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## HAPPY NEW YEAR!

Send your ideas and comments to [scholars@cfah.org](mailto:scholars@cfah.org).

To contribute information, resources or announcements to Kellogg Connection, e-mail [kelloggconnection@cfah.org](mailto:kelloggconnection@cfah.org).

## SCHOLAR/FELLOW SOUNDING BOARD

Have you moved?

Have you found a new job?

Is there a research question you would like feedback on?

Any recent publications?

Do you have any experiences or advice to share?

Let us know! Email: [scholars@cfah.org](mailto:scholars@cfah.org)



### **Congratulations to Kellogg Scholars and Fellows**

**Dr. Gina Evans**, Multidisciplinary Track Kellogg Health Scholar, and **Dr. Derek Griffith**, Community Health Scholars Program alumnus, were selected by the National Cancer Institute to attend the 2008 Workshop on Behavioral Methodologies in Cancer Research for Under-Represented Investigators (March 2008).

**Dr. Debra Perez**, Kellogg Fellows in Health Policy Research program alumna, was selected to present at the 12<sup>th</sup> Annual National Hispanic Medical Association conference, "Healthcare Reform & Health Disparities: A Priority for Hispanic Communities," to be held in Washington, DC, April 17-20, 2008.

**Dr. Emma Sanchez**, Kellogg Fellows in Health Policy Research alumna, and family welcomed the birth of Diego Salvatore, on December 15, 2007. Diego was born weighing 7 lbs, 11 ounces, and measuring 19 inches long. Big sister, Adriana, loves Diego a great deal and is enchanted by him.

**Dr. Mansoureh Tajik**, Community Health Scholars Program alumnus, and **Dr. Meredith Minkler**, Kellogg Health Scholars Program National Advisory Committee member, published "Environmental Justice Research and Action: A Case Study in Political Economy and Community-Academic Collaboration," *International Quarterly of Community Health Education, A Journal of Policy and Applied Research*, Volume 236, Number 3, 2006-2007.

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## ANNOUNCEMENTS

### **KELLOGG HEALTH SCHOLARS PROGRAM EXTENDED AND EXPANDED**

The Center for the Advancement of Health has been awarded a \$10 million grant from the W.K. Kellogg Foundation to continue the successful Kellogg Health Scholars Program through 2012.

"The Kellogg Health Scholars Program supports the Kellogg Foundation's goals of achieving racial equity and developing diverse leadership for the 21<sup>st</sup> Century" said Kellogg Program Director Al Yee. "With this grant, the Kellogg Health Scholars program will support 40 additional postdoctoral scholars connecting academic research, community priorities and engagement, and health policy and advocacy. These 40 Scholars join 100 Kellogg program alumni in a network of present and future leaders to advance a national movement to improve health for all Americans and help eliminate health disparities in many of our communities."

The grant will enable 40 new postdoctoral fellows to conduct research at Harvard University, Johns Hopkins University, Morgan State University, the University of North Carolina-Chapel Hill, the University of California, San Francisco, the University of Michigan, the University of Pittsburgh, and the University of Texas M. D. Anderson Cancer Center. Four

sites feature community-based participatory research and are managed by the University of Michigan program office. Four sites focus on multidisciplinary methods and are managed by the Center for the Advancement of Health.

Sixteen scholars will be selected for the academic year 2008-2012 (two scholars per training site), eight scholars for 2009-2011 (one scholar per site), and 16 more for the year 2010-2012 (two scholars per site).

They will be awarded annual stipends, plus benefits and a research budget. The stipend each year is as follows: \$61,000 in 2008; \$62,000 in 2009; \$63,000 in 2010; \$64,000 in 2011; and \$65,000 in 2012.

"The Kellogg Health Scholars add new knowledge about health disparities and apply this evidence to improving policy formulation and community health outcomes," said KHSP co-director, Barbara Kivimae Krimgold. "Program goals include not only more equitable health policies and systems, but also more diversified health leadership and enhanced career development for the Kellogg Community of Scholars." "Community-Based Participatory Research enables community-based organizations and academic institutions to carry out research in partnership, sharing the selection of the topic, the expertise of each partner, the conduct of the research, and the application of research findings to improve the community's health," said KHSP co-director Toby Citrin. "This partnership approach to research represents a major change from the 'top-down' research carried out by universities on communities, all too typical of past work."

The program began in 2005, and 15 scholars are finishing their research this year in fields as diverse as: community-based participatory research in preventive health behavior of African American and Latino men; life-course and cumulative effects of socioeconomic status and neighborhood context on health outcomes and disparities; nutrition and physical activity interventions among African American women; inequities in the broader society that exacerbate HIV/AIDS disparities; the minority aging population, community-based long-term care, mental health and coping skills among Latino family caregivers and depression in older Latinas; promoting active aging through civic engagement; engagement in local, state and regional policy campaigns to change the social and physical environmental conditions that negatively impact health; impact of peer-led mental health education intervention for African American adolescents; mentoring to increase interest in academics and reduce aggression and violence among predominantly African American children and families; multiple determinants of health as these relate to HIV/AIDS prevention in two rural African American communities; Mexican immigrant farmworkers; specific health processes in aging, older adulthood and caregiving for elders in American Indian communities; walking program to promote healthy eating and physical activity in three low-income neighborhoods; homeland security, disaster preparedness, health care and the environment; health and healthcare disparities among racial/ethnic minority populations, particularly African Americans; and ethnic and socioeconomic health disparities focusing on the psychological and social factors that affect physical and mental health.

The new grant will enable future Scholars to apply their work in the development of policies addressing health disparities by maintaining close relationships with policy and advocacy organizations including federal and state legislators and agencies.

The 2008-2010 Call for Applications deadline is on January 8, 2008. The 2009-2010 and 2010-2012 Calls for Applications will also be issued in 2008 and 2009, respectively.

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

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

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## **SPOTLIGHT ON KELLOGG SCHOLARS NETWORK**

Meet Scholars in Health Disparities Program alumna, **Ronica N. Rooks, Ph.D.**...

Dr. Ronica N. Rooks is an Assistant Professor in the Department of Health and Behavioral Sciences at the University of Colorado Denver (CU Denver). At CU Denver she teaches graduate courses in health disparities, social epidemiology, and health and aging, as well as an undergraduate course in health and health care. Prior to her current position, she was an Assistant Professor in the Department of Sociology at Kent State University in Ohio. She also completed a W. K. Kellogg postdoctoral fellowship in health disparities at the Institute for Social Research, University of Michigan and a postdoctoral fellowship in geriatric epidemiology, in the intramural Laboratory of Epidemiology, Demography, and Biometry at the National Institute on Aging in Bethesda, Maryland. Dr. Rooks graduated from the Department of

Sociology at the University of Maryland at College Park with concentrations in demography and social stratification. She received her bachelor's degree in economics and sociology/anthropology from St. Mary's College of Maryland.

Dr. Rooks' research generally focuses on explanations for racial and socioeconomic status disparities in the health of African Americans. Specifically, she focuses on social environment and health care explanations for racial disparities in heart disease and physical functioning outcomes among the elderly; perceptions of mistrust and unfair treatment on racial disparities in hypertension, depression, and health care utilization (HCU) among adults; and racial, ethnic, age, chronic disease, and geographic variations in adult patients' perceived quality of, and access to, health care. She also examines how the prior health and health care factors may explain disparities in HCU and have a subsequent impact on disparities in chronic diseases among adults. Dr. Rooks is working on finishing a paper entitled, "Racial and Ethnic Disparities in Physician Visits: The Consequences of Age and Chronic Conditions," to fulfill her obligations for the New Connections grant she received from the Robert Wood Johnson Foundation. And, her long-term career goals are to become a prominent scholar in health disparities research, lead an interdisciplinary research team, be a teacher-scholar involving students in my research, and translate research into interventions to eliminate racial health disparities.

"My Kellogg Health Disparities postdoctoral fellowship was a wonderful, career-launching experience with multiple mentors, training resources, and networks that prepared me for an academic career and still benefit me today."

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## FUNDING

### Lance Armstrong Foundation

#### Proposals For 2008 Cancer Community Program and Research Grants

#### Online Submissions: LOIs for Community Programs – March 28, 2008 to March 24, 2008 and LOIs for Research – February 4, 2008 to March 14, 2008

The Lance Armstrong Foundation (LAF) recently released a call for proposals for its 2008 grants cycle. Next year, the LAF expects to offer grants to cancer community programs and researchers. Since its inception in 1997, the LAF has invested more than \$26 million in grants to organizations committed to addressing the physical, emotional and practical issues faced by cancer survivors.

"The LAF works for survivorship, living strong and improving the quality of life of cancer survivors," said LAF founder and cancer survivor Lance Armstrong. "This is especially important to closing the treatment gap in underserved communities. By funding these grants, we hope to help organizations – ranging from community centers to major research institutions – make significant advances in the issues that matter most to survivors and their families. The LAF is grateful and proud to be able to contribute to that great cause." Through its community program, the LAF grants funds to community non-profit organizations that promote the optimal physical, psychological and social recovery and care of cancer survivors and their loved ones. Grant applications will be considered in two areas of cancer survivorship: evidence-based interventions and education for health care professionals. Additionally, in 2008, preference will be given to projects that address the needs of underserved communities, including, but not limited to: adolescent/ young adult survivors; ethnic and racial minorities; and rural populations. Through its research program, the LAF awards grants to organizations for research projects that have the potential to lead to significant improvements in quality of life for cancer survivors. Proposed research projects must focus on one of the following areas of need to be eligible for funding: access to quality survivor care and services; adolescent and young adult health-related quality of life assessment; and cost effectiveness of preventive survivorship interventions. In addition, the LAF is offering a Young Investigator survivorship grant in cooperation with the National Lung Cancer Partnership. All applicants for 2008 community program and research grants must submit a letter of intent (LOI). Community program LOIs may be submitted online from January 28, 2008 through March 24, 2008, and Research LOIs may be submitted from February 4, 2008 through March 14, 2008. To view the complete Requests for Proposals, visit [www.livestrong.org/GrantCycle](http://www.livestrong.org/GrantCycle).

### National Institutes of Health

#### NIH Partners in Research Program (R03)

#### RFA-OD-07-001

Letters of Intent Receipt Date(s): December 12, 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): January 11, 2008**

This funding opportunity announcement (FOA) solicits research grant applications from academic/scientific institutions and community organizations that propose to forge partnerships (1) to study methods and strategies to engage and inform the public regarding health science in order to improve public understanding of the methods and benefits of publicly funded research, and (2) to increase scientists' understanding of and outreach to the public in their research

efforts. PURPOSE: The purpose of the NIH Partners in Research program is to support two-year pilot and/or feasibility research studies of innovative activities designed to improve public understanding of biomedical and behavioral science, develop strategies for promoting collaboration between scientists and the community to improve the health of the public, and to identify the conditions (e.g., settings and approaches) that will enhance the effectiveness of such activities. Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-OD-07-001.html>.

#### **National Institutes of Health**

#### **NCI Transition Career Development Award to Promote Diversity (K22)**

**PAR-08-047**

**Deadline: Standard dates apply, please see <http://grants.nih.gov/grants/funding/submissionschedule.htm>**

Purpose: This Funding Opportunity Announcement (FOA) represents the continuation of an NCI program to make possible the diversification of the cancer research workforce via facilitation of the transition of investigators from minority groups underrepresented in biomedical research, primarily those with clinical doctoral degrees as well as those with doctoral degrees working in the areas of cancer prevention, control, behavioral, or population science research, from the mentored stage of career development in academic cancer research to the independent stage. This goal is achieved by providing protected time through salary and research support for 3 years to: postdoctoral individuals or junior faculty in mentored positions transitioning into their first independent position; and investigators within the first 2 years of their first independent cancer research position, to initiate and develop their independently-supported cancer research programs. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-08-047.html>.

