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Send your ideas and comments to scholars@cfah.org.

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



Congratulations to Kellogg Scholars and Fellows

Dr. Gina L. Evans, Kellogg Health Scholar, has started recently as tenure-track-Assistant Professor, Chronic Disease Prevention and Control Research Center, Department of Medicine at Baylor College of Medicine. Her two major functions include 1) conducting chronic disease management research which aims to decrease health disparities and 2) creating policy recommendations that will improve the participation of vulnerable populations in clinical trials.

Dr. Dean Robinson, Scholars in Health Disparities Program alumnus, recently published "US Health and Health Does Political Inequality Make Us Sick," in *New Political Science*, Volume 29, Issue 4, December 2007, pages 529-534.

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ANNOUNCEMENTS

Mark Your Calendar! The Kellogg Health Scholars Program Annual Networking Meeting will be held May 19-21, 2008, in Washington, DC. Details of the meeting are forthcoming.

Mark Your Calendar! The Kellogg Fellows in Health Policy Research Program Annual Meeting will be held June 9-10, 2008, in Washington, DC. Details of the meeting are forthcoming.

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 or mbjones@cfah.org.

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SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet Community Health Scholars Program alumna, Lisa **Benz Scott, Ph.D...**

Dr. Lisa Benz Scott is Associate Professor (tenured) in the Department of Health Care Policy and Management and Associate Dean for Research in the School of Health Technology and Management, at the Stony Brook University Health Sciences Center. In addition to her teaching responsibilities in research design and proposal writing for students enrolled in the Master of Science program in health care policy and management, Lisa works with junior faculty to support their professional development in the area of research and community-engaged scholarship. Her current research is dedicated to addressing leading public health priorities such as those related to gender and race/ethnic disparities in cardiac services, health promotion and wellness services for child survivors of cancer and their families, and participatory approaches to improve access to preventative health care services through e-health and human development initiatives. In 2006, she was awarded the American Academy of Health Behavior, Judy K. Black Early Career Health Behavior Research Award. In 2007, she received funding as Co-Principal Investigator for "An Evaluation of a Patient Navigator Approach to Improve Inpatient to Outpatient Cardiac Care Transitions Among African American Patients." from a competitive FUSION Award Targeted Research Opportunity of the Clinical and Translational Research Center at Stony Brook University.

Lisa earned a B.A. in Psychology from Stony Brook University, an M.S. in Health Promotion from Purdue University, and a Ph.D. from the Johns Hopkins University School of Hygiene and Public Health in the Department of Health Policy and Management. Dr. Benz Scott continued her studies at Johns Hopkins as a post-doctoral W.K. Kellogg Community Health Scholar to establish herself as expert in community-based participatory research principles and methods.

"The CHSP shaped my academic career like a potter molds a piece of clay. My skills, interests, and interactions with people engaged in community and academic life have been dramatically enhanced by the invaluable knowledge gained as a scholar and alumni of the program. It is because of this program that I am in a position to serve on peer-review panels for NIH and CDC that focus on community-based participatory research priorities and health disparities, mentor others to engage in participatory approaches, and respond to funding opportunities that support participatory research and community engaged scholarship. Most importantly, the relationships that have developed as a result of this program are life-long bonds. I love getting out of my office and connecting to the real world. This program has been a big motivator to say "yes" to community work and "no" to traditional projects that do not involve partnerships. CBPR is mostly exhilarating, inspiring, nerve-racking, heart-warming, and enriching. It just keeps getting better with time as the interest and excitement for CBPR spreads and captures the attention of the next generation. I love it."

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FUNDING

National Institutes of Health -- Request for Application Institutional Clinical and Translational Science Award (U54) (RFA-RM-08-002)

Letters of Intent Receipt Dates: May 17, 2008; September 21 2008

Application Deadline Dates: June 17, 2008; October 21, 2008

The National Institutes of Health has just announced a request for applications (RFA) for the Institutional Clinical and Translational Science Award (U54), RFA-RM-08-002. The Clinical and Translational Science Award (CTSA) initiative assists institutions to create an integrated academic home for Clinical and Translational Science that has the resources to train and advance multi- and inter-disciplinary investigators and research teams with access to innovative research tools and information technologies that apply new knowledge and techniques to patient care. CTSA's will attract basic, translational, and clinical investigators, community clinicians, clinical practices, networks, professional societies, and industry to develop new professional interactions, programs, and research projects. Through innovative advanced degree programs, CTSA's will foster a new discipline of Clinical and Translational Science that will be much broader and deeper than their separate components. "Community engagement and research" is listed among the potential key functions and components. Below are excerpts from the RFA that pertain to community engagement and research: The RFA reads "Community outreach could foster collaborative research partnerships and enhance public trust in clinical and translational research, enhancing the recruitment and retention of research participants that represent the rich diversity of the US population. Engagement of both the public and community providers, and establishing long-term relationships with community-based groups such as voluntary and professional organizations, schools, women's health groups, faith-based groups, and housing organizations, might be required. Resources that might be requested include community outreach and cultural sensitivity training for institutional clinical and translational researchers, community and provider education and outreach, development of software to facilitate the collaboration of community practitioners, and strategies that allow for two-way communication with, and participation by, diverse populations and community groups. Additional resources that expose scholars and researchers to population and community-based research methods as a supplement to ongoing research efforts in order to enhance applications of science to the general community may prove to be valuable." The

