field website: www.ph.cochrane.org. For more information on Cochrane and Campbell Collaborations, visit <http://www.ph.cochrane.org/en/collaboration.html>. <http://www.campbellcollaboration.org/>.

**NIH's National Center for Research Resources (NCRR)
Workshop on Fostering Collaborative Community-Based Clinical and Translational
Research**

**The California Endowment Center for Communities
Los Angeles, CA**

September 14, 2007

The National Institutes of Health (NIH) National Center for Research Resources (NCRR) is convening a one-day workshop titled "Fostering Collaborative Community-Based Clinical and Translational Research" on Friday, September 14, at The California Endowment Center for Healthy Communities in Los Angeles, CA. Registration for this workshop is free and can be done online at the following URL: <http://production.esi-dc.com/ncrrworkshops/NCRRFostering/index.aspx>. The goal of the workshop is to identify strategies and best practices for forming academic-community partnerships for collaborative clinical and translational research, particularly in medically underserved communities where health disparities persist. Key topics will include: *Addressing racial, ethnic, and geographic disparities in clinical research participation; *Building community buy-in and trust to enhance recruitment and retention of research participants; *Developing practical research protocols that work effectively in community health care settings and address questions of relevance to the community, including chronic conditions with multiple associated morbidities; *Developing versatile and sustainable core research infrastructure (e.g., personnel, information technology and informatics tools) to enable and encourage community participation and leverage existing infrastructure, including increasingly advanced clinical information systems residing in safety-net community health center networks. The workshop Web site (see link above) provides additional information including a draft agenda, details about the workshop location, and hotel information. A number of CCPH staff and members are featured speakers, including CCPH program director Kristine Wong, CCPH board chair emeritus Elmer Freeman and CCPH members Loretta Jones and LeRoi Hicks. If you have any questions about the workshop, please feel free to contact Dr. Michael Sayre, Health Scientist Administrator at 301-435-0760 or sayrem@mail.nih.gov, or Ursula Dees, the workshop coordinator, whose contact info is posted on the Web site. A similar workshop was held in Bethesda, MD in May (see presentations at <http://production.esi-dc.com/ncrrworkshops/Fostering/agenda.aspx>). The products of both workshops will include specific recommendations for NCRR initiatives to enhance clinical and translational research in underserved communities. A preliminary report on recommendations from the May 15 workshop will be posted on the NCRR website shortly. A full report covering both workshops will be posted after the September meeting. When these reports are available, we'll send a notice out to the listserv.

The Women & Children's Health Research Institute's 3rd Workshop

Lister Conference Centre

Edmonton, AB

September 19, 2007

The Women & Children's Health Research Institute's 3rd workshop will take place at the Lister Conference Centre in Edmonton, AB September 19, 2007. The theme of the workshop is Community Based Research/Community-Based Participatory Research (CBR/CBPR). The event will provide a dynamic forum for exploring issues related to community-based research

partnerships, methods, project planning, and the dissemination of findings. Effective models of CBR/CBPR will be highlighted. This workshop will focus on Community-Based Research (CBR) and will provide researchers, administrators, policy-makers, front-line workers, and community members with information and insights about how CBR can be used to address complex health problems within the community by identifying, understanding, and modifying the social determinants of health. Conference goals include: *To provide a forum for examining the role of CBR/CBPR in improving health and eliminating health disparities; *To build upon the knowledge and skills of participants interested in the application of CBR/CBPR for social change and improved health; *To explore the multi-faceted process of CBR/CBPR, including partnerships, methods and ethics, and to learn from partnerships that have addressed these challenges and opportunities. Two members of Community-Campus Partnerships for Health are featured keynote speakers! Sarah Flicker, Assistant Professor, Faculty of Environmental Studies at York University, "What is CBR and its potential for contributing to health research and practice?" and Meredith Minkler, MA, DrPH, School of Public Health, Health and Social Behavior, Berkeley, CA, "Partnering with communities in health research: Value added and challenges faced." The workshop is open to all relevant researchers, administrators, policy-makers and users of the information in CBR. The one-day session will be comprised of keynote speakers, group sessions and open dialogue incorporating active feedback. Registration is now open for this workshop hosted by the Women and Children's Health Research Institute (WCHRI) and the Community-University Partnership (CUP) for the Study of Children, Youth, and Families. The registrants will each be assigned to two breakout sessions based upon their interests as indicated on the registration form. If you have any particular time constraints, requests or require additional information, please notify Ms. Michele L. Hales (michele.hales@ualberta.ca) at 780-407-3783 as soon as possible. Register online at <http://www.wchri.med.ualberta.ca/Home/Workshops/Current>. Learn more about WCHRI at <http://www.wchri.med.ualberta.ca/Home/>. Learn more about CUP at <http://www.cup.ualberta.ca/>.