#### **U.S. Environmental Protection Agency**

#### **“Community Action for a Renewed Environment (CARE) Program”**

**RFP #: EPA-OAR-IO-08-02**

**Deadline: March 17, 2008**

The U.S. Environmental Protection Agency has announced that around \$3 million will be available in 2008 to support community-based partnerships to reduce pollution at the local level through the Community Action for a Renewed Environment (CARE) program. The program's Request for Proposals (RFP) is now available at [http://www.epa.gov/air/grants\\_funding.html#0802](http://www.epa.gov/air/grants_funding.html#0802). The program values partnerships between communities and academic institutions. This year the application time line has been extended to 3 months and the deadline is March 17, 2008. For more details, including how to register for webcasts for prospective applicants in Jan and Feb, keep reading...About the CARE RFP -- Around \$3 million will be available in 2008 to support community-based partnerships to reduce pollution at the local level through the Community Action for a Renewed Environment (CARE) program. EPA anticipates awarding CARE cooperative agreements in two levels. Level I cooperative agreements range from \$75,000 to \$100,000 and will help establish community-based partnerships to develop local environmental priorities. Level II awards, ranging from \$150,000 to \$300,000 each, will support communities which have established broad-based partnerships, have identified the priority toxic risks in the community, and are prepared to measure results, implement risk reduction activities, and become self-sustaining. In 2007, \$3.4 million in cooperative agreements were made available to more than 20 communities through the CARE program, a community-based, community-driven program that builds partnerships to help the public understand and reduce toxic risks from numerous sources. Examples of projects include addressing abandoned, contaminated industrial and residential properties in Gary, Ind., dealing with agriculture-related toxics in Yakima County, Wash., and reducing air emissions from diesel trucks and buses in Woonsocket, R.I. Since 2005, the grants to reduce toxics in the environment have reached almost 50 communities in over 20 states. Applications for the CARE grants are due March 17, 2008. Eligible applicants include county and local governments, tribes, non-profit organizations and universities. EPA will conduct three conference calls, Jan. 18, Feb. 11 and 27, for prospective applicants to ask questions about the application process. Additional information about the CARE program, previous cooperative agreement recipients, and applying for the 2008 grants is available at: <http://www.epa.gov/care>. The CARE program will conduct three national information sessions for cooperative agreement applicants via national Internet seminars, or Webcasts, in January and February 2008: January 18, 2008, at 12:30 - 2:00 p.m. eastern time; February 11, 2008, at 1:00 - 12:30 p.m. eastern time; and February 27, 2008, at 10:00 - 12:00 a.m. eastern time. To register for the upcoming CARE Internet Seminar for any of the above dates, please go to <http://www.cluin.org/studio/seminar.cfm>.

#### **The Robert Wood Johnson Foundation**

#### **Healthy Eating Research Round 3**

**Deadline: February 6, 2008 (3:00 p.m. EST)**

The Robert Wood Johnson Foundation has posted two separate calls for proposals (CFPs) in the Childhood Obesity program area. Healthy Eating Research is a national program of the Robert Wood Johnson Foundation. The program



supports research on environmental and policy strategies to promote healthy eating among children to prevent childhood obesity, especially among low-income and racial/ethnic populations at highest risk for obesity. Findings will advance the Foundation's efforts to reverse the childhood obesity epidemic by 2015. The CFPs described below focus on the following four targeted topic areas: 1. Food pricing and economic approaches; 2. Food and beverage marketing and promotion; 3. Improving access to affordable healthy foods in low-income communities; and 4. Evaluations of other promising food-related policy and environmental strategies. Approximately \$3.5 million will be awarded for two types of research grants focused in the four areas listed above -- Small- and large-scale studies: \* 12- to 18-month awards up to \$150,000 each. \* 18- to 36-month awards up to \$400,000 each. Macro-level analyses: \* 12- to 18-month awards up to \$100,000 each. Visit the Healthy Eating Research Web site for more details about these CFPs and information on how to apply, at [www.healthyeatingresearch.org](http://www.healthyeatingresearch.org).

**The Robert Wood Johnson Foundation  
Healthy Eating Research Special Solicitation Round 2  
Deadline: February 6, 2008 (3:00 p.m. EST)**

The Special Solicitation is a funding opportunity from RWJF for New Connections grants through the Healthy Eating Research program. New Connections grants are for junior investigators from historically disadvantaged and underrepresented communities who have completed their doctorate or terminal degree within the last seven years (after September 1, 2001). These grants are for individuals who are in the early stages of an independent research career. A total of up to three grants will be awarded. There are two categories of funding focused on the four areas listed above under Healthy Eating Research Round 3 announcement -- Small-scale studies: \* 12- to 24-month awards of up to \$100,000. Macro-level analyses -- \* 12- to 24-month awards of up to \$75,000. Visit the Healthy Eating Research Web site for more details about these CFPs and information on how to apply, at [www.healthyeatingresearch.org](http://www.healthyeatingresearch.org).

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## CALL FOR SUBMISSIONS

**Call for Nominations: W. K. Kellogg Foundation – REMINDER  
2008 National Leadership in Action Award Program**

**Deadline: January 11, 2008**

The W.K. Kellogg Foundation is currently seeking nominations for the 2008 National Leadership in Action Award Program. We hope that you will take the time to nominate deserving nonprofit and philanthropic institutions and share this Call for Nominations with your networks. The W.K. Kellogg Foundation's National Leadership in Action Award was established in 2004 to recognize, celebrate, and promote outstanding philanthropic and nonprofit leadership in communities of color. The award is designed to honor innovative approaches to connecting resources of time, money, and know-how toward mutually responsible and just social change. Up to five grant awards of \$50,000 will be made to organizations in recognition of their distinctive work in philanthropy. Completed nomination packets for the National Leadership in Action Award are due no later than **Friday, January 11, 2008**. For more information and to download materials, [click here>>](#). **Nomination Packet Downloads** (click on the links below to download):

[2008 National Leadership in Action Award Program Fact Sheet](#) (PDF)

[2008 National Leadership in Action Award Organizational Profile Form](#) (PDF)

If you experience problems with the hyperlinks, go to [www.culturesofgiving.org](http://www.culturesofgiving.org) to download materials. For additional information, please contact consultant Lisa D. McGill at [lmcgill@lmstrategies.net](mailto:lmcgill@lmstrategies.net) or (708) 570-1606 Ext 101. NOTE: In the event of extenuating circumstances, extension requests will be considered on a case-by-case basis. Requests should be sent to the attention of Lisa McGill at [lmcgill@lmstrategies.net](mailto:lmcgill@lmstrategies.net) no later than Thursday, January 10<sup>th</sup>, by 12:00 pm Eastern.

**Request for Information -- National Institute of Environmental Health Sciences  
"Partnerships for Environmental Public Health" (PEPH)**

**Request for Information (RFI) - posted online at <http://grants.nih.gov/grants/guide/notice-files/NOT-ES-08-002.html> - with six open-ended questions that will help the institute advance its commitment to environmental public health.**

**Deadline: January 19, 2008**

As a follow-up to a Congressional hearing in September 2007, the National Institute of Environmental Health Sciences (NIEHS) is planning to develop a unified program referred to as "Partnerships for Environmental Public Health" (PEPH). The intent of the program is to support a variety of research, outreach and education activities to prevent, reduce, or eliminate environmental exposures that may lead to adverse health outcomes in communities, with the active engagement of those communities in all stages of the work. NIEHS currently envisions that this program would build upon the strengths

of past and current research programs, as well as trans-NIH program announcements in this area, and: \*support hypothesis-driven research that engages community partners; \*support research to improve the theories and methods for working with communities to address environmental health concerns; and \*develop, implement and disseminate educational and outreach materials for use in communities. To establish a vision for the PEPH Program in an appropriate and responsive manner, the NIEHS is seeking input from the lay public, environmental health researchers, healthcare professionals, educators, policy makers and others with a vested interest in the effects of environmental exposures on public health. The NIEHS released a Request for Information (RFI) - posted online at <http://grants.nih.gov/grants/guide/notice-files/NOT-ES-08-002.html> - with six open-ended questions that will help the institute advance its commitment to environmental public health.

Please take a few moments to complete the questions in the RFI. You can send your responses to Mr. Liam O'Fallon ([ofallon@niehs.nih.gov](mailto:ofallon@niehs.nih.gov)) by January 19, 2008. The following are easy ways to submit your responses: 1. Download interactive Adobe Acrobat form that can be completed and submitted electronically; 2. Copy and paste the questions from the RFI into the body of an e-mail message and send your responses to [ofallon@niehs.nih.gov](mailto:ofallon@niehs.nih.gov); or, 3. Mail or fax your responses in a letter to the attention of Mr. O'Fallon (address provided in the RFI). If you have questions about this Request for Information (RFI), please contact Mr. Liam O'Fallon ([ofallon@niehs.nih.gov](mailto:ofallon@niehs.nih.gov)). Please reference the RFI in your subject line.

### **Call for Research Papers – A Native American Graduate Students Conference “Planting Seeds of Our Research”**

**University of New Mexico**

**Albuquerque, NM**

**April 3-4, 2008**

**Deadline: February 1, 2008**

This conference is jointly sponsored by the Institute for American Indian Research under the College of Arts and Sciences at the University of New Mexico, Native American Studies, Society of Native American Graduate Students, Native American Studies Indigenous Research Group, and the Indigenous Nations Library Program. Conference sponsors invite currently enrolled graduate students from U.S./Latin American and other International universities who are Indigenous/Indian/Native from ALL Disciplines to submit and present research papers at this pilot conference. Six graduate students, from institutions besides UNM, will receive \$700 scholarships to help cover the costs of presenting at this conference. To be considered for a scholarship, they request the following: \*Full Research Abstract or completed research paper with bibliography; \*a letter of intent that includes an introduction of yourself as to why you want to present your paper and attend the conference; \*a budget of how you would spend the scholarship money; and \*one letter sent directly to IfAIR (postal or email) from a University faculty mentor about your Research and Graduate standing. Include your contact information, (e.g. phone and email) so you can be sent notification about the scholarship decisions and other conference-related information. All graduate students who are not applying for a scholarship should submit a full abstract or completed paper with bibliography, and contact information to be considered for presentation at the conference. Submission Deadline for papers and abstracts Friday, February 1, 2008. U.S. Postal or email attachments to [mesa@unm.edu](mailto:mesa@unm.edu) IfAIR Attn: Beverly Singer, Department of Anthropology, MSC01-1040, 1 University of New Mexico, Albuquerque, NM 87131. IfAIR will send out notification of Conference scholarship awards by Friday, February 22, 2008. Sample of selected research studies and topics for Conference Presentation: \*Recovering Indigenous Women's Histories: The Case of Hawai'i; \*Traditional Indian/Native/Indigenous Knowledge and How It Relates to My Research; \*Emblems of Continuity and Change: A Comparison and Analysis of Pre-Reservation and Reservation Period Eagle-Feather Headdresses; \*Thinking Critically About Maps, Water, Justice and Equity In Indigenous Communities. The mission of Institute for American Indian Research is to facilitate research that contributes to the decolonization, sovereignty, and self-determination of Indigenous peoples by providing initiatives that support such research endeavors. IfAIR promotes community-inspired, service-oriented scholarship that seeks a link with the university to Native American/Indian Nations and communities that generate discussion of Indigenous issues both within the university and in the communities. Tentative Schedule of Events: Research Sessions; Luncheon Featuring Renowned Indigenous Speaker; Student Talking Circles; Indigenous Evening Social and Give Away; Free Meals; Tours of Research Programs; Indigenous professors at UNM will comment on the papers presented in panels and sessions at the conference. Full Agenda will be AVAILABLE by February 22, 2008 at the IfAIR web site or call 505-277-3027 for updates. <http://www.unm.edu/~ifair/>. For more information, contact Kamilla L. Venner, Ph.D. (Athabascan), Research Assistant Professor of Psychology at [kamilla@unm.edu](mailto:kamilla@unm.edu) or (505)925-2377.