Special Program Requirements read: "Descriptions of community engagement could include how the institution will involve the community in setting research priorities that directly affect patients, innovative ways to engage community members in mentoring processes, partnerships in clinical and translational research, and collaborations to enhance research perspectives (e.g., health disparity research), public trust, and recruitment for clinical and translational research. Additional topics could include plans for: two-way communication with relevant community groups; outreach through community practitioners, including means to secure their participation, and plans for training CTSA researchers, trainees and scholars in community outreach, cultural sensitivity, and population and community-based research methods." A pre-submission videocast (webcast) will be conducted on March 7, 2008, between 2:00 and 4:00 pm ET at which NCRR and other NIH staff will explain the goals and objectives of the CTSA program and answer questions. All prospective applicants are invited to view the meeting. Additional information on the videocast will be available at (<http://www.ncrr.nih.gov/clinicaldiscipline.asp>) and the meeting videocast will be archived at videocast.nih.gov. A Frequently Asked Questions website is available (<http://www.ncrr.nih.gov/clinicaldiscipline.asp>). A listserv (CTSA-L; http://list.nih.gov/cgi-bin/show_list_archives) will be used to notify applicants of the webcast and any changes to the FAQ list. Funds Available: The total funds available for the new awards are approximately \$14 million. Up to 6 awards are anticipated from this solicitation. The NIH intends to issue solicitations for additional CTSAs in future years. Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-RM-08-002.html>.

National Institutes of Health

Reducing Mental Illness Stigma and Discrimination (Collaborative R01) (PAR-08-040)

Opening Date: January 5, 2008 (Earliest date an application may be submitted to Grants.gov)

Letters of Intent Receipt Date(s): Thirty (30) days before receipt date

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

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

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

Expiration Date: January 8, 2011

National Institute of Mental Health (NIMH) Grant Funds Available to Support Partnerships to Research Stigma Reduction Efforts. The program announcement, Reducing Mental Illness Stigma and Discrimination (Collaborative R01), was recently released by the NIMH. This Funding Opportunity Announcement (FOA), issued by the NIMH, and conceived in collaboration with the SAMHSAs Center for Mental Health Services (CMHS) will provide funding for partnerships to assess the effectiveness of existing stigma and discrimination reduction programs and approaches, including media-oriented approaches such as public service announcements; develop innovative new programs and approaches; and examine the role of media in perpetuating and changing mental illness stigma and discrimination. These partnerships must include (1) consumer and/or advocate organizations, communities, or state and local agencies with hands-on expertise in developing and implementing stigma reduction programs and strategies, and (2) social, behavioral, and/or communication scientists with expertise in stigma research design and methodology. Partnerships to further information exchange with public stakeholders and organizations to improve the accuracy of public awareness about effective treatments for mental disorders; and to examine how service delivery organization and mental illness treatment financing (e.g., non-mental health parity, separate behavioral health insurers) impact mental illness stigma and discrimination are also appropriate. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-08-040.html>.

National Institutes of Health – Three CBPR Announcements

1. **Community Participation in Research (R01), (PA-08-074), announcement details at**
<http://grants.nih.gov/grants/guide/pa-files/PA-08-074.html>

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

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

Expiration Date: May 8, 2011

2. **Community Participation Research Targeting the Medically Underserved (R01), (PAR-08-075), announcement details at** <http://grants.nih.gov/grants/guide/pa-files/PA-08-075.html>

Application Submission/Receipt Date(s): May 16, 2008, May 15, 2009, and May 14, 2010

Expiration Date: May 15, 2010

3. **Community Participation Research Targeting the Medically Underserved (R21), (PAR-08-076), announcement details at** <http://grants.nih.gov/grants/guide/pa-files/PA-08-076.html>

Application Submission/Receipt Date(s): May 16, 2008, May 15, 2009, and May 14, 2010.

Expiration Date: May 15, 2010

On January 16, 2008, the NIH Office of Behavioral and Social Sciences Research (OBSSR) released three funding opportunity announcements on community-based participatory research (CBPR). The Program Announcement (PA) seeks R01 grant applications that propose intervention research on health promotion, disease prevention, and health

disparities that communities and researchers jointly conduct. The Program Announcements with special review/receipt (PAR) seek both R01 and R21 applications that propose research on health promotion, disease prevention, and health disparities that is jointly conducted by communities and researchers and targets medically underserved areas (MUAs) and medically underserved populations (MUPs) as defined by the Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA). Please reference the below announcements for complete details.

National Institutes of Health – Three Announcements

- (1) **NIH Revision Awards for Studying Interactions Among Social, Behavioral, and Genetic Factors in Health (R01), (PAR-08-065), Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-08-065.html>**
- (2) **NIH Revision Awards for Studying Interactions Among Social, Behavioral, and Genetic Factors in Health (R21), (PAR-08-066), Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-08-066.html>**
- (3) **NIH Revision Awards for Studying Interactions Among Social, Behavioral, and Genetic Factors in Health (P01, P20, P50, P60, U01, U10, U54), PAR-08-067, Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-08-067.html>**