**Consumer Health Foundation's 12th Annual Meeting
Unnatural Causes: Is Inequality Making Us Sick?
George Washington University
September 27, 2007**

11:15 am-4:00 pm

Registration Deadline: September 24, 2007

The Board of Trustees of the Consumer Health Foundation cordially invites you to our 12th Annual Meeting, Unnatural Causes: Is Inequality Making Us Sick? Thursday, September 27, 2007, 11:15-4:00 p.m., The George Washington University, Marvin Center, 800 21st Street, NW, Washington, DC 20052. Join us for a sneak preview of the groundbreaking PBS documentary, Unnatural Causes: Is Inequality Making <<http://www.unnaturalcauses.org/>> Us Sick? And a dynamic conversation on the ways social policy, growing economic inequality, and racism affect our health with special guest speaker, Dr. Adewale Troutman <<http://www.thetroutmangroup.org/>> , Director of the Louisville <<http://www.louisvilleky.gov/Health/equity/>> Metro Department of Public Health and Wellness and founder of the Center for Health Equity <<http://www.louisvilleky.gov/Health/equity/>> .

Our meeting moderator, Rachel Poulain, Director of Outreach for California Newsreel <<http://www.newsreel.org/>> (producer of Unnatural Causes), will describe how communities can use the film to help reframe the national debate over health and what we as a society can—and should—do to reduce our alarming health disparities.

11:15 a.m. – Registration, Betts Theater, First Floor

11:30 a.m. – Lunch, Continental Ballroom, Third Floor

1:00 p.m. – Meeting, Film and Community Dialogue

REGISTER ONLINE NOW at www.consumerhealthfdn.org. Registration deadline is September 24, 2007.

**Harvard Center for Society and Health
Screening of Unnatural Causes**

The Conference Center at Harvard Medical
77 Avenue Louis Pasteur, NRB Rm 133 Boston, MA 02115
October 2, 2007
3:00 pm-6:00 pm

Free and open to the public!

On October 2, 2007, the Harvard Center for Society and Health will have the privilege of hosting a premier screening of the first episode of an important new PBS documentary series on health disparities entitled, "Unnatural Causes: Is Inequality Making Us Sick?" This program, produced by California Newsreel with Vital Pictures, and involving members of our Center as scientific advisors and participants in the episodes, is one piece of a national public impact campaign that will stimulate a broad debate on recognizing and reducing socioeconomic and racial health inequities. The series will air in 2008 on PBS stations nationally. The central message of the broadcast is the need for urgent action to address societal determinants of health. According to the producers, "The seven-part PBS series and DVD release will help viewers understand how inequalities in the rest of our lives - in income, housing, jobs, status and education - combined with a lack of power and control over one's life, can get under our skin and affect our risk for chronic diseases like stroke, heart disease, asthma, hypertension, diabetes, even cancer." Together, the episodes forcefully make the case we need: universal preschool and quality schools, affordable housing, living wage jobs with benefits and career ladders, integrated communities, universal health care, and an end to racial discrimination. To help move this agenda into action, we are seeking to bring together key Boston-area community groups, government agencies, and academic institutions that work in all areas of social and racial disparities.

Event Agenda

* Welcome remarks from HSPH's Dean Bloom, Dr. Nancy Krieger, Dr. Lisa Berkman, and the filmmakers, Llew Smith and Christine Herbes-Sommers

* Showing of EPISODE ONE: SICK OF IT

* Commentary from local public health leaders: Dr. JudyAnn Bigby, MA Secretary of Health & Human Services; John Auerbach, Massachusetts Public Health Commissioner; Dr. Barbara Ferrer, Boston Public Health Commissioner

* Q & A Period with audience featuring those listed above plus the Harvard School of Public Health faculty who served as scientific advisors to the series: Dolores Acevedo-Garcia, Ph.D.; Lisa Berkman, Ph.D.; Ichiro Kawachi, MD, Ph.D.; Nancy Krieger, Ph.D.; David Williams, Ph.D.