### **Call For Papers: The Journal Of Primary Prevention**

**Special Issue: Acculturation And Adolescent Health**

**Paul R. Smokowski, Ph.D., M.S.W., Corinne David-Ferdon, Ph.D., & Martica L. Bacallao, Ph.D., M.S.S.W Guest Editors**

**Deadline: February 1, 2008**

The racial and ethnic makeup of the U.S. has changed more rapidly since 1965 than during any other period in history (U.S. Department of Health and Human Services, 2001). In July 2006, the U.S.'s minority population reached 100.7 million, which equates to one in three residents of the nation being a minority (U.S. Census Bureau, 2007). According to the U.S. Census Bureau, of the U.S. population, 14.8% are Latino, 5% are Asian/Pacific Islanders, and 0.3% are American Indian/Alaskan Natives. Latinos and Asian/Pacific Islanders are among the fastest growing sociodemographic groups in the nation. Large portions of these groups consist of new immigrants adjusting to life in the United States, bringing acculturation dynamics to the front of national awareness. Available data indicate that Latino, Asian/Pacific Islander, and American Indian/Alaskan Native adolescents are at high risk for engaging in a range of harmful health behaviors. Studies have associated acculturation, the process of adjusting to a new culture, with these harmful health behaviors. This special issue will explore the link between acculturation and adolescent health. The editors are interested in soliciting papers that provide new knowledge and insight into acculturation risk and protective factors, services, programs, and policies that help individuals, youth, and families cope with acculturation stress. A wide-range of health outcomes will be considered; however, they are particularly interested in violence and aggressive behavior. Authors are encouraged to submit papers on aspects of the acculturation process in Latino, Asian/Pacific Islander or American Indian/Alaskan Native adolescents that have implications for primary prevention, including but not limited to the following: - Assimilation as a risk factor for maladjustment; - The role of ethnic identity, enculturation, or cultural identity as a cultural asset; - Bicultural identity development; - Family mediators of acculturation processes; - Peer and community influences on acculturation; - The development, implementation, and evaluation of prevention programs to reduce acculturation stress. JPP encourages various types of papers: original research, practice-oriented reports from the field, and literature reviews.

Prospective authors should contact Paul Smokowski ([smokowsk@email.unc.edu](mailto:smokowsk@email.unc.edu) or 919-843-8281) with questions. Manuscripts should be double-spaced, approximately 15-40 pages in length, have an abstract of no more than 100 words, and include at least five key terms for information by retrieval purposes. References and format should follow APA (5th ed.) style. The deadline for submission is February 1, 2008. Review Process and Timeline -- There will be a 2-step review process. First, papers will be reviewed and selected by the special issue editors. Selected authors may be asked to make revisions based on this review. Once complete, articles will go through a blind peer review process. Again, authors may be asked to make revisions based on peer review feedback. The Guest Editors and the Editor will make final acceptances. The plan is to have papers published on-line and in print in Fall 2008 or Spring 2009. The anticipated timeline is as follows: Paper submission: February 1, 2008; Special editor & Peer review: March 1, 2008; 1st revision submission: May 1, 2008; 2nd revision submission if needed: July 1, 2008; Online publication: Fall 2008; Print publication: Spring 2009; Submission Date and Process -- Papers are due no later than February 1, 2008. Provide complete contact information with your manuscript including: authors' names, titles, and affiliations; addresses; phone numbers; fax numbers; and e-mail addresses. Include alternate/vacation contact information and dates if applicable. Submit manuscripts via email to Paul Smokowski at [smokowsk@email.unc.edu](mailto:smokowsk@email.unc.edu). For questions please contact: Paul Smokowski, Ph.D., Associate Professor, School of Social Work, University of North Carolina at Chapel Hill CB # 3550, 325 Pittsboro St., Room 324L Chapel Hill, NC 27599-3550, 919-843-8281, [smokowsk@email.unc.edu](mailto:smokowsk@email.unc.edu).

**Call For Abstracts – American Public Health Association: 136th Annual Meeting  
“Public Health Without Borders”**

**San Diego, CA, October 25-29, 2008**

**Spirit of 1848 Sessions Deadline: February 6, 2008**

The APHA website for abstract submission is live at <http://apha.confex.com/apha/136am/oasys.epl>. Abstracts for the Spirit of 1848 sessions are due on FEBRUARY 6, 2008. The Spirit of 1848 Caucus is organizing 4 oral sessions and 1 poster session for the 136th annual meeting of the American Public Health. The sessions will be organized around the 3 themes of our caucus, as described in our mission statement below. These themes concern the inextricable links between social justice and public health, as manifested in: the politics of public health data, social history of public health, and progressive pedagogy. To learn more about the Spirit of 1848 Caucus and sessions we have organized at past APHA meetings, please visit our website at: <http://www.spiritof1848.org>. 1) POLITICS OF PUBLIC HEALTH DATA SESSION, For APHA 2008, the session will focus on: “Analyzing health inequities: what’s new in the 160 years since 1848? – applying new methods to longstanding problems of health injustice.” Our twin premises for this session are that: (1) many of the types of health inequities that exist today, in 2008, were also present in 1848 – that is, unjust and unfair differences in health status and health care as caused by inequitable social divisions involving class, racism, gender, and sexuality, within and across countries, and (2) even so, much has changed in the 160 years since 1848. Within many countries, both the absolute rates and leading types of causes of disease, disability, and death have changed. Additionally, new technologies have altered the ability to define and detect disease and to conduct research to describe, explain, and depict the population distribution of – and inequities in – an array of outcomes involving health, morbidity, disability, mortality, and access to care. Examples of such new technologies include: geographic information systems (GIS) and the global positioning system (GPS), new tools for obtaining data (e.g., 24-hr ambulatory monitors, MRIs, genomic technologies, computer-assisted interview methodologies and computer-based tests, etc.), new statistical software for modeling data

(e.g., for multilevel statistical analyses), and new technology-dependent approaches to visually presenting data. For this session, we are issuing an open call for abstracts for presentations focused on how new technologies are changing the ability of public health researchers, practitioners, and advocates to analyze and depict the magnitude of health inequities and reveal their societal determinants. Abstracts addressing issues of the politics of public health data in relation geopolitics, immigration, and the very definitions of "borders" (geopolitical and social) are especially welcome! This session will be in the American Public Health Association 136th Annual Meeting in San Diego, CA on Monday, October 27 in the 2:30 pm to 4:00 pm APHA time slot. 2) SOCIAL HISTORY OF PUBLIC HEALTH SESSION: For APHA 2008, our session will focus on: "History, Borders, Immigration, and Public Health: From 1848 to 2008 – 160 years of debate" -- This session will critically examine the use of health exams, from 1848 until now, for deciding who is and is not fit, according to whom, to become a legal immigrant. Case examples will focus on the role that public health, as a field, has played in immigration policy in both the US and other countries, with particular attention to public health, immigration, and the US-Mexico border. No unsolicited abstracts will be considered for this session. This session will be in the American Public Health Association 136th Annual Meeting in San Diego, CA on Monday, October 27 in the 10:30 am to 12 noon APHA time slot. 3) PROGRESSIVE PEDAGOGY SESSION: For APHA 2008, keeping in the spirit of commemorating 160 years of the Spirit of 1848, our session will focus on: "Teaching Critical History of Public Health and Health Policy: Progressive Pedagogy in Action." Building on the discussion at our APHA 2007 session, we are seeking submissions that describe strategies for engaging learners in the histories of diverse aspects of public health and societal determinants of health, so that they can better understand how we got to where we are now, what the struggles and victories and setbacks have been, and what the options are for engaging in a more historically conscious and grounded way in the issues confronting us now. Continuing with our focus from 2007, we are interested in receiving submissions that are about teaching the critical history of public health in a broad range of settings including schools of public health and medicine, worksites, K-12 schools, legislatures, communities, undergraduate education, and professional schools other than public health/medicine, including law, social work, journalism, and policy. For this session we are issuing an open call for abstracts: presentations for this session will be selected from abstracts submitted in response to this "call for abstracts." This session will be in the American Public Health Association 136th Annual Meeting in San Diego, CA on Tuesday, October 28 in the 8:30 to 10:00 am APHA time slot. 4) INTEGRATIVE SESSION: Starting with the APHA 2002 Conference, the Spirit of 1848 has sponsored an "integrative" session that integrates the three themes of our Caucus. Embodying the inextricable links between social justice & public health, our three themes are: (1) the politics of public health data, (2) the social history of public health, and (3) progressive pedagogy. For APHA 2008, our integrative session will focus on "160 years of the Spirit of 1848: a critical celebration." Back in 1998, we organized an extravaganza to commemorate 150 years of the Spirit of 1848. We intend to do the same, albeit on a somewhat more modest scale, but still featuring, like the one 10 years ago, a combination of music, poetry, dramatizations, photography, and academic presentations to stimulate reflection on and commitment to public health activism. The intent is to regitalize the spirit of 1848 and ask us to think critically about the accomplishments of the past 160 years we can celebrate, the setbacks endured and the suffering they have caused, and the work we need to do now, in our generation, in our own times, to advance the agenda of social justice and public health. No unsolicited abstracts will be considered for this session. This session will be held at the American Public Health Association 136th Annual Meeting in San Diego, CA on Monday, October 27, in the 4:30 to 6:00 pm APHA time slot. 5) STUDENT POSTER SESSION: Title: "Social Justice & Public Health: Student Posters" -- The Spirit of 1848 Caucus is soliciting abstracts from students of public health and health-related programs that highlight the intersection between social justice and public health from a historical, epidemiological, and/or methodological perspective. We welcome abstracts on topics ranging from public health research to public health practice to student-initiated courses on connections between social justice & public health. The work presented can be global, country-specific, or local. We encourage students at ALL levels of training in their work on public health to submit abstracts, whether undergraduates, master students, MPH students, or doctoral students; submissions will be judged in accordance to expectations appropriate for each level of training. Postdoctoral fellows are NOT eligible to submit posters. Abstracts should focus on furthering understanding and action to address the ways that social inequality harms, and social equity improves, the public's health. Examples of social inequality include inequitable social divisions within societies based on social class, race/ethnicity, and gender, as well as inequitable relations between nations and geographical regions. Given the theme of the conference, we especially welcome abstracts on the topic of public health and borders, whether referring to geopolitical boundaries or social divisions that harm health. For this session we are issuing an open call for abstracts: all posters for this session will be selected from abstracts submitted in response to this "call for abstracts." This session will be held at the American Public Health Association 136th Annual Meeting in San Diego, CA on Tuesday, October 28, in the 12:30 pm to 1:30 pm APHA time slot.

**Call for Nominations: Community-Campus Partnerships for Health (CCPH)**

**Deadline: February 12, 2008**

Nominations are due February 12, 2008 for the Community-Campus Partnerships for Health (CCPH) Annual Award! <http://depts.washington.edu/ccph/awards.html>. The CCPH Annual Award recognizes exemplary partnerships between communities and higher educational institutions that build on each other's strengths to improve higher education, civic engagement, and the overall health of communities. The intent of the award is to highlight the power and potential of



community-campus partnerships as a strategy for social justice. The award recognizes partnerships that are striving to achieve the systems and policy changes needed to overcome the root causes of health, social and economic inequalities. Award-winning partnerships embody the CCPH principles of partnership (see <http://depts.washington.edu/ccph/principles.html#principles>).

Partnerships must nominate themselves and need not be members of CCPH. We welcome nominations in English from any country or nation. Public recognition of the award-winning partnership's achievements will be made at an award presentation ceremony at the 3rd Community-University Exposition (CUexpo) Conference, May 4-7, 2008 in Victoria, British Columbia, Canada. In lieu of our own major conference in 2008, we are delighted to be a core sponsor of CUexpo and thrilled that conference organizers have graciously agreed to provide the ideal venue for presenting the award. We hope you will plan to join us for the conference whether you submit an award nomination or not! <http://www.cuexpo08.ca> Learn more about the CCPH Annual Award - including instructions for submitting a nomination, information on past award recipients and honorable mentions, and answers to frequently asked questions - at <http://depts.washington.edu/ccph/awards.html>. Questions about the CCPH Annual Award should be sent to [award06@u.washington.edu](mailto:award06@u.washington.edu). To receive the monthly CCPH E-News (a monthly e-mail containing the latest news about CCPH), sign up at [https://mailman1.u.washington.edu/mailman/listinfo/ccph\\_news](https://mailman1.u.washington.edu/mailman/listinfo/ccph_news).