Letters of Intent Receipt Date(s): April 13, 2008

Deadline: May 13, 2008

The National Institutes of Health (NIH) issues this Funding Opportunity Announcement (FOA) to invite NIH-funded investigators to submit supplement applications to their currently funded research to study how interactions among genetic and behavioral/social factors influence health and disease. The knowledge gained by such research will improve our understanding of the determinants of disease as well as inform efforts to reduce health risks and provide treatment. This FOA solicits for human and non-human studies to advance our understanding of the interactions among genetic, social and behavioral factors that influence the processes affecting variability in disease and health progression and outcomes. This program is focused on questions concerning the effects of (1) the interaction of genetic and social or behavioral factors and (2) gene-environment-behavioral interactions; and to better understand how the interaction of behaviors and social environmental factors affect gene expression, disease and behavior phenotypes and health outcomes. Currently, powerful genetic methods are being used for identifying common genomic factors that influence health and disease-related phenotypes and outcomes. These studies are designed to identify relationships between genes with observable traits such as body weight or the presence or absence of a disease or condition. Within this context, the Institute of Medicine Report, *“Genes, Behavior and the Social Environment: Moving Beyond the Nature-Nurture Debate* suggests that examining the interactions among genetic, social environments, and behavioral factors could greatly enhance the understanding of health and illness. This report, which can be found at <http://www.iom.edu/CMS/3740/24591/36574.aspx> also recommends ways to foster transdisciplinary research teams necessary to more fully examine the questions raised by these research gaps. The NIH’s Office of Behavioral and Social Sciences Research (OBSSR), located in the Office of the Director, and is leading the implementation of the recommendations produced by this report. How genetic, behavioral, and social factors interact in human physiological processes and differentially influence disease expression and health outcomes remains understudied. A number of research gaps have been identified including the following: (1) genetic studies that explore the relationship between genotypes and quantitative traits often do not include social and behavioral factors, and (2) social and behavioral research studies rarely include consideration of genetic factors and related mechanisms when studying social and/or behavioral phenomena. To bridge these gaps, this announcement is intended to stimulate theoretically and methodologically rigorous research that integrates genetics, behavioral, and social sciences research efforts to specifically address questions of gene-environment-behavior interactions. This announcement provides the opportunity for current NIH-funded grantees whose research is either (1) social and/or behavioral science-oriented research to add a genetic/genomic component or (2) genetic-focused research to add social and behavioral factors into their research plan. In either case, the proposed research must be designed to elucidate how the interactions between genetic and social and/or behavioral factors contribute to health and disease. The proposed research can expand the scope of the original project and should be a logical extension of the goals and objectives of the parent grant. To be considered responsive to this announcement, (1) the proposed research must include unambiguous, interdisciplinary perspectives, (2) the hypothesis(es) of the relationship(s) between the genetics, behaviors, social environment, and/or social processes must be clearly stated, (3) hypothesis about the proposed study should investigate how the interactions (not associations) among these variables influence the outcomes under study, and (4) the proposed study should be embedded in a well articulated set of research questions or hypothesis generated from genetic, social and/or behavioral sciences research.

National Institutes of Health – Three Announcements

1. **The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery (R01), (PA-08-083), announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-08-083.html>**

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

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

Expiration Date: May 8, 2011

2. The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery (R21), (PA-08-084), announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-08-084.html>

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

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

Expiration Date: May 8, 2011

3. The Effect of Racial and Ethnic Discrimination/Bias on Health Care Delivery (R03), PA-08-085, announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-08-085.html>

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

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

Expiration Date: May 8, 2011

Purpose. This Funding Opportunity Announcement (FOA) issued by National Cancer Institute, National Institutes of Health, encourages the submission of research project grant applications from institutions/ organizations that propose to: (1) improve the measurement of racial /ethnic discrimination in health care delivery systems through improved instrumentation, data collection, and statistical/analytical techniques; (2) to enhance understanding of the influence of racial/ethnic discrimination in health care delivery and its association with disparities in disease incidence, treatment, and outcomes among disadvantaged racial/ethnic minority groups; and (3) to reduce the prevalence of racial/ethnic health disparities through the development of interventions to reduce the influence of racial/ethnic discrimination on health care delivery systems in the United States (U.S.). -Mechanism of Support. This funding opportunity announcement (FOA) will utilize the NIH Research Project Grant (R01) award mechanism and runs in parallel with FOAs of identical scientific scope, PA-08-084 and PA-08-085, which encourage applications under the R21 and R03 mechanisms, respectively. - Funds Available and Anticipated Number of Awards. Awards issued under this FOA are contingent upon the availability of funds and the submission of a sufficient number of meritorious applications.

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CALL FOR SUBMISSIONS

Call for Nominations – Community-Campus Partnerships for Health (CCPH) Annual Award

Deadline: February 16, 2008

<http://depts.washington.edu/ccph/awards.html>

The CCPH 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 CCPH Award is to highlight the power and potential of community-campus partnerships. As a strategy, these partnerships can contribute to achieving many significant outcomes, including but not limited to: eliminating health disparities; producing community-responsive, culturally competent health professionals; increasing the diversity of the health workforce; expanding access to higher education, health care and technology; and advancing economic, social and environmental justice. The award recognizes work being done by community-campus partnerships to achieve CCPH strategic goals, including: *Combining the knowledge and wisdom in communities and in academic institutions to solve major health, social and/or economic challenges. *Building the capacity of communities and higher educational institutions to engage each other in authentic partnerships. *Supporting communities in their work with academic partners. *Recognizing and rewarding faculty for community engagement and community-engaged scholarship. *Developing partnerships that balance power and share resources among partners. *Ensuring that community-driven social change is central to service-learning and community-based participatory research. Through the CCPH Award we seek to recognize community-campus partnerships that: *Others can aspire to. *Embody the CCPH principles (see <http://depts.washington.edu/ccph/principles.html#principles>). *Pursue multiple community-campus partnership strategies. *Involve a full range of partners. *Achieve significant outcomes that go beyond a process or a single event. The CCPH Award recipient will receive: 1. Public recognition of the partnership's achievements at an award presentation ceremony at the Community-Campus Partnerships for Health 10th anniversary conference, April 11-14, 2007 in Toronto, ON Canada (Two partnership representatives will accept the award on behalf of the partnership at CCPH's expense). For more information on the conference, visit www.ccph.info. 2. Two commemorative plaques. 3. A press release and newsletter articles announcing the award and describing the partnership. 4. A description of the partnership on the CCPH website, with links to the partnership's website. 5. An opportunity to publish an article about the partnership in one of the peer-reviewed publications affiliated with the CCPH 10th anniversary conference (for list, see: <http://depts.washington.edu/ccph/conf-cfp.html#Publication>). 6. Special opportunities to present at CCPH-sponsored forums that highlight promising practices. Any partnerships that are selected for an honorable mention will receive #3-#6 above. To be eligible, the applicant must be an established partnership involving one or more community partners and

one or more higher education partners. By "community partner" we mean an individual, organization or agency that contributes to the partnership and is not a higher education partner. By "higher education partner" we mean a community college, college, university or residency program (including affiliated administrators, faculty, staff and students) that contributes to the partnership. Partnerships must nominate themselves and need not be members of CCPH. Partnerships that have applied in the past but did not receive the award or honorable mentions may re-submit. We welcome nominations from any country or nation. CCPH can only accept nominations in English. For details, please visit <http://depts.washington.edu/ccph/awards.html>. For information on past CCPH Award recipients and honorable mentions, please visit <http://depts.washington.edu/ccph/awards.html>. Questions about the CCPH Award, including requests for consultation by phone, should be sent to 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.