* Resource Area. Meet others from the community working to dispel racial, ethnic, and socioeconomic disparities and pick-up a variety of material. For more information on "Unnatural Causes" and its coinciding national public impact campaign, go to <http://www.unnaturalcauses.org/>. For more information on the event, contact Laura Price at the Harvard Center for Society and Health at lprice@hsph.harvard.edu or 617-432-4870.

University of Virginia's 2nd Annual Symposium on Race and Society
At The Crossroads: Racial Implications of America's Health Care Crisis
September 30-October 2, 2007

The University of Virginia is hosting its second annual "Symposium on Race and Society" this September 30-October 2. This year, the gathering will focus on racial and ethnic health disparities. We've put together a strong team of academic, community, and business leaders to help organize this event. The meeting is being organized in a way that will allow for a lasting effect upon the struggle to eliminate health inequities, with all funds above costs for the meeting going toward community-based initiatives to end racial and ethnic health disparities. Conference details at <http://www.virginia.edu/symrs/>.

Murdoch University, Western Australia
National Conference on Racism in a Global Context
November 9-11, 2007

Murdoch University in Western Australia (WA) is hosting a National Conference on Racism in a Global Context to be held from 9th Nov - 11th Nov 2007. The conference is a partnership between Murdoch University with the Human Rights and Equal opportunity Commission of Australia (HREOC), the Equal Opportunity Commission of Western Australia, the Office of

Multicultural Interests, the WA Police, the Office of Crime Prevention and The Department of Indigenous Affairs. The conference organizers are working hard to have presentations from academics & researchers, those working in the community sector, and members of the community. Following on from the UN World Conference against Racism (WCAR) held in Durban South Africa, the Murdoch conference will bring together delegates from a range of backgrounds and disciplines to review and extend themes and issues raised at WCAR, and to explore experiences and effects of racism. Visit the conference web site for detailed information, including guidelines for submissions and registration: <http://ncrgc.murdoch.edu.au/>.

**Save the Dates! PolicyLink
Regional Equity '08: The Third National Summit on Equitable Development, Social Justice,
and Smart Growth
Sheraton New Orleans Hotel
New Orleans, LA
March 5-7, 2008**

Featuring dynamic speakers, issue-based workshops, interactive forums, and in-depth training sessions highlighting the impact of policy efforts being made in urban, suburban, and rural communities across the country. • Participants include a diverse group of advocates, activists, policymakers, researchers, and leaders from the nonprofit, philanthropic, and business communities. • Topics include restoring America's cities, creating affordable housing, supporting health in community, using equitable development tools and strategies to address poverty, effective communications, and expanding technology throughout communities. • Exchange information and share experiences about successful efforts to ensure that everyone can participate and prosper.

**Office of Extramural Research (OER), National Institutes of Health (NIH)
Upcoming Seminars – March 25-27, 2008 (San Antonio, TX) and June 18-20, 2008 (Chicago, IL)**

Each year, the Office of Extramural Research (OER) at the National Institutes of Health (NIH) sponsors two NIH Regional Seminars on Program Funding and Grants. These seminars are intended to help demystify the application and review process, clarify Federal regulations and policies, and highlight current areas of special interest or concern. The seminars serve the NIH mission of providing education and training for the next generation of biomedical and behavioral scientist. NIH policy, grants management, review and program staff provide a broad array of expertise and encourage personal interaction between themselves and seminar participants. The seminars are appropriate for grants administrators, researchers new to NIH, and graduate students. Upcoming seminars have been announced: *March 25-27, 2008 in San Antonio, TX University of Texas Health Science Center at San Antonio (Note: Host registration information to be posted after October 1, 2007); and *June 18-20, 2008 in Chicago, IL University of Illinois at Chicago (Note: Host registration information to be posted after October 1, 2007). Details at <http://grants.nih.gov/grants/seminars.htm>.

<> <> <> <> <> <> <> <> <> <>

RESOURCES

Publications

**Annie E. Casey Foundation
Race Matters**

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

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

Federal Interagency Forum on Chile and Family Statistics

[America's Children: Key National Indicators of Well-Being 2007](#)

The annual report of the Federal Interagency Forum on Child and Family Statistics' was released last month. The report is a compendium of statistics from 22 federal agencies providing the latest available data on the well-being of children in the United States, including children's family and social environment, economic circumstances, health care, physical environment and safety, behavior, education and health.