**Call for Abstracts – University of Montana 40<sup>th</sup> Annual Kyi-Yo Pow Wow  
Intersecting Interests: Tribal Knowledge and Research Communities  
University of Montana**

**Missoula, Montana**

**April 16-17, 2008**

**Deadline: February 15, 2008**

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

This gathering represents a unique Montana-Indian guided opportunity to create formal dialogue among researchers and tribal knowledge keepers regarding Tribal Knowledge Guardianship. The conference will take place on the University of Montana Campus during the week of the 40th Annual Kyi-Yo Pow Wow festivities. The goals of the conference are: \*To create a forum for critical, timely dialogue about Tribal Knowledge Guardianship. \*To provide an opportunity for Sovereign Nations and all Academic Researchers to identify common concerns and priorities for valuing, appreciating and expanding knowledge. \*To offer Sovereign Nations an environment to discourse on the values and earned rights of transfer surrounding traditional knowledge. \*To afford all stakeholders a common meeting ground to discuss the issues of indigenous research, data collection and data ownership. Register now to be part of this important dialogue. Call for Presenters -- Workshops will be offered in two tracks: 1. Tribal Knowledge and Proactive Guardianship; and 2. Academic Communities and Research in Indian Country. This is an open invitation to submit a proposal to present a workshop in either track. Deadline is Friday, February 15, 2008. Presenters are encouraged to submit a publishable professional paper to support their workshop presentation. The papers will be published, along with those of all plenary session presenters in a conference compendium in June 2008. A maximum of 30 one and one-half hour workshops will be accepted in the space of three breakout sessions over the two days of the conference. Click here for a workshop proposal form that can be filled out electronically or manually. Once completed, please mail, email, or fax the proposal to Patty LaPlant, Division of Educational Research and Service, The University of Montana, Missoula, MT 59812-6376 Email: [patty.laplant@umontana.edu](mailto:patty.laplant@umontana.edu), Fax: (406) 243-2197. Workshop rooms will be equipped with a laptop projector as well as tables and chairs. Wireless Internet connectivity is available throughout the facility. Presenters expecting to attend the entire conference are expected to register and pay full fee. Details at <http://www.tribalknowledgegathering.org/>.

**Call For Papers – International Association for Media and Communication Research's Working Group Communication and HIV AIDS**

**Media and Global Divides**

**Stockholm, Sweden**

**July 20-25, 2008**

**Deadline: February 15, 2008**

Working Group Communication and HIV/AIDS of the International Association for Media and Communication Research (IAMCR) IAMCR 2008, July 20 - 25, 2008 Stockholm University and the Department of Media, Journalism and Communication Stockholm, Sweden "Media and Global Divides." The Communication and HIV/AIDS Working Group hereby invites colleagues to submit abstracts for the IAMCR World Conference to be held in Stockholm in July. We invite abstracts which reflect both theoretical and methodological challenges in HIV/AIDS communication research as well as abstracts reflecting upon and presenting results from on-the-ground communication experiences. These experiences may well reflect the complexity of the fight against HIV/AIDS, including, for example, policy challenges, the implications of socio-economic or cultural contexts, the roll out of ARVs, campaign fatigue, the role of FBOs, governance and accountability issues, etc. We are particularly interested in abstracts that think *Out of the box*<sup>1</sup> and move beyond analysing the outcomes of traditional ABC-oriented campaigns (Abstinence, Being Faithful and the use of Condoms), especially abstracts that intend to explore the interdisciplinary nature, sometimes described as the multi dimensional

nature, of this global epidemic. Although it is known that in many instances social conditions influence the risk for HIV infections, strategic communication interventions seem to be unable to incorporate these insights, provoking harsh criticism from the international academic community. We thus hope to see abstracts that move beyond the traditional health communication models and work with and reflect upon a multiplicity of strategic communication approaches, including communication for social change approaches, citizen/alternative/radical media approaches, participatory communication, advocacy communication, etc. Logistics & Deadlines: IAMCR does not permit multiple submissions of identical abstracts to more than one section. Abstracts should include: the name(s) of author(s) and professional title(s); institutional affiliation; and e-mail address/contact information. The deadline for the submission of abstracts (500 words) is February 15, 2008. You will be informed whether or not your abstract is accepted by March 31, 2008. The deadline for full papers is June 15, 2008. Joint sessions with other relevant sections and working groups can be organised. Please send your abstract to: Sarah Cardey: [s.p.cardey@reading.ac.uk](mailto:s.p.cardey@reading.ac.uk); Marjan deBruin: [Marjan.debruin@uwimona.edu.jm](mailto:Marjan.debruin@uwimona.edu.jm); Thomas Tufte: [tufte@ruc.dk](mailto:tufte@ruc.dk).

### **Call for Papers -- International Journal of Health and Ageing Management (IJHAM), Third Issue May 2008**

**Deadline: March 30, 2008**

The International Journal of Health & Ageing Management is a double blind peer reviewed online journal published by Academic Global Publications Pty Ltd. The refereeing requirements of the Department of Education, Science & Training have been satisfied and this journal has been accepted to be listed on the DEST (Department of Science, Education and Training,

Australia) Register of Refereed Journals: <http://www.dest.gov.au/highered/research/herdc.htm>.

Objectives of the journal -- The aim of The International Journal of Health & Ageing Management is to disseminate knowledge generated by academics, practitioners and researchers regarding management issues related to health, healthcare, ageing and aged care at societal, organizational and individual levels. Journal objectives include: \*Facilitate dissemination of knowledge with a view to improve management of health and ageing; \*Facilitate communication and discussions among managers, academics, researchers and policy makers concerned with health and ageing; \*Provide useful knowledge for managers to improve their knowledge and skills in the area of health and ageing; \*Publish research articles, case studies, reviews in the area of managing health and ageing. Intended audience: The journal aims at an audience that includes Academics, Practitioners of the Health and Aged Care industry, Policy Makers, Researcher and Students. We are inviting prospective authors to write papers for the third issue of IJHAM in 2008 to be published mid year. Papers should be submitted to the editor mail to: [ed\\_ijham@academicglobalpublications.com](mailto:ed_ijham@academicglobalpublications.com) or [shankar.sankaran@uts.edu.au](mailto:shankar.sankaran@uts.edu.au) by 30th March 2008. Information for authors can be found at [http://www.academicglobalpublications.com/info\\_aut.htm](http://www.academicglobalpublications.com/info_aut.htm). Past papers can be found at <http://academicglobalpublications.com/ijham/index.htm>. Please also let me know if you are interested to join the editorial advisory panel for this journal. Shankar Sankaran PhD, Associate Professor, Faculty of Design, Architecture and Building University of Technology, Sydney Research Interests: Project Management; Knowledge Management; Action Research. <http://datasearch.uts.edu.au/dab/staff/details.cfm?StaffId=2204>. Tel: + 61 2 9514 8882, Fax: + 61 2 9514 8051.

### **Call for Applications – Health Research Council of New Zealand**

**Global Forum, Ninth Global Forum on Bioethics in Research (GFBR9)**

**“Ethics of research involving indigenous peoples and vulnerable populations”**

**Auckland, New Zealand**

**December 3 – 5, 2008**

**Deadline: May 1, 2008**

The focus of the Ninth Global Forum on Bioethics in Research (GFBR9) is to: • provide an inclusive forum for sharing and discussing ethical considerations and experiences related to research involving indigenous peoples and members of vulnerable populations; • explore paradigms and belief systems unique to these groups and how these can be better understood and supported in research and research ethics; • explore possibilities for including cultural frameworks in research ethics policy. [Successful applicants](#) will be sponsored by the [Partners](#) of the Global Forum on Bioethics in Research. Applicants can also self-fund attendance. The aim is to have a balance of delegates from all parts of the world, with a majority of sponsored delegates. The deadline for receiving applications, using the application form [A-GFBR9](#), is **1 May 2008**. For more information please visit <http://gfbr9.hrc.govt.nz/index.php/home>, [www.gfbronline.com](http://www.gfbronline.com) or contact [GFBR9@hrc.govt.nz](mailto:GFBR9@hrc.govt.nz).

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## **CAREER DEVELOPMENT**

**Center for Drug Use and HIV Research**

**Position Title: Principal Research Associate**

**Deadline: January 10, 2009**

Number: 2119

Level: Grade 15

Salary: \$66,356

Project: Community Vulnerability

Location: 71 West 23rd Street, NY, NY

HOURS: 9:30-6:00 with an hour unpaid lunch

The Community Vulnerability and Response to IDU-related HIV project aims to analyze patterns of change in 1) the size of the population of injection drug users (IDUs) in the 96 largest metropolitan areas in the United States, 2) the number of new and existing cases of HIV-positive individuals within the IDU population, 3) racial/ethnic disparities in these indicators, and 4) AIDS incidence rates and mortality among IDUs. The project will study, for 1992 - 2007, trends and interrelationships among these variables as well as how they are related to trends and policies in matters seemingly distant from HIV and drug use like metropolitan economies and local government decisions about health and police budgets. RESPONSIBILITIES: \* Plan and conduct statistical analyses; \* Help organize existing data sets; \* Assist in the development of new grant proposals; \* Develop lines of inquiry, including initial conceptualization and specification of research design and data analysis approaches; \* Write and contribute to project reports and scientific papers; \* Make professional presentations; \* Perform other related duties as required. REQUIREMENTS: \* Education/Experience- A Ph.D. in Social/Behavioral Science or a health-related discipline, plus one year of relevant experience working with large data sets; or ABD and three years of relevant experience; or a Masters degree and five years of combined experience as a Research Associate and/or Senior Research Associate. \* Special Qualifications: Ability to perform complex data manipulations, monitor database quality, and create and update documentation for data sets used to construct database. Preferred: Knowledge of SAS programming (or equivalent software) for database development desirable. Experience with R is a plus. Understanding of HLM and time series methods helpful. Knowledge of HIV and/or drug use research, national data sets (e.g., Center for Disease Control data on HIV Counseling and Testing, and AIDS case data; Uniform Facility Data Set on drug abuse treatment entries; U.S. Census data and others) and understanding of relational database programming. To apply send a cover letter, resume, writing sample and 3 references to: Joanne Brady, S.M., National Development and Research Institutes, Inc., 71 West 23rd Street, 8th Floor, New York, NY 10010, [brady@ndri.org](mailto:brady@ndri.org).

**Community-Campus Partnerships for Health**

**Training Institute on Service-Learning in the Health Professions**

**July 25-28, 2008**

**Washington**

**Deadline: April 10, 2008**

Apply for the 11th CCPH Summer Service-Learning Institute, July 25-28, 2008, in the Cascade Mountains of Washington State. We encourage early applications as past years' institutes have had wait lists. Details at <http://depts.washington.edu/ccph/servicelearning.html>.

**Harvard University**

**Director of Studies**

**Deadline: February 7, 2008**

Director of Studies (Ref. #1357): The Committee on Degrees in Studies of Women, Gender, and Sexuality (WGS), an interdisciplinary undergraduate concentration at Harvard College, is conducting a search for a Director of Studies for a five-year appointment with the possibility of renewal. The Director of Studies, a half-time administrative appointment, concurrently holds a half-time teaching appointment as Lecturer or Senior Lecturer (depending on qualifications and experience) in WGS. The Director teaches two undergraduate courses per academic year; manages the undergraduate program, working in close collaboration with the faculty Chair; monitors sophomore, junior, and senior tutorials; coordinates student advising and serves as the primary contact for prospective and current students; oversees the hiring of new Lecturers and the training of new tutors and teaching fellows; works with the Department Administrator and WGS administrative staff on administrative matters; and acts as a liaison to other degree-granting committees and departments as well as the university administration. Ph.D. required with a strong scholarly record, preferably in the Social Sciences or Natural Sciences. Candidates must have 1) demonstrated commitment to the field of Studies of Women, Gender, and Sexuality, 2) at least three years of teaching experience at the undergraduate level, and 3) expertise in curricular planning and administration. Interested applicants should submit a cover letter, curriculum vitae, article-length writing sample, and three letters of recommendation to Professor Brad Epps, Chair of the Search Committee, Studies of Women, Gender, and Sexuality, Harvard University, Boylston Hall Ground Fl., Cambridge, MA 02138 by February 7, 2008. Please refer to the job number in the cover letter. Finalists will be asked to submit a completed dissertation or book-length manuscript. Position start date is July 1, 2008.