Call for Proposals – Douglas College

Conversations on Community Based Research: Engaging Communities with College Faculty and Students

Douglas College

May 8-9, 2008

Deadline: March 15, 2008

The historically rich relationships between communities and colleges and institutes provide the context for mutually beneficial research through the practice of Community Based Research (CBR). Trends to engage faculty and students with the community through service learning and the desire for many community organizations to identify their own research needs and seek research partnerships with colleges converge to enrich this practice. With sponsorship from the Canadian Council of Learning through the Health and Learning Knowledge Centre, Douglas College will host a two-day symposium on college scholarship and community based research. CBR involves College and Institute partnerships with community groups for the purpose of research where there is shared responsibility for: *identifying research problems, *developing methods and applications, *analyzing data and *ownership of research products. Goals of the Symposium: *Enrich participants understanding of Community Based Research *Present exemplary work in CBR *Provide networking opportunities for CBR practitioners *Provide a forum to meet with agencies prepared to fund CBR. There will be four cross-cutting themes for the Symposium. Community Based Research related to: *Health and Learning; *Social Justice and Gender; *CBR and service learning; *Sustainability and environmental issues. Proposals outside these themes are also welcome. The symposium will be held in the new Health Sciences Building on the David Lam campus of Douglas College in Coquitlam BC. The event will be national in scope with presenters and participants from across Canada. It will serve as the context for the release of a recent national survey of CBR at Colleges and Institutes. The survey has been funded through the Health and Learning Knowledge Centre of the Canadian Council on Learning. The symposium will also serve as the official launch of the new Centre for Health and Community Partnerships on the David Lam campus. For details, visit:

<http://www.douglascollege.ca/community/conversations-on-community-based-research.html>.

Call for Applications – Community-Engaged Scholarship Faculty Development Charrette

The Rizzo Center

University of North Carolina

May 28-30, 2008

Deadline: March 17, 2008

Details at http://depts.washington.edu/ccph/pdf_files/cfa-charrette.pdf

Faculty for the Engaged Campus is seeking teams from 20 diverse colleges and universities across the U.S. to participate in a charrette to facilitate development of innovative campus-wide mechanisms for preparing and supporting community-engaged faculty. If your institution is committed to furthering its investment in community-engaged scholarship through effective faculty development and would benefit from a focused, collaborative learning opportunity with a cadre of like-minded others, please consider sending a team to this action-oriented gathering. Your institution does not need to have a health professions education program or be a member of Community-Campus Partnerships for Health to apply. A charrette is an intensely focused multi-day session that uses a collaborative approach to create realistic and achievable designs. Charrettes have mainly been used in architecture, urban planning and community design projects. In our case, we will convene campus teams, project leadership and expert advisors to collaboratively design innovative models of CES faculty development. Teams must include a minimum of three and a maximum of four members, with at least one of those being a senior faculty member with a proven track record of CES. There is no registration fee for the charrette. The Rizzo Center is an all-inclusive facility (i.e., rates include all meals), and Faculty for the Engaged Campus is covering a significant portion of the costs for those attending. Following the charrette, participating institutions will be invited to submit proposals to support the implementation and evaluation of innovative CES faculty development models developed through their team's participation in the charrette. At least four institutions will receive up to \$15,000 over two years for this purpose (\$10,000 in the first year and \$5,000 in the second). Only institutions that send a team to the charrette are eligible to apply for these funds. Applications are due on March 17, 2008. The Call for Applications is available at

http://depts.washington.edu/ccph/pdf_files/cfa-charrette.pdf. For more information, visit the Faculty for the Engaged Campus website at <http://depts.washington.edu/ccph/faculty-engaged.html> or contact Deputy Director Piper McGinley at fipse2@u.washington.edu. Faculty for the Engaged Campus is a national initiative of Community-Campus Partnerships for Health in partnership with the University of Minnesota and the University of North Carolina at Chapel Hill that aims to strengthen community-engaged career paths in the academy by developing innovative competency-based models of faculty development, facilitating peer review and dissemination of products of community-engaged scholarship, and supporting community-engaged faculty through the promotion and tenure process. The initiative is supported by a grant from the Fund for the Improvement of Postsecondary Education in the U.S. Department of Education. Stay connected with the initiative and related work through the Community-Engaged Scholarship electronic discussion group at <https://mailman1.u.washington.edu/mailman/listinfo/comm-engagedscholarship>.