Center for Health Care Strategies (CHCS)

"From Policy to Action: Addressing Racial and Ethnic Disparities at the Ground Level"

To download the issue brief and access other resources from CHCS, please visit:

www.chcs.org

Racial and ethnic minorities in the United States tend to have poorer access to care and receive lower-quality care than non-minorities. While health care disparities are well documented, strategies to address these gaps in care are still evolving. A new issue brief from the Center for Health Care Strategies (CHCS), "From Policy to Action: Addressing Racial and Ethnic Disparities at the Ground Level," outlines practical strategies that states and managed care organizations are implementing to address inequalities in care. It highlights the need for standardized collection of race, ethnicity, and language data; culturally competent approaches; and the participation and commitment of multiple stakeholders. The brief draws from CHCS' national initiatives, supported by The Commonwealth Fund and the Robert Wood Johnson Foundation, to identify realistic solutions to reduce health care disparities and improve quality.

Community Campus Partnerships for Health

Community-Engaged Scholarship Toolkit

For complete information, go to www.ccp.h.info (click on "Resources" and then "Community Engaged Scholarship" "Online Toolkit").

The Community-Engaged Scholarship Toolkit provides health professional faculty with a set of tools to carefully plan and document their community-engaged scholarship and produce strong portfolios for promotion and tenure.

The Health Systems Knowledge Network - WHO Commission on the Social Determinants of Health

March 2007

Available online at:

<http://www.wits.ac.za/chp/kn/De%20Maeseneer%202007%20PHC%20as%20strategy.pdf>

"....The health system plays a role as a social determinant of health: * at the macro-level: through public policy and equitable resource allocation processes; * at the meso- level (the community): through performance of the decentralized policy; * at the micro-level: through factors related to the organisation of the health care system (physical, financial, psycho-social, cultural and administrative access) as well as factors related to the health care provider (skills, knowledge, approach to the patient). This is where primary health care systems may contribute to comprehensive care...."

How have global health initiatives impacted on health equity?

What strategies can be put in place to enhance their positive impact and mitigate against negative impacts?

A literature review commissioned by the Health Systems Knowledge Network

WHO Commission on the Social Determinants of Health

January, 2007- Johanna Hanefeld, Neil Spicer, Ruairi Brugha, Gill Walt

Available online as PDF file [32p.] at:

http://www.who.int/social_determinants/resources/csdh_media/global_health_initiatives_2007_en.pdf

".....This paper explores the impact of Global Health Initiatives (GHIs) on health equity, looking specifically at GHIs involved in HIV/AIDS and focusing on gender equity. Three GHIs are

examined in detail, these are: the US President's Emergency Fund for AIDS Relief (PEPFAR), the World Bank's Multi-country AIDS Programme (MAP) and the Global Fund to Fight AIDS, TB and Malaria (GF). The paper concentrates on low and middle - income countries as they overwhelmingly form the focus of GHI expenditure on HIV/AIDS. The paper further focuses on gender as HIV/AIDS disproportionately affects women and the poor, and an estimated 70 percent of the world's poor are women. Women also carry the greatest burden of caring for others living with HIV/AIDS and orphans....." The paper proposes nine key recommendations. GHIs should: * Address explicitly the causes of gender inequities in access to health. * Assess the impact of different interventions on social inequities. * Include measures that are sensitive to gender and other equity priorities in setting targets and monitor progress towards these. * Enhance the collection of gender-disaggregated data. * Use national policy processes for empowerment in order to facilitate greater participation. * Address GHIs' impact on health systems and human resources. * Harmonise activities and programmes across GHIs to build on comparative advantage. * Integrate social equity in access to health services within broader, macroeconomic and development policies. * Monitor and evaluate GHIs impact on social equity.

Medical Management of Vulnerable and Underserved Patients: Principles, Practice, and Populations

Edited by Talmadge E. King, Jr., Margaret B. Wheeler, and Andrew B. Bindman, with four others. 454 pp., illustrated. New York, McGraw-Hill, 2007. \$41.95. ISBN 978-0-07-144331-9.