**Massachusetts Department of Public Health, Bureau of Health Statistics, Research, and Evaluation**

**Director, Health Survey Program**

**Deadline: January 15, 2008**

The Massachusetts Department of Public Health (MDPH) is seeking a Director for the Health Survey Program (HSP) in the Bureau of Health Information, Statistics, Research and Evaluation (BHISRE). HSP collects, analyzes, and disseminates survey data relating to health risks, use of preventive services, and the occurrence of chronic disease in Massachusetts. A main activity of the HSP is conducting the Behavioral Risk Factor Surveillance System (BRFSS), which provides information on a wide variety of health conditions and risks. The Director of HSP: 1) serves as the Massachusetts BRFSS coordinator; 2) supervises and manages the development, implementation, analysis, and dissemination of data for Massachusetts population health surveillance surveys; 3) provides consultative support regarding survey design and sampling expertise throughout MDPH; 4) serves as the resource for survey questionnaire and instrument development and for the provision of statistical and methodological assistance for the analysis of survey data; 5) produces reports and disseminates findings from MDPH health surveys; 6) coordinates survey efforts throughout MDPH and the Executive Office of Health and Human Service in the Commonwealth. The Director works closely with many programs throughout MDPH and sister agencies in the Commonwealth and is responsible for selecting and monitoring survey contractors; for making decisions about survey content, data collection protocols, quality of data and response rates, and all technical aspects of survey implementation. This position requires a unique and distinct set of skills. First, the position requires extensive knowledge and experience in public health in order to be responsive and proactive to a multiplicity of public health priorities ranging from infectious to chronic diseases and quality of life issues to access to health care. Second, this position will require detailed knowledge of complex survey design issues, such as sampling and questionnaire development and design. Third, the successful applicant will need to be well-grounded in the field of biostatistics in order to deal with complex analytic issues in areas such as stratification, weighting, and variance estimation used in complex surveys. Fourth, this position requires the ability to work collegially with numerous MDPH programs to craft the survey and then provide program-focused analyses as needed. Fifth, this position requires skill and experience in communicating research findings to the public, the press, and policy makers. Sixth, this position requires supervisory skill to direct program staff and contract management expertise--most of the complex data collection is performed by contractors, and much of the budget comes from Federal and state grants. Finalizing budgets, monitoring contract performance, responding to RFP's, mastering the state and federal procurement procedures are all essential skills for this position. Salary Range: \$ \$41,017.08 to \$90,561.63 annually. Deadline for application is: January 15, 2008. For more information or to apply for the vacancy, see Commonwealth of Massachusetts Employment page:

[https://jobs.hrd.state.ma.us/recruit/public/31100001/job/job\\_view.do?postingId=J12980&code=search.public&companyId=61&words=survey,%20health&mgtNonMgtType=Management](https://jobs.hrd.state.ma.us/recruit/public/31100001/job/job_view.do?postingId=J12980&code=search.public&companyId=61&words=survey,%20health&mgtNonMgtType=Management) or

Mail cover letter and resume to: Health Office of Human Resources, Dorothy White, Employment and Staffing, 600 Washington Street, 2nd Fl., Boston, MA 02111, Customer Service 1-800-850-6968. Fax 617-348-5509, Please include posting reference number: J12980.

**National Committee for Responsive Philanthropy  
Senior Research Associate**

The National Committee for Responsive Philanthropy (NCRP) is currently seeking qualified candidates for the position of Senior Research Associate to plan and implement major portions of a robust research agenda that will provide information and ammunition for organizational efforts to make philanthropy more responsive to low-income communities, communities of color and other marginalized groups. For details, see below and [http://www.ncrp.org/SRA\\_Job\\_Desc.asp](http://www.ncrp.org/SRA_Job_Desc.asp).

The Senior Research Associate will report to the Research Director, will be supported by additional staff, and will join a talented team of professionals. BACKGROUND: NCRP promotes philanthropy that serves the public good, is responsive to people and communities with the least wealth and opportunity, and is held accountable to the highest standards of integrity and openness. Founded in 1976, NCRP's vision is that philanthropy contributes to the creation of a fair and just society for all people. Committed to helping funders more effectively serve the most disadvantaged Americans, NCRP is a watchdog, research and advocacy organization that promotes public accountability and accessibility among foundations, corporate grantmakers, individual donors and workplace giving programs. NCRP is based in Washington, D.C. with an office near Dupont Circle. NCRP has recently developed and adopted a new strategic plan to expand its influence and work in the philanthropic, governmental and nonprofit sectors. In October 2007, NCRP will begin implementing the five-year strategic plan, which calls for the ambitious expansion of current programming. Uniquely positioned as the only independent national organization monitoring philanthropic activities and advocating for progressive funding practices, NCRP will leverage its existing reputation to build its nonprofit constituency, increase influence with lawmakers and produce high-quality, credible research that supports the achievement of the following overarching programmatic goals: More funders provide support at higher levels for low-income communities, communities of color and other marginalized groups; More funders employ good grantmaking practices that most effectively help nonprofits achieve their missions; and, Fewer people and/or institutions abuse philanthropy for personal or political gain. MAJOR RESPONSIBILITIES: The Senior Research Associate will be responsible for: Producing reports that highlight the positive impact of civic engagement, policy advocacy and community organizing efforts in local communities across the nation; and Assisting the Research Director in producing additional high-quality, credible research that supports the achievement of NCRP's



programmatic goals. **QUALIFICATIONS:** The ideal candidate is detail-oriented and a flexible team player with the following qualifications: Advanced degree in a related field (public policy, philanthropic studies, political science, sociology, etc.); Demonstrated experience producing credible research; Excellent writing skills; Proactive and flexible with the ability to work with minimal supervision on multiple projects; Strong computer skills, including knowledge of the MS Office Suite and research databases such as LexisNexis; Demonstrated understanding of philanthropy; and, Commitment to NCRP's progressive vision of philanthropy as a means of advancing social and economic justice. **SALARY AND BENEFITS:** NCRP offers a competitive salary commensurate with the experience of the successful applicant. NCRP also offers an excellent benefits package that includes, but is not limited to, health insurance, dental and vision, pension, four weeks annual leave plus all federal holidays and sick leave. **APPLICATION PROCESS:** Qualified candidates are encouraged to email a cover letter (please indicate date of availability), resume, salary history and two short writing samples to [jobs@ncrp.org](mailto:jobs@ncrp.org). Indicate Senior Research Associate in the subject line of all correspondence. Attachments should be in MS Word or PDF format. Applications will be reviewed as soon as they are received. Position remains open until filled. **NO PHONE CALLS PLEASE!** For more information about NCRP, please visit <http://www.ncrp.org>.

**NIH Office of Behavioral and Social Sciences Research -- REMINDER  
Eighth Annual Summer Institute on  
Randomized Clinical Trials Involving Behavioral Interventions  
Airlie Conference Center, Virginia  
July 13 - 25, 2008**

**Deadline: January 31, 2008**

Organized by NIH Office of Behavioral and Social Sciences Research (<http://obssr.od.nih.gov>)

General Information and Applications Available at

[http://obssr.od.nih.gov/Content/Training\\_and\\_Career\\_Development/Annual\\_RCT\\_Course/RCT\\_2008/2008\\_RCT.htm](http://obssr.od.nih.gov/Content/Training_and_Career_Development/Annual_RCT_Course/RCT_2008/2008_RCT.htm)

**OBJECTIVE:** to provide a thorough grounding in the conduct of randomized clinical trials to researchers and health professionals interested in developing competence in the planning, design, and execution of clinical trials involving behavioral or social interventions. The **CURRICULUM** will: \*Describe the principles underlying the conduct of unbiased clinical trials. \*Contrast biomedical vs. behavioral interventions in the context of RCTs. \*Evaluate and interpret critically the literature on RCTs for behavioral interventions. \*Contrast and evaluate alternative research designs in terms of their appropriateness. \*Contrast and evaluate methods for monitoring, coordinating, and conducting RCTs. \*Select appropriate outcome measures, enrollment strategies, and randomization techniques. \*Design a specific research proposal in collaboration with a multidisciplinary team. **FACULTY:** Faculty will consist of leading authorities in their fields, with extensive prior experience in the conduct of major clinical trials, with specializations in psychology, behavioral medicine, psychosomatic medicine, gerontology, oncology, cardiovascular diseases, statistics, clinical trials, and other areas. Over twenty Faculty members will be onsite over the course of the Institute. **STUDENTS:** Priority will be given to individuals who already have their PhD or MD (equivalent degrees accepted) and two years of subsequent research experience.

Applicants should not yet have achieved a tenured position at their institution. Beyond these eligibility criteria we are seeking researchers who have demonstrated research experience and who will benefit from this summer institute on randomized controlled clinical trials. Further, the applications of those who have extensive research experience will only be considered after more junior investigators have been evaluated. Preference will be given to individuals who are not employees of NIH. While we will consider and may even accept applicants who do not meet these criteria, those who do will have higher priority. Due to the limited number of spaces in the course, applicants must be citizens or non-citizen nationals of the United States, or must have been lawfully admitted to the United States for permanent residence (i.e., possess a currently valid Alien Registration Receipt Card I-551, or other legal verification of such status). Women, minorities, and individuals with disabilities are encouraged to apply. If you require reasonable accommodations due to a disability to participate in this activity, please include this information with your application at least 60 business days before the course begins. *A request for disability-related reasonable accommodation will not influence the selection process!* **COSTS:** The Office of Behavioral Sciences Research, NIH, will pay for travel to and from the Summer Institute site, room and board, and course materials. There are no additional fees. Family members may accompany participants at their own expense. However, please note that the Airlie Conference Center is not set up as a vacation property. If accepted as a Fellow, please contact Ms. Monica Duda at 301-57700244 ext. 56 or [mduda@blseamon.com](mailto:mduda@blseamon.com) to discuss this option before committing to the Institute. **LOCATION:** The course will be held at the beautiful Airlie Conference Center in the foothills of the Blue Ridge Mountains in Northern Virginia, "...providing a serene atmosphere for work and thought in a community of scholars..." Airlie is approximately 60 minutes driving time from Washington, DC and surrounding airports: <http://www.airlie.com>. **APPLICATIONS** Due January 31, 2008: Applications must be submitted electronically. The application instructions and forms are posted at <http://www.blswb.net/app2attend/>. **FREQUENTLY ASKED QUESTIONS:** [http://obssr.od.nih.gov/Content/Training\\_and\\_Career\\_Development/Annual\\_RCT\\_Course/RCT03\\_QA.htm](http://obssr.od.nih.gov/Content/Training_and_Career_Development/Annual_RCT_Course/RCT03_QA.htm). **LISTSERV** for Course Information: For periodic updates, join the electronic mailing list for forthcoming announcements and instructions by sending an e-mail message to [listserv@list.nih.gov](mailto:listserv@list.nih.gov). The body of the message should read **SUBscribe RCT-L [your full name]**. The message is case sensitive; so capitalize as indicated! Don't include the brackets. The subject line should be blank. **CONTACTS** -- Do you have questions about the course? Please address them to: Ronald

P. Abeles, Ph.D., Special Assistant to the Director, Office of Behavioral and Social Sciences Research, National Institutes of Health, Bldg. 31C, Rm. B1C19, MSC 2027, Bethesda, MD 20892-2027, Telephone: 301.496.7859, Email: [abeles@nih.gov](mailto:abeles@nih.gov).

**Northeastern University, Boston, MA**

**Tenured Associate/Full Professor and Chair, Department of Health Sciences**

**Deadline: February 1, 2008**

Come join a new interdisciplinary graduate program focused on urban public health! The Department of Health Sciences at Northeastern University in Boston is seeking a senior faculty member committed to urban, community, and public health, to provide leadership for the department and to Bouve College's initiatives in urban health and interdisciplinary education.

Bouve College is one of six colleges at Northeastern University and is housed in the new Behrakis Health Sciences Center. The College, comprised of three schools, Nursing, Pharmacy and Health Professions, prepares students for health science careers in nine undergraduate and 29 graduate majors. The comprehensive array of skills, expertise and professions present in the Bouve College of Health Sciences are found at few institutions. The Department of Health Sciences consists of an undergraduate program in Health Sciences, an MPH program in urban health and a Masters program in Exercise Sciences. The Health Sciences program is designed to prepare undergraduate students for post graduate education in medicine, public health, and the health professions by giving them a strong foundation in the basic sciences, liberal arts, and urban/public health. A new MPH program in urban health has just been approved and will be accepting the first class of students in September 2008. The Department is enhanced by the presence of the Institute on Urban Health Research and the Center for Community Health Education Research and Service (CCHERS)--a network of 15 academic health centers in Boston.