**Call for Submissions – KaiserEDU.org
Second Annual Student Essay Contest
Deadline: March 17, 2008, 5:00 p.m. EST**

KaiserEDU.org announces its Second Annual Student Essay Contest. Submit an original essay on the topic below for a chance to win \$1,000. <http://www.kaiseredu.org/essay/essaycontest2008.asp>
ESSAY TOPIC The date is November 24th, 2008. You have just started a job as an analyst working on the President elect's health care transition team. The director of the transition team has asked you to draft a memo to flesh out the health priorities for the new Administration on a major health policy issue. Select a candidate and an issue area (from the list below) and identify the major policies or strategies that the next Administration could develop to advance this issue. Make sure to include evidence and analysis to support your recommendations. Your priorities and strategies should be consistent with the proposals forwarded by the candidates in the campaign. You should also address the challenges in implementing your recommendations, such as budgetary and political considerations, delivery system issues, and how different stakeholders and constituencies would perceive the proposals. Presidential Candidates: (please refer to the contest website) Issue Areas: Controlling Health Care Costs; Eliminating Racial and Ethnic Health Disparities Expanding Health ; Promotion and Disease Prevention Efforts Improving Women's Health ; Improving the Quality of Health Care.
CONTEST DETAILS -- PRIZES: First Place -- \$1,000; Second Place -- \$500 . Eligibility: Submissions will be accepted from undergraduate and graduate-level students enrolled in a degree-granting program at the time of submission. Essay length: Essays must not exceed 800 words in length and must be original work, prepared by one author only. Essay submission: Entries must be submitted online only. No emails will be accepted. Deadline: All essays must be submitted by March 17, 2008, 5p.m. EST. Judging: Entries will be judged by a panel of professionals with experience in health policy and politics from inside and outside the Kaiser Family Foundation. Winners will be notified by May 1, 2008. For more information about Rules and Requirements visit <http://www.kaiseredu.org/essay/essaycontest2008.asp>.

**Call for Nominations – Campus Compact
Ehrlich Award
Deadline: March 21, 2008 (5:00 p.m. EST)**

Each year Campus Compact honors a faculty member with the Ehrlich Award for exemplary leadership in advancing the civic learning of students, including public scholarship, building campus commitment to service-learning and civic engagement, and fostering reciprocal community partnerships. Five to ten finalists will also be selected and recognized. (One of the very first Ehrlich Award recipients was a founding member of Community-Campus Partnerships for Health - Nancy Nickman, a faculty member at the University of Utah College of Pharmacy - and a number of CCPH members have been recognized over the years). Online nominations for the 2008 Ehrlich Award can be submitted at www.compact.org/awards/ehrllich beginning Tuesday, January 22. Nominations must be submitted no later than 5:00 p.m. EST on March 21, 2008. Details are available online at <http://www.compact.org/awards/ehrllich>. If you have questions, please email awards2008@compact.org (and include "Ehrlich Award" in the subject line) or call 401-867-3950.

**Call for Abstract and/or Poster Presentations
National Latino Cancer Summit
San Francisco, CA
July 30-August 1, 2008
Deadline: April 4, 2008**

This unique National Latino Cancer Summit, convening July 2008 in San Francisco, brings together cancer researchers, clinicians, health care institutions, and the Latino community to talk about the latest science and services on cancer issues that impact Latinos. The purpose of the conference is "to initiate a dialogue between researchers and Latino communities broadly defined in mobilizing efforts to increase research participation, reduce disparities, and improve cancer care and quality of life for Latinos living with cancer and their families. Go to www.latinascontracancer.org, and click on the "Register Now" link or go directly to the conference website at <http://register03.exgenex.com/GcmMaintenance/LCC/Images/home.html>.

**Call for Presentations -- INVOLVE
6th National Conference**

Public involvement in research: getting it right and making a difference'

November 11th and 12th 2008

East Midlands Conference Centre

Nottingham, England

Deadline: April 7, 2008

INVOLVE's national conference is an event for everyone who is interested in supporting and promoting public involvement in National Health Service, public health and social care research. This includes members of the public, service users, researchers, research commissioners and representatives of voluntary sector organisations. Call for presentations -- This year's conference will focus on what is happening now, as well as looking to the future. They are inviting presentations from people who have knowledge and experience of public involvement in health and/or social care research. They also hope that many of you will want to respond to this CALL FOR PRESENTATIONS and apply to present at one of the sessions. The choice of presentations will be decided by members of the INVOLVE conference planning group. They are inviting five different types of presentations: POSTERS: Posters are an important part of the conference and will be on display throughout the conference. They can advise you on how to put together a poster if you haven't done this before. POSTER TALKS: This is an opportunity to talk briefly about your poster as well as having it on display. You will have 5 minutes to talk about your poster and also time to answer any questions from the audience. PAPER: 25 minutes to talk about your work. This must include at least 10 minutes for discussion with the audience. WORKSHOP: A 90 minute training or discussion session on a specific topic relevant to public involvement for service users and/or researchers. These sessions must include substantial audience participation. Other approaches: As well as the more usual formats of a paper, poster or workshop they would welcome other approaches to presenting work on public involvement in research - for example presenting a DVD or sound recording, putting on a short play, comedy or musical, or through poetry, drawing or other formats. If you are interested in applying to make a conference presentation you may find the following documents useful, available on the web at <http://invo.org.uk/Conference2008.asp>. Making a summary (abstract) accessible/making your presentation accessible Examples of summaries (abstracts) from the INVOLVE 2006 Conference The closing date for applying to do a presentation is Monday 7th April 2008. Details at <http://invo.org.uk/Conference2008.asp>. "INVOLVE was established to promote public involvement in research, in order to improve the way that research is prioritised, commissioned, undertaken, communicated and used. We believe that the active involvement of the public in the research process leads to research that is more relevant to people and is more likely to be used. Research which reflects the needs and views of the public is more likely to produce results that can be used to improve practice in health and social care."