Many physicians consider the care of vulnerable and underserved patients to be an unsatisfying and often frustrating endeavor, but this new book offers an optimistic and evidence-based approach to the care of such patients. The editors define medically vulnerable populations as "those that are wounded by social forces placing them at a disadvantage for their health." The book serves as an important reminder that many of the issues it raises are relevant to the broader landscape of American health care. The authors elicit the voice of the patient to explain and offer guidance on some of the difficult clinical and societal issues that physicians face in practice, including behavioral change, noncompliance, health literacy, health disparities, and the plight of the hidden poor. The book should become an essential primer for teachers, physicians-in-training, and practicing physicians because it offers important tools for teaching, critical concepts, common pitfalls, core competency concepts, and discussion questions for each chapter. A challenge for the editors and authors of this kind of book is to emphasize the importance of the physician's own attitudes and practices toward vulnerable patients without being preachy. The editors' decision to use the patient's voice and a strong, evidence-based orientation helps them meet this challenge. The first part of the book, "Principles," includes a chapter on the theoretical groundwork and context for understanding care of complex patients. There are also excellent reviews of disparities in health and health care and of the financing and organization of health care for vulnerable populations. Other chapters are excellent primers on legal and ethical principles and are written by respected leaders in the field. There is a remarkable focus on what health care providers and systems can actually do to improve care and reduce disparities. The chapters in the second section of the book, "Practice," contain important insights on behavioral change, cross-cultural communication, health literacy, home visits, group visits, interactive health technology, quality improvement, case management, and care in the context of community. The author of a superb chapter on cross-cultural communication emphasizes the importance of assessing one's own values in order to improve care and communication. A chapter on behavioral change offers some practical tools to use with patients who have resistant behaviors in the context of cultural and financial pressures. The authors of the chapter on medication adherence make the case that this problem is not unique to vulnerable populations, and they offer some common-sense approaches. The chapter on limited health literacy should be required reading for all medical students and physicians. The role of interactive health technology in filling in safety-net gaps is emphasized, with real-life examples of how health information technology has been transformative in the care of vulnerable patients facing language and cultural divides.

The third section of the book deals with a variety of vulnerable populations that need special consideration when they seek care. The chapters on many different population groups stand on their own and offer important lessons for the care of patients who often are not mentioned in standard medical textbooks. These groups include patients with a history of incarceration,

patients with limited English proficiency, immigrants, patients with disabilities, patients who have been victims of domestic violence, patients with chronic pain, and patients with substance-abuse problems. The information is provided in a nonjudgmental manner on the basis of strong evidence and with practical guides for improving care. The chapters on immigrant health and language barriers offer useful guidance, such as advice on how to work with interpreters, that could help to bridge divides. The authors of chapter 20, "The Hidden Poor: Care of the Elderly," emphasize functional assessment, elder abuse, and the limitations of prescription-drug coverage for the elderly. Several chapters in the third section serve to remind us to consider care in the context of family and community, such as chapter 19, "The Family as the Context for Care," and chapter 38, "HIV/AIDS: Impact on Vulnerable Populations." Chapter 40, "Caring for Oneself While Caring for Others," offers important insights on reducing clinician burnout. This book is an ambitious and important contribution to the care of our most wounded patients. For those of us who regularly care for vulnerable patients, it provides an excellent resource and supportive guide. However, it should also become part of the standard library for all medical students and practicing physicians. All physicians have much to learn from the practical, evidence-based approaches to the societal issues we all face in practice. Ultimately, this is a book that could help all clinicians take better care of all patients, especially those who may need extra help and support as they navigate our complex health care system.

**Prevention is Primary: Strategies for Community Well Being
by Larry Cohen, Vivian Chavez, and Sana Chehimi (Editors)
(ISBN: 978-0-7879-8318-5 Paperback, 400 pages, April 2007)**

This is a new theory-to-practice book for students, faculty practitioners, and community leaders who want to take a proactive stance against the most pressing health problems in the community including asthma, tobacco, violence, HIV, poor nutrition and physical inactivity, health disparities, and environmental injustice. See bottom of this email for the table of contents. The chapter on Beyond Brochures: The Imperative for Primary Prevention (Larry Cohen, Sana Chehimi) is available as a free PDF at <http://www.josseybass.com/WileyCDA/WileyTitle/productCd-0787983187.html>. Faculty interested in obtaining a review copy should email PublicHealth@WILEY.COM, with their name, affiliation, and full mailing address. Get a 15% discount on Jossey-Bass and Wiley books when you order through the Community-Campus Partnerships for Health website at <http://depts.washington.edu/ccph/books.html> (scroll down to the Jossey-Bass logo)

Table of Contents:

Introduction (Larry Cohen, Vivian Chavez, Sana Chehimi).

PART ONE: DEFINING THE ISSUES.