The Chair will have demonstrated academic and leadership experience; a strong record of funded research and publications in urban and/or community health; and experience with undergraduate and graduate teaching. Areas of expertise are open and include epidemiology, biostatistics, health education, health administration, health policy, health behavior, and/or health disparities. The Chair will play a leadership role in enhancing Bouv's standing in community and public health and further strengthening a strong research oriented faculty. Qualifications for this position: (1) An earned doctorate in public health, health professions, medical sciences or social sciences is required and an MPH is desirable, (2) an excellent record of college teaching in areas of public and/or community health, (3) an excellent record of accomplishment including scholarly publications and external research funding, (4) demonstrated leadership in administering an academic/research program and community engagement, and (5) demonstrated experience and commitment to supporting a diverse faculty, staff and student environment. Salary is competitive and rank is commensurate with experience and qualifications. Application materials are due February 1, 2008 and include: 1) CV, 2) letter of intent, 3) names and contact information of references, and 4) 2-3 published research articles that exemplify the applicant's most recent work. Northeastern University values diversity and particularly welcomes applications from members of historically underrepresented groups including women and persons with disabilities.

Application Procedure: Please send application materials electronically to: Dr. Hortensia Amaro, Search Committee Chair Distinguished Professor, Department of Health Sciences and Director, Institute on Urban Health Research [h.amaro@neu.edu](mailto:h.amaro@neu.edu).

**National Cancer Institute**

**Position in Social Science and Cancer Statistics**

**Surveillance Research Program, Division of Cancer Control and Population Sciences**

Have an impact on cancer disparities in the 21st Century! The Surveillance Research Program (SRP), Division of Cancer Control and Population Sciences, National Cancer Institute, located within the National Institutes of Health (NIH), Department of Health and Human Services (DHHS) is inviting applications for a quantitative epidemiologist / social scientist with a focus on social correlates of cancer. The SRP's mission is to provide a portrait of cancer in the United States through measurement of incidence, morbidity, prevalence, survival, and mortality. SRP manages the Surveillance, Epidemiology, and End Results (SEER) Program, a comprehensive population-based cancer reporting system used to monitor the cancer burden and follow trends in cancer rates in the United States. The position focuses on utilization of novel measures of health disparities, examination of individual vs ecologic measures of socioeconomic status and/or geospatial analysis. The successful candidate will have the opportunity to initiate and manage collaborative analyses with scientists from NCI and other institutes, agencies and academic centers. Outstanding resources include access to SEER data and the rich data sets resulting from database linkages to examine factors that influence cancer rates. If you are a talented, knowledgeable and motivated individual with experience in social sciences and statistics and want to play a significant role in a dynamic organization focused on reducing cancer health disparities, consider joining SRP. Candidates must have a doctoral degree and demonstrate: substantial independent research in the social, psychological, epidemiologic and/or cultural dimensions of health with a focus on disparities; statistical proficiency demonstrated by research publications; prior success in obtaining extramural funding and in interdisciplinary collaborations; and excellence in mentoring or teaching. Salary commensurate with experience. Excellent benefits. Located in Rockville, MD, near

Washington, DC. U.S. citizenship or permanent residency is required for federal positions. DHHS and NIH are equal opportunity employers and this position is subject to a background investigation. Please send a cover letter briefly summarizing your experience and interests along with your CV and contact information for three references, preferably by e-mail, to: Judith Swan, MHS, Surveillance Research Program, DCCPS, 6116 Executive Blvd., Suite 504, Bethesda, MD 20892-8315, Phone: (301) 435-4958, Fax: (301) 480-4077, [js60y@nih.gov](mailto:js60y@nih.gov), <http://seer.cancer.gov/>, <http://surveillance.cancer.gov/csb/>.

**Office of Family Health, Public Health Division, Dept. of Human Services, Portland, OR  
Maternal and Child Health Assessment and Evaluation Manager**

The Office of Family Health is recruiting for a new state level leadership position, the MCH Assessment and Evaluation Manager, in the Office of Family Health, Public Health Division, Department of Human Services. This position will report to the MCH Section Manager and will oversee the operations, development and evaluation of the MCH Assessment and Evaluation Services Unit that includes a professional team of researchers, epidemiologists, and program evaluators. The activities of this unit include making key decisions on data collection, analysis, and interpretation for decision-making and planning for Oregon's MCH population. Accurate and appropriate public health data interpretations and reports are supported through technical assistance, training, and continuous improvement evaluation. This position will work closely with other sections in the Office of Family Health, including the MCH program unit and population services, MCH informatics, adolescent health, immunization, women's and reproductive health, and WIC, with other public health offices, and state and local agencies. The Office of Family Health, located in beautiful Portland, Oregon, provides statewide leadership and expertise in public health policy development and program administration in Maternal and Child Health and Community Health. If interested, contact Katherine Bradley, Office of Family Health Administrator at 971-673-0233 or [Katherine.Bradley@state.or.us](mailto:Katherine.Bradley@state.or.us)

**PolicyLink, Oakland, CA  
Associate Director, Health**

Ideal candidates will possess an interest in policy, advocacy, and issue areas that are at the core of the PolicyLink mission. The associate director is a key staff member in the PolicyLink Center for Health and Place, which weaves research and action into policy initiatives to ensure that everyone--especially those in low-income and communities of color--can live, work, and play in healthy environments. The associate director works in collaboration with executive and senior level colleagues to provide research and recommendations to a consortium of six funders. Candidates for associate director should have: \*A minimum of seven years experience in public health and/or public policy; \*An advanced degree (MPP, MPA, MPH, or MSW); \*Strong written and verbal communications skill; \*Excellent analytical skills. The associate director will occasionally be responsible for supervising staff and must be able to work collaboratively with project partners. This position requires some travel. For details, please visit:

<http://www.policylink.org/JobOpportunities.html>. To apply: Send resume, cover letter with salary requirements, and three professional references to -- Mail: PolicyLink – [Title of position being applied for], 1438 Webster Street, Suite 303, Oakland, CA 94612; Fax:

510-587-1113; E-mail: [jobs@policylink.org](mailto:jobs@policylink.org), (in subject line: "[your name]" [position applying for]).

**PolicyLink, Oakland, CA  
Program Associate, Infrastructure**

Ideal candidates will possess an interest in policy, advocacy, and issue areas that are at the core of the PolicyLink mission. The program associate in infrastructure assists in developing and implementing a growing PolicyLink program area focused on promoting fiscal reform and public infrastructure investments (school facilities, affordable housing, and other infrastructure) that lead to equitable community and regional development. The program associate will conduct both quantitative and qualitative research, analyze legislation and other policies, write reports and policy memos, and engage in building strategic alliances and policy advocacy with partners, including local and state advocates, constituency groups, and practitioners. Qualifications for the position include: \*Three to six years experience and/or training in state and local infrastructure (school facilities, and/or state and local finance); \*Experience with public policy analysis and advocacy; \*Strong communication skills, written and verbal; \*Strong research and analytical skills; \*Advanced degree or equivalent experience in relevant field. For details, please visit: <http://www.policylink.org/JobOpportunities.html>. To apply: end resume, cover letter with salary requirements, and three professional references to -- Mail: PolicyLink – [Title of position being applied for], 1438 Webster Street, Suite 303, Oakland, CA 94612; Fax:

510-587-1113; E-mail: [jobs@policylink.org](mailto:jobs@policylink.org), (in subject line: "[your name]" [position applying for]).

**PolicyLink, Oakland, CA  
Program Associate, Founder and CEO**

Ideal candidates will possess an interest in policy, advocacy, and issue areas that are at the core of the PolicyLink mission. The program associate works closely with Founder and CEO Angela Glover Blackwell to assist her in carrying

out significant program-related leadership responsibilities. This position requires qualitative research, the ability to think clearly and conceptualize ideas, good writing skills, and discretion in handling sensitive assignments and materials. Qualifications for the position include: \*Excellent verbal and written communications skills; \*Discretion, flexibility, and excellent interpersonal skills; \*BA degree; \*Minimum of five years professional executive level experience; \*Project management experience acquired through academic, employment, or other opportunities. For details, please visit: <http://www.policylink.org/JobOpportunities.html>. To apply: Send resume, cover letter with salary requirements, and three professional references to -- Mail: PolicyLink – [Title of position being applied for], 1438 Webster Street, Suite 303, Oakland, CA 94612; Fax: 510-587-1113; E-mail: [jobs@policylink.org](mailto:jobs@policylink.org), (in subject line: “[your name]” [position applying for]).

**Robert Wood Johnson Foundation  
Clinical Scholars Program**

**Deadline: February 29, 2008**

The Robert Wood Johnson Foundation (<http://www.rwjf.org>) Clinical Scholars program is designed to foster the development of physicians who will lead the transformation of American health care. These future leaders will conduct innovative research and work with communities, organizations, practitioners, and policy makers on issues important to the health and well-being of all Americans. Program highlights include leadership training; mentoring; protected research time; national networking; health services and community-based research training; and financial support for research projects and professional travel. To be eligible, physicians must be committed to a career in academic medicine, health policy, or another career congruent with the program's purposes and priorities of developing physician leaders; be highly regarded by those responsible for their clinical training; intend to complete the clinical requirements of their residency/fellowship training by the date of entry into the program (except for surgeons). Scholars may not hold appointments as sub-specialty fellows during their tenure in the program, and they must be a citizen or permanent resident of the United States or one of its territories. Up to twenty-nine scholars will be selected in 2008 for appointments beginning in 2009. The first-year scholar stipend is no less than \$50,000 per year, with an increase the second year. Additional financial support is provided for research projects and professional travel. The complete Call for Proposals is available at the RWJF Website. <http://fconline.foundationcenter.org/pnd/10010120/rwjf>

**The Macaulay Institute, Aberdeen, UK  
Research Leader, Society, Governance & Institutions  
Deadline: February 1, 2008**

We are seeking an experienced qualitative researcher to provide leadership to a growing research team. You will manage projects on rural development and resource management within the wider Socio-Economic Research Group. You have a reputation for theoretical excellence, methodological innovation and an interest in applying these to contemporary societal issues, both in Scotland and internationally. You have a strong publications record, demonstrated project management experience, and a proven ability to win research funding. Experience of rural or environmental research is desirable but not essential. Starting salary within the range £36,500 - £41,800 per annum with excellent employee benefits including final salary pension scheme.

Quote Ref MA43/07. Further information and application forms can be obtained from: Human Resources, The Macaulay Institute, Aberdeen, AB15 8QH, T:01224-498200, E: [hr@macaulay.ac.uk](mailto:hr@macaulay.ac.uk), [www.macaulay.ac.uk/jobs](http://www.macaulay.ac.uk/jobs). Completed application forms must be returned by 1 February 2008.

**University of California, Los Angeles, The School of Public Health and the Chicano Studies Research Center**

Assistant / Associate Professor Latino Health School of Public Health

University of California at Los Angeles The School of Public Health and the Chicano Studies Research Center at the University of California, Los Angeles, are jointly seeking a tenure-track faculty member with a focus in the field of Latino Health. The primary appointment will be in the School of Public Health but the incumbent will also be a faculty associate of the Chicano Studies Research Center and expected to contribute to scholarly research on Chicano-Latino populations. The decision regarding which department(s) the candidate will join within the School of Public Health will be determined once a finalist is selected, to ensure the most appropriate fit. Candidates must have a doctoral or equivalent degree with experience and scholarship in the area of Latino Health. The holder of this appointment will be expected to develop a curriculum of courses that can be cross-listed with the Department of Chicana and Chicano Studies. Qualifications include a commitment to interdisciplinary research and excellence in teaching, including undergraduate level instruction. Ideal candidates will also have strong leadership, administrative and entrepreneurial skills, and prior success in obtaining extramural funding

and working with agencies and community based organizations that serve the health needs of Latino populations. Applicants should send their curriculum vitae, statement of research interests, and the names and addresses of at least three references to the address below. Review of



applications will commence immediately, and continue until the position is filled. For more information on the School of Public Health, and the Chicano Studies Research Center, you can visit the following sites: [www.ph.ucla.edu](http://www.ph.ucla.edu) and [www.chicano.ucla.edu](http://www.chicano.ucla.edu) Susan Fisher, Coordinator Latino Health Search Committee Office of the Dean, UCLA School of Public Health, Box 951772 Los Angeles, CA 90095-1772 Phone: (310) 206-6075 Fax: (310) 794-7025, [sefisher@mednet.ucla.edu](mailto:sefisher@mednet.ucla.edu)

#### **University of Colorado – Denver**

#### **IGERT PhD Fellowships Available to Study Sustainable Urban Infrastructure in Real Cities**

**Applications for Fall 2008 are being accepted from January 15 to February 15, 2008 (or until the positions are filled).**

The University of Colorado Denver seeks PhD students in Engineering, Architecture & Planning, Public Affairs, and, ealth & Behavioral Sciences to work on dissertations pertaining to the development of sustainable infrastructures in cities worldwide. Nationally-recruited IGERT PhD trainees will be supported through a grant received from the National Science Foundation (NSF).