Call for Papers – COMM.ORG

COMM-ORG has issued its annual call for papers. Are you writing a paper on: *community organizing? * community development? * community planning? * community-based research? * a related area? COMM-ORG is looking for papers to post on the COMM-ORG Papers page. All papers are posted on the COMM-ORG website and announced on its accompanying list-serve, which reaches over 1000 people across more than a dozen nations. They welcome discussion of all papers on the list-serve and encourage our members to also send comments directly to authors. To submit a paper contact the editor, Randy Stoecker, at randy@comm-org.wisc.edu. Authors retain complete control over their work, and COMM-ORG supports authors revising their papers for submission to journals, trade publications, or anywhere. Because COMM-ORG is an on-line "conference," papers presented on COMM-ORG are regularly published in journals and other publications. COMM-ORG welcomes papers from scholars, organizers, and scholar-organizers. They also welcome previously published hard-to-find writing. They are especially interested in papers on the following and other topics: * What works and what doesn't in community organizing, planning, and development. * Real-life stories of community organizing and/or development campaigns. * The relationships between theories and practices in community organizing. * The history of community organizing in a changing structural-historical context. * Linkages between community organizing and community development. *Linkages between community organizing and planning. * The roles of religious institutions in community organizing. * Linkages between community organizing and social movements. * The roles of gender, race, identity, and ideology in community organizing. * Activist-academic collaborations in community organizing. If you wish to submit a paper: * The paper must be submitted electronically to randy@comm-org.wisc.edu using a word processing or html format; absolutely no pdf files will be considered. * Text must be in single column format. * You agree that your paper will be formatted in html using the COMM-ORG style.

Call for Academic and Community-Based Research & Other Publications – The Ethno-Racial People with Disabilities Coalition of Ontario (ERDCO) and Ontario Women's Health Network (OWHN) "We Are Visible"

The Ethno-Racial People with Disabilities Coalition of Ontario (ERDCO) in partnership with the Ontario Women's Health Network (OWHN) are updating the ERDCO publication "We Are Visible,"(June 1996) which highlighted the experiences of ethno-racial women with disabilities access to health and healthcare. One important finding of the 1996 "We Are Visible"

project was the lack of academic and community-based research being conducted, or even attention being paid, to the experiences of women of colour/racialized populations with disabilities. We would like to address this lack in our update. As such we are looking for any community-based research, academic and other resources in order to ensure that this project is able to realize its goals. This is a benchmark report. We would like to chronicle research initiatives, program outcomes and findings over the last 10 years (1996-2007) that speak to some of these same issues, from a holistic and social determinants approach to the health of ethno-racial women with disabilities. If you or your agency/organization or university has conducted/participated in/has knowledge of/access to any research study that may add to this literature please email or forward the information to Ayshia Musleh at ayshia.musleh@sympatico.ca.

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CAREER DEVELOPMENT

Ball State University, Muncie, Indiana

Director/Distinguished Professor, [Fisher Institute for Wellness and Gerontology](#)

[Ball State University](#) (Muncie, Indiana) seeks a creative and committed leader to provide direction and oversight to all programs and operations of the Institute. Some of these areas include: masters-level academic degrees, certificate programs, and minors in wellness management and applied gerontology; wellness and gerontology services to the university community and off-campus constituencies; external funding procurement related to wellness and gerontology; and Institute promotion through research, scholarly writing, presentations, and leadership in professional organizations. This position is a full-time administrative position available July 1, 2008. Students at this unique Institute are taught in an immersive learning environment; i.e., working and learning in community-based programs designed to provide wellness-enhancing services across the life span. Programs coordinated through the Institute and funded by community partners include the Community Center for Vital Aging, Working Well Resources (employee wellness), Learning Well Resources (school wellness), and wellness media and writing projects. **MINIMUM QUALIFICATIONS:** earned doctorate from an institution of higher education in a wellness and/or gerontology-related field; at least five years of successful university experience, including teaching, supervising, and administration or equivalent experience in a wellness and/or gerontological setting; record of success in external funding; extensive knowledge of the theory and practice of wellness and/or gerontology; demonstrated ability to lead, manage, and coordinate an interdisciplinary academic department; demonstrated scholarly activity in wellness and/or gerontology; effective verbal and written communication skills; record of activity and participation in professional organizations and programs related to wellness and/or gerontology at regional or national levels; firm commitment to academic excellence. **PREFERRED QUALIFICATIONS:** over five years of successful university experience, including teaching, supervising, administration, and partnership development or equivalent experience in a wellness and/or gerontological setting; experience with federal funding agencies; experience with immersion learning and interdisciplinary program development; knowledge of and scholarly activity in both wellness and gerontology practice. Send letter of application, vita, and four letters of recommendation to: Dr. David Haber, Chairperson, Search Committee, Fisher Institute for Wellness and Gerontology, Ball State University, Muncie, IN 47306 (Tel: 888-WELL-BSU; Email: drider@bsu.edu).

Clemson University, Clemson, SC

Program Evaluator

PROGRAM EVALUATOR to join research faculty (non-tenure-track) in a largely externally supported interdisciplinary institute focused on enhancement of social capital in settings and communities ranging from neighborhood to global. Rank open, depending on credentials. Applications from both junior and senior candidates are welcome. Review of expertise and accomplishments will take experience level into account. Responsible for collaboration and leadership in grant development, research design, data analysis, report preparation, and both classroom and tutorial instruction of doctoral students in International Family and Community Studies. Must be a strong methodologist, proficient in SPSS, and expert in community field research and/or policy impact analysis. Expertise in multivariate analysis required; experience with hierarchical modeling and/or time-series analysis desirable. Expertise in large-scale prevention programs, especially prevention of aggression (e.g., bullying; child abuse and neglect) and promotion of family well-being, desirable. Experience in grant development and in program and/or community development highly desirable. Doctorate in a relevant health or social science discipline required. Must be able to work with people of diverse backgrounds in an informal but intense work environment. Send letter of interest, résumé, reprints, and at least three letters of reference to: Research Faculty Search Committee, Institute on Family and Neighborhood Life, Clemson University, 158 Poole Agricultural Center, Clemson, SC 29634-0132. Review of applications will begin on March 1 and will continue until an acceptable candidate is found.