1 Beyond Brochures: The Imperative for Primary Prevention (Larry Cohen, Sana Chehimi).

2 Achieving Health Equity and Social Justice (Wayne H. Giles, Leandris C. Liburd).

3 Gender, Health, and Prevention (Michelle Ramirez, Siobhan Maty, Leslie McBride).

4 The Hope of Prevention: Individual, Family, and Community Resilience (Bonnie Benard).

PART TWO: KEY ELEMENTS OF EFFECTIVE PREVENTION EFFORTS.

5 Community Organizing for Health and Social Justice (Vivian Chavez, Meredith Minkler, Nina Wallerstein, Michael S. Spencer).

6 More Than a Message: Framing Public Health Advocacy to Change Corporate Practices (Lori Dorfman, Lawrence Wallack, Katie Woodruff).

7 Working Collaboratively to Advance Prevention (Larry Cohen, Ashby Wolfe).

8 Making Change: The Power of Local Communities to Foster Policy (Makani Themba-Nixon).

9 Using Media Advocacy to Influence Policy (Lori Dorfman).

10 Primary Prevention and Program Evaluation (Daniel Perales).

PART THREE: PREVENTION IN CONTEXT.

11 Preventing Injustices in Environmental Health and Exposures (Stephanie Ann Farquhar, Neha Patel, Molly Chidsey).

12 Health and the Built Environment: Opportunities for Prevention (Howard Frumkin, Andrew L. Dannenberg).

- 13 Creating Healthy Food Environments and Preventing Chronic Disease (Leslie Mikkelsen, Catherine S. Erickson, Marion Nestle).
- 14 Strengthening the Collaboration Between Public Health and Criminal Justice to Prevent Violence (Deborah Prothrow-Stith).
- 15 The Limits of Behavioral Interventions for HIV Prevention (Dan Wohlfeiler, Jonathan M. Ellen).

Promoting health equity in conflict-affected fragile states

Ranson K, Poletti T, Bornemisza O, Sondorp E. (2007)

Health Systems Knowledge Network of the WHO Commission on the Social Determinants of Health

Available online as PDF file [15p.] at:

http://www.who.int/social_determinants/resources/csdh_media/promoting_equity_conflict_2007_en.pdf

This paper was commissioned by the Health Systems Knowledge Network of the WHO Commission on the Social Determinants of Health in response to their conclusion that a lack of data from conflict-affected fragile states made it difficult to delineate pragmatic ways of creating better social conditions for health for vulnerable populations. The key questions we focused on were as follows: * What are the main factors that threaten health equity and health care equity in conflict and post-conflict fragile states? Which populations are most vulnerable to worsening inequity under these situations? * What strategies can reduce the impact of these factors? In particular what steps need to be taken to both build the foundation for future change and address immediate needs? * What are the roles of different actors at national, regional, and global level in developing and implementing these strategies?

TABLE OF CONTENTS

EXECUTIVE SUMMARY

1. INTRODUCTION

2. METHODOLOGY & STRUCTURE

3. CONCEPTUAL FRAMEWORK

3.1 DEFINING 'EQUITY' AND 'SOCIAL DETERMINANTS OF HEALTH'

3.2 DEFINING 'FRAGILE', 'CONFLICT' AND 'POST-CONFLICT' STATES

3.3 CONCEPTUAL FRAMEWORK FOR THIS ANALYSIS

4. THE IMPORTANCE OF HEALTH EQUITY IN CONFLICT-AFFECTED STATES

4.1 CONFLICT AFFECTED STATES CONTRIBUTE TO CROSS-COUNTRY HEALTH INEQUITY

4.2 CONFLICT CAN CAUSE OR EXACERBATE WITHIN-COUNTRY INEQUITIES

Geographic Disparities in Access to Health Care and Health Status

Inequalities Mediated by Displacement Status

Gender-based Inequities

Inequities due to health financing mechanisms

Reduced Capacity for Equitable Health Policy Making

5. STRATEGIES TO IMPROVE HEALTH EQUITY

5.1 STRENGTHENING PRO-EQUITY POLICY MAKING FUNCTIONS

Finding Entry Points to Build Equity Oriented Political Will

Strengthening Capacity of State Policy Making Functions

Using Non-state Mechanisms for Policy Coordination

5.2 BUILDING PROVIDER CAPACITY TO ENSURE EQUITABLE SERVICE PROVISION

Building Government Capacity to Deliver Services

Harnessing NGOs as Non-state Providers

5.3 ADDRESSING REDUCED ACCESS AND PARTICIPATION BARRIERS FOR EXCLUDED GROUPS

Community-based Approaches & Addressing Non-financial Demand Side Barriers

Reducing Geographical Access Barriers

Addressing Financial Access Barriers at the Community Level

6. DISCUSSION AND CONCLUSIONS

7 REFERENCES

Self-reported Racial Discrimination and Substance Use in the Coronary Artery Risk Development in Adults Study