**PROGRAM SUMMARY:** Our program seeks to integrate innovative technologies in various infrastructure sectors (water, energy, transport, waste, buildings, etc) with urban planning, public policy and community-based participatory research to achieve urban health and sustainability goals. Students from all the participating disciplines will have the exciting opportunity to work on real-world sustainability projects in cities along the Denver / Front Range area in Colorado, USA, and/or in our sister city, Chennai, India. We are presently partnering with three cities to assist in water, energy, climate action and health projects. **IGERT PhD TRAINEE BENEFITS** include tuition and fees, a stipend of \$30K per year for 2.3 years, funds to support doctoral research and much more! **IGERT ASSOCIATES:** Students interested in Masters-level degrees should inquire about our IGERT Associate positions and Certificates in Sustainable Infrastructure. **APPLY NOW!** For more information, please go to: [www.cudenver.edu/IGERT](http://www.cudenver.edu/IGERT). IGERT PhD Trainees must be US Citizens or Permanent Residents. **IMPORTANT NOTE:** Candidates with backgrounds in Math/Science and the Liberal Arts can apply for PhD positions in all the above disciplines Engineering, Architecture and Planning, Policy and Health and Behavioral Sciences, according to their interest. Some additional pre-requisite coursework may be required for PhDs in some disciplines based on the candidate's prior degree and coursework.

#### **University of Massachusetts, Lowell, Department of Community Health and Sustainability Assistant/Associate Professor-Community Health & Sustainability (Tenure-Track)**

The Department of Community Health and Sustainability, University of Massachusetts Lowell seeks applicants interested in teaching undergraduate students a social justice orientation to public health in a community health education program. UMass Lowell is a public university with working students mostly from the Merrimack Valley region and the greater Boston metropolitan area. Official Posting at: [http://www.uml.edu/hr/jobpostings/Assistant-Associate\\_Professor-Community\\_Health\\_%26\\_Sustainabil.html](http://www.uml.edu/hr/jobpostings/Assistant-Associate_Professor-Community_Health_%26_Sustainabil.html). Job Reference #: FC02040701. Anticipated Salary: \$68,000 - \$70,000. **General Summary (Purpose) of Position:** This tenure track position will contribute directly to the teaching, research, and service missions of the Department of Community Health and Sustainability within the School of Health and Environment. Primary teaching responsibilities will include undergraduate community health core courses as well as upper level courses in the B.S. program in Health Education, Community Health Option. Faculty will be expected to: participate in interdisciplinary, community-based research emphasizing economic, social, cultural, and environmental as well as physical and biological aspects of health; work with diverse students, colleagues, and communities; and, possess skill in a variety of teaching methods such as service learning, student internships, and online teaching. To learn more about the School of Health Education and Environment's programs please visit its homepage at <http://www.uml.edu/college/SHE/default.html>, and for more information about our department, see <http://www.uml.edu/colleges/SHE/CHS/default.html>. **MINIMUM QUALIFICATIONS:** · Earned Doctorate in Public or Community Health, Health Promotion, or Health Education, or related field is required. · Demonstrated potential to sustain active research program. · Demonstrated ability working with diverse student and faculty population. · Candidates should have evidence of excellent public health science-based teaching. · A record of peer-reviewed publications commensurate with experience and rank. · Ability to communicate proficiently in English. **\*To Apply:\*** Apply by email (preferred) or postal service, Email address: [search\\_chs08@uml.edu](mailto:search_chs08@uml.edu). Send a letter of intent, complete CV, and samples of research publications to: Craig Slatin, Search Committee Chair, Department of Community Health and Sustainability, School of Health and Environment, 3 Solomon Way, Suite 3, University of Massachusetts Lowell, Lowell, MA 01854. Applications will be considered until position is filled. Initial review of applications will begin January 17, 2008. Contact the University of Massachusetts Lowell Human Resources Department at 978-934-3560 for information regarding benefits and related employment matters.

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## CONFERENCES AND EVENTS

### Prevention Connection Web Conference

#### **Toward a Community Solution: Advancing Primary Prevention of Violence Against Women**

**Wednesday, December 12, 2007 (02:00 PM - 03:30 PM Eastern ST, 01:00 PM - 02:30 PM Central ST, 12:00 PM - 01:30 PM Mountain ST, 11:00 AM - 12:30 PM Pacific ST, 10:00 AM - 11:30 AM Alaska ST, 09:00 AM - 10:30 AM Hawaii ST)**

This popular web conference sets the foundation for Prevention Connection's web conference series. The Spectrum of Prevention will be introduced as a strategy to change norms to prevent violence against women. This web conference will be a repeat of conferences held in March 2005, June 2005, February 2006 and November 2006. Presenters: Elizabeth Waiters and Nicole Kravitz-Wirtz, Prevention Institute <<http://www.preventioninstitute.org/>> . Host: David Lee, Prevention Connection. Registration is open now at <http://www.preventconnect.org/>. This session will be restricted to the first 350 people who register. Cost: Free. What is a web conference? A web conference is an opportunity to attend an online workshop. In a web conference, you watch a presentation on your computer screen (using your internet connection) while you hear the presentation through your telephone (you will dial-in to a conference call) or read the presentation through our captioning service (also on your computer screen). Web conferences feature opportunities to participate in online question & answer session and live text chat between participants. If you are unable to join on your computer, you can download the presentations slides and listen to the presentation on your telephone. Real Time Captioning Is Available. Please indicate on your registration if you want information about real time captioning. Prevention Connection is a national project of the California Coalition Against Sexual Assault <<http://www.calcasa.org/>> and is sponsored by the National Center for Injury Prevention and Control <<http://www.cdc.gov/ncipc/>> at the U.S. Centers for Disease Control and Prevention. The views and information provided in our web conferences do not necessarily represent the official views of the U.S. Government, the CDC, or CALCASA. For more information contact: David S. Lee, Director of Prevention Services / Prevention Connection Manager, California Coalition Against Sexual Assault, 1215 K Street Suite 1100, Sacramento, CA 95814, 916-446-2520 x 309, 888-922-5227, 916-446-8166 fax, 916-446-8802 TTY/TDD.

### **Kaisernetwork LIVE Webcast: Today's Topics In Health Disparities Federal Legislative Efforts to Address Health Disparities between Racial and Ethnic Groups**

**Dec. 14, 2007 at 9 a.m. ET**

<http://www.kaisernetwork.org/todaysttopics/14dec07>

Nearly a dozen bills have been introduced in the 110th Congress that focus on addressing health disparities or minority health, and other legislative initiatives have included provisions to address disparities. On Friday, Dec. 14, 2007, at 9 a.m. ET, the Kaiser Family Foundation will host a live, interactive webcast discussing current federal legislative efforts to address health disparities between racial and ethnic groups, and the factors that may influence the outcome of these efforts. WHAT: The next discussion in the interactive webcast series, Today's Topics In Health Disparities, addresses the question: "What Are the Current Federal Legislative Efforts to Address Health Disparities between Racial and Ethnic Groups?" WHO: This webcast will feature David Satcher, M.D., Ph.D., director of the Satcher Health Leadership Institute at the Morehouse School of Medicine and former U.S. surgeon general, who will discuss the gains and setbacks made in addressing racial and ethnic health disparities, as well as review the progress made towards meeting Healthy People 2010 objectives. Following the conversation with Dr. Satcher, a panel of experts will discuss recent bills aimed at reducing health disparities, including the Indian Health Care Improvement Act and the Minority Health Improvement and Health Disparity Elimination Act. The panel includes: \* Garth N. Graham, M.D., deputy assistant secretary for minority health at the Office of Minority Health at the Department of Health and Human Services; \* Dora Hughes, M.D., health and education policy advisor for Senator Barack Obama; \*Sean McCluskie, legislative director for Representative Xavier Becerra. The discussion will be moderated by Marsha Lillie-Blanton, Dr.P.H., senior advisor, and Cara James, Ph.D., senior policy analyst on race, ethnicity and health care for Kaiser. WHEN: Dec. 14, 2007, from 9 a.m. to 10 a.m. ET. HOW: Join the live webcast at <http://www.kaisernetwork.org/todaysttopics/14dec07>. Email a question for the panel to [TodaysTopics@kaisernetwork.org](mailto:TodaysTopics@kaisernetwork.org) in advance or during the webcast.

### **Association of Maternal & Child Health Programs**

**"We Are Making a Difference! Leadership, Innovation and Investment in Maternal and Child Health"**

**Hilton Alexandria Mark Center**

**Alexandria, VA**

**March 1-5, 2008**

This annual conference will bring together leaders in maternal and child health, public health practitioners and family advocates. Join us for sessions led by researchers, federal officials, advocates, healthcare providers and directors of state programs. This conference will cover a range of topics within the maternal and child health field, with a special focus on Social Justice. To register and for more information, visit [www.amchp.org](http://www.amchp.org). You may avail of the early registration rate if you sign up by January 22, 2008.

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## RESOURCES

### Publications

#### **A Participatory Action Research Pilot Study of Urban Health Disparities Using Rapid Assessment Response and Evaluation**

**David Richard Brown, Agueda Hernandez, Gilbert Saint-Jean, Sin Evans, Ida Tafari, Luther G. Brewster, Michel J. Celestin, Carlos Gomez-Estefan, Fernando Regalado, Siri Akal, Barry Nierenberg, Elaine D. Kauschinger, Robert Schwartz, and J. Bryan Page. November 29, 2007, 10.2105/AJPH.2006.091363 [dbrown@med.miami.edu](mailto:dbrown@med.miami.edu).**

Abstract: Healthy People 2010 made it a priority to eliminate health disparities. We used a rapid assessment response and evaluation (RARE) to launch a program of participatory action research focused on health disparities in an urban, disadvantaged Black community serviced by a major south Florida health center. We formed partnerships with community members, identified local health disparities, and guided interventions targeting health disparities. We describe the RARE structure used to triangulate data sources and guide intervention plans as well as findings and conclusions drawn from scientific literature and epidemiological, historic, planning, clinical, and ethnographic data. Disenfranchisement and socioeconomic deprivation emerged as the principal determinants of local health disparities and the most appropriate targets for intervention.

#### **Child wellbeing and income inequality in rich societies: ecological cross sectional study**

**Kate E Pickett, Richard G Wilkinson, BMJ 2007;335:1080 (24 November)**

<http://www.bmj.com/cgi/content/full/335/7629/1080>

#### **Indigenous Ways of Knowing: Implications for Participatory Research and Community**

**Patricia A.L. Cochran, Catherine A. Marshall, Carmen Garcia-Downing, Elizabeth Kendall, Doris Cook, Laurie McCubbin, and Reva Mariah S. Gover, November 29, 2007, 10.2105/AJPH.2006.09364, [e.kendall@griffith.edu.au](mailto:e.kendall@griffith.edu.au)**

Abstract: Researchers have a responsibility to cause no harm, but research has been a source of distress for indigenous people because of inappropriate methods and practices. The way researchers acquire knowledge in indigenous communities may be as critical for eliminating health disparities as the actual knowledge that is gained about a particular health problem. Researchers working with indigenous communities must continue to resolve conflict between the values of the academic setting and those of the community. It is important to consider the ways of knowing that exist in indigenous communities when developing research methods. Challenges to research partnerships include how to distribute the benefits of the research findings when academic or external needs contrast with the need to protect indigenous knowledge.