Dana-Farber Cancer Institute, Boston, MA

Director, Health Disparities Program

The Dana Farber Cancer Institute (DFCI), a federally designated Comprehensive Cancer Center and a principal teaching affiliate of Harvard Medical School, seeks an exceptional public health researcher/academician and entrepreneurial leader to serve as Director of the Health Disparities Program. DFCI has been actively working to diversify its patient population by introducing programs into the organization's continuum of care that address disparities in information, access and understanding of cancer prevention, as well as treatment outcomes that are experienced by high-risk and underserved communities. The Institute is making strides to increase awareness and understanding of research and clinical trials that can lead to improvements in cancer care. The Director of the Health Disparities Program will report jointly to the Deputy Director of the Center for Community-Based Research (CCBR) and to the Vice President for External Affairs. The CCBR conducts research aimed at cancer prevention and control has a particular focus on the development and evaluation of effective interventions to modify behaviors, policies and practices that will reduce cancer risk and to provide increased access to and comprehension of cancer risk information. The Health Disparities Program will function as the key organizing unit that supports efforts at DFCI to decrease health disparities. The Director will lead the DFCI efforts to both amass and provide information needed to reduce health disparities in cancer, as well as to evaluate existing efforts at the Institute. S/he will also be responsible for developing a research program in collaboration with the CCBR and the disease programs. The Director will collaborate closely with his/her colleagues working on similar initiatives at the Dana Farber/Harvard Cancer Center (DFHCC). The DFHCC, the largest comprehensive cancer center in the world, is a consortium of seven Harvard affiliated medical centers. S/he will also be expected to work with individuals working on these issues at the city, state and federal level. A key role for this position will be to develop a plan for the sustainability of the Program. GOALS and OBJECTIVES for the DFCI HEALTH DISPARITIES PROGRAM -- Health disparities are found in all aspects of the cancer continuum (cancer prevention to palliative care) and are not simply an area of academic inquiry. On both a conceptual and practical level, the issue of health disparities cuts across many service areas within the DFCI and as such, health disparities are addressed in a variety of ways throughout the Institute. The Health Disparities Program will focus on identification and facilitation of activities throughout the Institute that may have an effect on disparities. The vision for DFCI's Health Disparities Program is to enhance and expand the DFCI's role as a national leader in the effort to eliminate cancer disparities. To achieve this, DFCI has as a goal to leverage the world-class research and patient care resources available throughout DFCI, its affiliates and collaborators, to help provide optimal care and state-of-the-art treatment for those facing disparities related to race/ethnicity or socioeconomic position. The DFCI Health Disparities Program will become an evaluation/research resource that will facilitate DFCI's effort to become a best-practice model for amassing the institutional commitment, knowledge and resources needed to eliminate racial/ethnic and socioeconomic disparities in cancer. To achieve the vision and goals outlined above, the Health Disparities Program will be developed as an in-depth resource center to support Institute-wide initiatives and research on racial and ethnic disparities and track progress on new evidence-based initiatives. The Health Disparities Program will be responsible for developing a customer-friendly health disparities research information resource center to facilitate researcher efforts to access national, state and local databases on racial and ethnic disparities in cancer. The program will also convene a DFCI working group to develop community and clinical indicators that can be used to monitor racial and ethnic disparities in cancer prevention, screening, occurrence and clinical care. A central contribution of the Program will be to develop a large and vibrant Community-Based Cancer Education Registry, that will provide continuity and continued affiliation with DFCI to the thousands of participants in our community-based research studies following study completion. It will also create a recruitment resource that other DFCI researchers can utilize to increase the diversity of their study populations and to answer questions related to cancer disparities. The Registry has great potential to add significant economy of scale for investigators who would like to add new components to their studies that will help to identify factors that impact on cancer prevention and screening behaviors. In addition, the Registry will be an educational resource for community members who are enrolled in DFCI studies. The Program will also be responsible for maintaining Institute-wide knowledge of disparities initiatives, tracking their progress, and reporting on them through periodic updates to the Executive Committee on Health Disparities and submission of an annual written report to the Trustees Community Program Committee. CHALLENGES FOR THE NEW DIRECTOR OF THE DFCI HEALTH DISPARITIES PROGRAM: ●

- Lead the Development of a Program which will Serve as an Information Resource -- □ Serve as a clearinghouse on initiatives, policies and programs to reduce racial and ethnic disparities in cancer, within DFCI and externally. Develop a culturally appropriate library/repository of information and/or website on cancer prevention, care, treatment options, alternative therapies, innovative treatments etc. that may be of particular interest to diverse populations. □ Assist DFCI researchers to design study protocols that foster participation by minority and lower income populations. □ Support DFCI researchers' access to diverse databases from within the Institute, and local, state and national sources on racial/ethnic and socioeconomic disparities in cancer research, treatment, and outcomes. □ Assist in DFCI-wide efforts to comply with the Boston Public Health Commission's regulations pertaining to data collection requirements, quality improvement efforts, and patient satisfaction, as requested by the Office of External Affairs. □ Develop and implement a coordinated, comprehensive and multi-faceted marketing and communications work plan that could include, but is not limited to speeches, presentations and media placement. ● Evaluate DFCI Programs that have been Developed to Address Disparities -- □ Develop indicators to measure community-level and clinical cancer disparities, and assess changes in these indicators over time. Tasks related to this goal include: □ Developing Institute-wide benchmarks on health disparities and track changes at DFCI. □ Tracking changes in breast, cervical and prostate cancer rates and other