Luisa N. Borrell, David R. Jacobs, Jr, David R. Williams, Mark J. Pletcher, Thomas K. Houston and Catarina I. Kiefe

***American Journal of Epidemiology* Advance Access published online on August 13, 2007
American Journal of Epidemiology, doi:10.1093/aje/kwm180**

From a posting on the Association of Schools of Public Health website

http://fridayletter.asph.org/article_view.cfm?FLE_Index=5848&FL_Index=1479: In one of the first studies to focus on the relationship between racial discrimination and health risk behaviors, researchers at the Columbia University Mailman School of Public Health with colleagues from the Universities of Minnesota, Alabama (Birmingham), and California (San Francisco), and Harvard University found African Americans experiencing racial discrimination were more likely to report current tobacco use or recent alcohol consumption and lifetime use of marijuana and cocaine. Although racial discrimination was far less common in Whites (38%) than in African Americans (89%), the researchers assessed whether parallel associations exist in Whites and found similar associations with smoking, alcohol, and lifetime use of marijuana and cocaine as they did in African Americans. Thus, substance use may be an unhealthy coping response to perceived unfair treatment for some individuals regardless of their race/ethnicity. "However, it is worth noting that racial discrimination may be a different phenomenon for African Americans than it is for Whites, and thus, lead to very different consequences," said Dr. Luisa N. Borrell, of the Mailman School of Public Health's Department of Epidemiology and principal investigator of the study. African Americans experiencing racial discrimination also reported having more education, higher income, and a stronger social network than those reporting no racial discrimination. In contrast to African Americans, Whites reporting racial discrimination reported less education and lower income than did those who reported none. Similar to African Americans, Whites reporting any discrimination were more likely to report less control of their life, more anger, less emotional support, and more negative interactions than did their counterparts reporting none. "We found that African Americans reporting discrimination in three or more domains in both years had higher levels of education and income than did those who reported experiencing less or no discrimination," said Dr. Borrell. "Possibly, African Americans with a higher socioeconomic position report more discrimination because they are more exposed to situations in which they are discriminated, or they may be more aware of subtle forms of discrimination," noted Dr. Borrell. According to the findings, in contrast, Whites with a low socioeconomic position may be more likely to be exposed to environments in which they are the minority and, therefore, be more likely to feel discriminated. Among the strengths of the study are its population-based nature, the focus on young to middle-aged adults, the wide ranges of educational attainment and income, the information on illicit substance use, and socioeconomic position indicators. "It is possible that use of a recreational drug helps to cope with life stress resulting from perceived unfair treatment because of one's race/ethnicity," observed Dr. Borrell. "Our findings that current use of marijuana was not related to discrimination and that risk of being a former smoker was increased suggest that, by early middle age (average age 40 years), people may have found other ways to cope. However, the finding of an excess of current smoking in this population, suggest that this addictive habit may be long lasting, even when alternative coping behaviors are adopted." Source of the data was the CARDIA study, a prospective study of cardiovascular risk among young adults. 3,330 persons aged 18-30 years examined at baseline (1985-1986) and re-examined again seven years (1992-1993) and 15 years (2000-2001) later in the CARDIA study were included in this study. The findings are published online in the *American Journal of Epidemiology* at <http://aje.oxfordjournals.org/cgi/reprint/kwm180v1>.

The United States Census Bureau

[Income, Poverty and Health Insurance Coverage in the United States: 2006](#)

This current issue demonstrates an increase in the number of uninsured for a second year in a row. The rate increase was most notable in the African American and Hispanic American populations. There was also an increase in the number of uninsured children under 18 years of age.

Marie Briones-Jones
Deputy Program Director
Center for the Advancement of Health
2000 Florida Avenue, NW, Suite 210
Washington DC 20009-1231
Tel.: 202-387-2829
Fax: 202-387-2857
E-mail: mbjones@cfah.org
www.cfah.org