#### **Insurance plus Access Does not Equal Health Care: Typology of Barriers to Health Care Access for Low-Income Families**

Jennifer E. DeVoe, MD, DPhil; Alia Baez, BA; Heather Angier, BA; Lisa Krois, MPH; Christine Edlund, MSc; Patricia A. Carney, PhD. Ann Fam Med. 2007;5(6):511-518. ©2007 Annals of Family Medicine, Inc. Posted 12/21/2007

<http://www.medscape.com/viewarticle/567154>

Purpose: Public health insurance programs have expanded coverage for the poor, and family physicians provide essential services to these vulnerable populations. Despite these efforts, many Americans do not have access to basic medical care. This study was designed to identify barriers faced by low-income parents when accessing health care for their children and how insurance status affects their reporting of these barriers. Methods: A mixed methods analysis was undertaken using 722 responses to an open-ended question on a health care access survey instrument that asked low-income Oregon families, "Is there anything else you would like to tell us?" Themes were identified using immersion/crystallization techniques. Pertinent demographic attributes were used to conduct matrix coded queries. Results: Families reported 3 major barriers: lack of insurance coverage, poor access to services, and unaffordable costs. Disproportionate reporting of these themes was most notable based on insurance status. A higher percentage of uninsured parents (87%) reported experiencing difficulties obtaining insurance coverage compared with 40% of those with insurance. Few of the uninsured expressed concerns about access to services or health care costs (19%). Access concerns were the most common among publicly insured families, and costs were more often mentioned by families with private insurance. Families made a clear distinction between insurance and access, and having one or both elements did not assure care. Our analyses uncovered a 3-part typology of barriers to health care for low-income families. Conclusions: Barriers to health care can be insurmountable for low-income families, even those with insurance coverage. Patients who do not seek care in a family medicine clinic are not necessarily getting their care elsewhere. Introduction Children from lower socioeconomic backgrounds have poorer health outcomes.[1,2] These health disparities are due, in

part, to barriers in accessing medical care and utilizing primary care services.[3-5] Recent expansions in insurance coverage have improved access to health care for this population,[3,6-8] and the presence of family physicians in underserved communities has made primary care services more widely available.[9] Yet, even with the services of family physicians and expanded health insurance, children from low-income families are not guaranteed access to health care services.[5,10-15] Among the poor, who visits a family physician and who does not? What barriers persist? Family physicians caring for vulnerable populations must understand differences in access to care and utilization of services in their communities. Recent efforts to better understand these disparities have queried physicians and patients about differing practices based on a patient's health insurance status and type of insurance.[12-14,16] Other analyses have used vital statistics and Medicaid data to study utilization and coverage patterns.[6,17] Secondary analyses of administrative data are often several steps removed from the real-life experiences of vulnerable families, and studies conducted in physicians' offices miss the invisible families who are unable to visit health care facilities. To our knowledge, limited information has been collected directly from families living in poverty about factors affecting access to medical care and how insurance status affects their situations. This study was designed to add richness and depth to the current research by directly capturing the experiences of low-income families as they navigate the health care system and to determine how insurance coverage affects their concerns. In collaboration with state policy makers, we designed a cross-sectional survey to collect statewide primary data. More than 25% of the survey respondents provided additional written comments to a concluding open-ended survey question that asked, "Is there anything else you would like to tell us?" We report findings from a mixed methods analysis of this subset of respondents.

### **Reaching For A Healthier Life: Facts On Socioeconomic Status And Health In The U.S.**

**Nancy Adler (director) and Judith Stewart (network administrator) with Sheldon Cohen, Mark Cullen, Ana Diez Roux, William Dow, Gary Evans, Ichiro Kawachi, Michael Marmot, Karen Matthews, Bruce McEwen, Joseph Schwartz, Teresa Seeman, and David Williams.**

New publication available from the John D. and Catherine T. MacArthur Foundation Research Network on Socioeconomic Status and Health

Available online as PDF file [52p]:

<http://www.macses.ucsf.edu/News/Reaching%20for%20a%20Healthier%20Life.pdf> or write the network office to request a hard copy at [michael.daluz@ucsf.edu](mailto:michael.daluz@ucsf.edu). Table of Contents: Introduction -- Fact 1: Social Status Matters for Health, from Birth to Death; Fact 2: Neighborhoods Matter; Fact 3: Employment Conditions Matter; Fact 4: Personal Behaviors Matter; Fact 5: Health Care Matters; Fact 6: Race Matters; Fact 7: Stress Matters; Fact 8: Our Bodies Pay the Price; Policy Implications. Reaching for a Healthier Life: Synopsis - There are substantial disparities in health and longevity among different sectors of the US population. Who suffers from poorer health and greater premature mortality? How do these differences come about? What can be done to eliminate these disparities? Reaching for a Healthier Life answers these questions. Reaching for a Healthier Life is the result of a decade of work by the MacArthur Foundation Research Network on SES & Health. This multidisciplinary group of scientists has examined the pathways by which socioeconomic status "gets into the body" to affect health and longevity. There is no single pathway by which this occurs. Rather, resources associated with where people stand on the social ladder shape multiple aspects of their lives in ways that affect their health and well-being. Key findings are: (1) The effects of socioeconomic status are substantial. They are not limited to the effects of poverty but occur at all levels. Premature death is more than twice as likely for middle income Americans as for those who are the best off, and more than three times as likely for those who live near or in poverty compared to the most privileged. (2) Throughout life, from birth onward, our access to socioeconomic resources affects our chances for living a healthy life. The conditions we live in during childhood affect our health throughout our lives. (3) Health care is important when we are ill but accounts for only a small portion of health disparities. More important are factors that determine if we fall ill in the first place. (4) Each step up the social ladder provides greater access to social and physical environments that enable individuals to engage in health protective behaviors, (e.g., safe places to walk and access to healthier foods). (5) Conditions at work can contribute to health and health disparities. Jobs held by those lower on the ladder are more likely to involve shift work and physical hazards, low control over how and when tasks are done, job insecurity, and conflicts between family obligations and work requirements. (6) Exposure to extreme and prolonged stress, ("toxic stress"), is more common lower on the social ladder. Stressors that last a long time, like financial insecurity, interpersonal disputes, work-induced exhaustion, or chronic conflict are recorded in the body. (7) The biological consequences of exposure to stress are not transitory; they are cumulative. The normal functioning of the cardiovascular, immune, metabolic and nervous systems is disrupted. This disruption is made worse by poor health habits molded by social and physical environments lacking health-promoting alternatives. What can be done? Two kinds of policies are required to reduce premature death and eliminate health disparities: 1. Policies that impact income and wealth distribution, educational attainment and occupational mobility, and 2. Policies that buffer individuals from the damaging conditions of living below the top rungs. Supporting educational attainment, assuring a living wage, reducing crime, increasing opportunities for control at work, banning sale of soft drinks and junk food in schools are just a few policies with health consequences. Economic, education, labor and zoning policies are all health policies. The facts contained in this document support the case that policies to support healthy living conditions for all citizens are needed. The cost of



implementing such policies would be offset by subsequent savings through increased productivity and lower health care costs. The initial investment would be money well spent. The one thing we cannot afford to do is nothing.

### **Reducing social inequalities in health: public health, community health or health promotion?**

**Valéry Ridde**

**IUHPE -- Promotion & Education Vol. Xiv, No. 2 2007, pp 63-67**

<http://dneuvians.googlepages.com/Health-Promotion.pdf>

Abstract: While the Consortium on "Community Health Promotion" is suggesting a definition of this new concept to qualify health practices, this article questions the relevance of introducing such a concept since no one has yet succeeded in really differentiating the three existing processes: public health, community health, and health promotion. Based on a literature review and an analysis of the range of practices, these three concepts can be distinguished in terms of their processes and their goals. Public health and community health share a common objective, to improve the health of the population. In order to achieve this objective, public health uses a technocratic process whereas community health uses a participatory one. Health promotion, on the other hand, aims to reduce social inequalities in health through an empowerment process. However, this is only a theoretical definition since, in practice, health promotion professionals tend to easily forget this objective. Three arguments should incite health promoters to become the leading voices in the fight against social inequalities in health. The first two arguments are based on the ineffectiveness of the approaches that characterize public health and community health, which focus on the health system and health education, to reduce social inequalities in health. The third argument in favour of health promotion is more political in nature because there is not sufficient evidence of its effectiveness since the work in this area is relatively recent. Those responsible for health promotion must engage in planning to reduce social inequalities in health and must ensure they have the means to assess the effectiveness of any actions taken.

### **Using hepatitis A and B vaccination as a paradigm for effective HIV vaccine delivery**

**Scott D. Rhodes and Leland J. Yee D, Sexual Health. 2007 Jun;4(2):121-7. [srhodes@wfubmc.edu](mailto:srhodes@wfubmc.edu)**

Abstract: Background: An understanding of vaccine acceptance and uptake is imperative for successful vaccination of populations that will be primary targets for vaccination after a vaccine against HIV is developed and ready for dissemination. Experiences with vaccination against vaccine-preventable hepatitis (VPH) among men who have sex with men (MSM) may offer key insights to inform future HIV vaccination strategies. The purpose of this analysis was to explore what is known currently about vaccination among MSM, using knowledge gained from vaccination against VPH, and to identify important considerations from these experiences that must be explored further as a vaccine against HIV is promoted among MSM. Because cultural and political differences make it difficult to extrapolate findings from studies in one country to another, we have focused our analyses on studies conducted in the USA. Methods: Through a qualitative systematic review of published reports, we identified eight studies that reported correlates of VPH among MSM in the USA. Results: Six major domains of variables associated with vaccination against VPH were identified, including: demographics (e.g. younger age, higher educational attainment); increased vaccine knowledge; increased access to health care; provider recommendation; behaviours (e.g. same-sex behaviour, health-promoting and disease-preventing behaviours); and psychosocial factors (e.g. openness about one's sexual orientation, reduced barriers to being vaccinated, self-efficacy). Conclusions: Further research is needed to understand vaccination behaviour among MSM and to maximise acceptance and uptake after a vaccine exists. Experiences with VPH provide a real-world model on which to base preliminary assumptions about acceptance and uptake of a vaccine against HIV."

### **What does justice have to do with it? A bioethical and sociological perspective on the diabetes epidemic**

**Claudia Chauhan, Bioethical Issues, Sociological Perspectives , Advances in Medical Sociology, 2008, Volume 9, 269-300**

ABSTRACT -- Since World War II, rates of type 2 diabetes (henceforth diabetes) have skyrocketed, leading to talk of an epidemic, believed to result from formerly "adaptive" genotypes colliding with "affluent" postindustrial societies -- largely their food excesses and physically undemanding jobs. Hence, experts describe diabetes as a struggle between biology and behaviors -- "genes-as-destiny" and "lifestyles-as-choice" -- said to have spared no social group. However, racial and ethnic minorities and the poor are affected disproportionately. In this paper I challenge the "genes-lifestyle" framework and argue that the epidemic, particularly its distribution, is produced not by affluence but by poverty. The cumulative effect of malnutrition or hyperglycemia during pregnancy, of stunting in young children, of structural constraints over healthy lifestyles, and of the lack of a right to adequate medical care, which are all the results of poverty, leads to diabetes and its complications, and to disparities in their distribution among social groups. Hence, diabetes disparities are not mere differences but differences that are avoidable, unnecessary, and unjust. I also highlight selected conceptual problems of the genes-lifestyle framework that mislead about the potential contributions of genetics to human health. I conclude that because the roots of the diabetes epidemic lie in inequities in social power, the solutions required are not medical but political, and ought to concern a sociologically informed bioethics. I also conclude that insofar as dominant

accounts of the diabetes epidemic ignore or downplay these roots, they will legitimize research and policies that reproduce or even increase diabetes disparities. The paper is part of a larger project on the political ecology of diabetes.

**World Disasters Report 2007 - - Focus on Discrimination  
International Federation of Red Cross and Red Crescent Societies, 2007**

Available online as PDF file [244p.] at:

<http://www.ifrc.org/Docs/pubs/disasters/wdr2007/WDR2007-English.pdf>

Summaries by chapter: <http://www.ifrc.org/publicat/wdr2007/summaries.asp>

".....Disasters do not cause discrimination: they exacerbate it - and discrimination in an emergency setting can be life-threatening. The most marginalized and vulnerable risk not surviving the crisis or, if they do, they are then overlooked in plans to recover and regain their livelihoods. Discrimination is best addressed in times of stability, but aid agencies and government agencies must also be made aware of the consequences and manifestations of discrimination during the heightened tensions brought about by emergency. Only then will minority groups, older people, persons with disabilities, and women and girls become a key factor in emergency planning, relief programmes and reconstruction efforts. ...."  
Content: Introduction, Focus on discrimination, Chapter 1 Disasters do not discriminate: people do, Chapter 2 Overcoming multiple disasters: discriminating against minorities, Chapter 3 Older people and discrimination in crises, Chapter 4 Disability and disasters: towards an inclusive approach, Chapter 5 The urgency of equality: ending discrimination against women and its consequences in emergency situations, Chapter 6 Dealing with discrimination in disaster recovery.  
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