disease areas that occur in Boston, and nationally, for racial and ethnic minority populations, and in relation to whites, and the population as a whole. □ Examining access to care, quality of care and continuity of care obtained by minority patients compared to others to determine whether or not differences exist and identify mechanisms for ameliorating these disparities. □ Evaluate DFCI initiatives that aim to eliminate disparities in cancer education, screening, diagnosis, quality of care, continuity of care and outcomes. Programs to be evaluated initially include, but are not limited to, the Patient Navigator Program and Prostate Cancer Screening Program. Provide an evaluation resource for any unit within DFCI (e.g. HR, Office of Diversity, Nursing and Patient Care Services) that has developed disparities-related programs. □ Determine best practices in health disparities evaluation research and design appropriate evaluation models for DFCI disparities program evaluation initiatives. □ Evaluate the extent to which DFCI patients from all racial and ethnic backgrounds and socio-economic strata have access to information, education and support that allows them to make informed decisions about participation in clinical treatment trials. ● Develop a Comprehensive Data Repository and Research Agenda on Health Disparities -- □ Develop and maintain a Health Disparities Community-Based Cancer Education Registry, consisting of individuals who have participated in community-based research and are willing to be contacted for future studies. Members of the registry will provide consent to be invited to participate in other studies at DFCI, and will receive on-going educational mailings, resource materials, and invitations to community events sponsored by DFCI. The Registry can be accessed by DFCI researchers who are interested in studying issues related to disparities. □ Oversee the development of a database characterizing participants in the Community-Based Cancer Education Registry, so that investigators can: (1) identify and approach different population groups for relevant studies; (2) develop new, translational study ideas that may directly address health disparities; and (3) identify opportunities to collaborate with investigators on funded community-based studies to add new components that will help to identify factors that impact on cancer prevention and screening behaviors and provide opportunities for biomarker collection. PERFORMANCE MEASURES: In order to ensure that the Health Disparities Program will achieve its goals, the following indicators will be used to monitor performance: ● Establishment and utilization levels of Health Disparities Program Information Resource Center; ● Number of evaluations of DFCI disparities programs conducted; ● Number of collaborative studies formed with community-based investigators; ● Number of research publications and grants resulting from use of the Registry; ● Number of research publications and grants related to health disparities; ● Number of people enrolled in the Community Cancer Education Registry; ● Dollar amount (or % increase) of new sources of funding related to disparities secured from federal, corporate and/or foundation sources; ● Improved data collection allowing for better measurement and tracking of health disparities. QUALIFICATIONS: ● Strong academic credentials (Ph.D. required); ● Expertise in health disparities and/or health policy research; ● Demonstrated leadership and management skills; ● Strong facilitation, coalition-building and communication skills (oral, writing); ● Experience in securing external research funding. TO APPLY: All inquiries, nominations, and applications should be directed in confidence to: Denise Gaffney, Vice President or Stephanie Fidel, Senior Associate, Isaacson, Miller, 334 Boylston Street, Suite 500, Boston, Massachusetts 02116, 617-262-6500. Please submit application materials to 3371@imsearch.com.

Generations Ahead (formerly the Gender and Justice Program of the Center for Genetics and Society), Oakland, CA

Director on Disability Rights, Justice and Eugenics (half-time)

Generations Ahead is a rapidly growing nonprofit organizing and advocacy organization working for reproductive and genetic justice. We work to insert a social justice advocacy voice in the public policy debates about the impact of human biotechnologies on human relationships and societal justice. With a growing network of social justice leaders and organizations, we are increasing cross-movement knowledge about these technologies, expanding organizational capacities to engage in advocacy and agendasetting, and building a shared social justice coalition and policy agenda. Generations Ahead grew out of a program at the Center for Genetics and Society in 2008. Eugenics is a key lens through which to understand the challenges posed by the new reproductive and genetic technologies. The primary goal of this project is to do outreach and education within the disability community, organize interested allies and leaders into a national network of concerned advocates, and deepen cross-movement alliances, collaborations and coalitions. The project director will present publicly on these issues; organize and inspire leaders and organizations to engage; and create opportunities for action and advocacy with other social justice constituencies. A minimum of three years organizing experience is required along with demonstrated success. Excellent writing and speaking skills, interpersonal skills, and project development experience are also important. Understanding of the social model of disability is highly recommended. Previous knowledge of genetics and reproductive technologies is desired, but not required. Specific Responsibilities: * Direct, manage and expand a robust organizing and outreach program with disability rights and advocacy organizations and leaders. * Speak publicly on the issues, brief organizations and develop public education materials. * Articulate an analysis of disability, eugenics, and genetics at the intersection of major social justice concerns. * Build relationships, alliances, knowledge, leadership and capacity to present a visible and effective voice for disability rights and advocacy on these issues. * Define and disseminate, through writing and media work, a social justice analysis for understanding and governing reproductive and genetic technologies. * Collaborate with organizational partners to organize and coordinate events, projects, and briefings. * Work with other staff to organize and facilitate "cross-movement dialogues" on key tensions between social justice allies. Desired Qualities and Requirements: * Three-five years of

organizing, advocacy and/or alliance-building experience required, with proven ability to meet ambitious goals; *Ability to write and speak persuasively; excellent written and oral communication skills; * Excellent organizational skills to work productively in a fast-paced, evaluation and goal-oriented organization; *Strong skills in multi-tasking, project management and self-management. *Proven ability to work well within a team and independently. *Outstanding interpersonal skills and judgment along with the ability to represent the organization locally, nationally and internationally. *Commitment to and confidence in working collaboratively and transparently-in teams and in building relationships across constituencies and at the intersection of issues; *Relationships with key constituencies, leaders and organizations; *Enjoyment of political and intellectual challenges combined with an aptitude and initiative to translate new political challenges into organizing activities, strategies and programs. *Ability and experience working with diverse constituencies joyfully and creatively. Personal/Work Characteristics: * You enjoy your work - You bring energy, enthusiasm, and joy with you to the office. *Strong work ethic - You set high standards of excellence and persist until ambitious goals are achieved. You are resourceful and innovative at tackling complex challenges in a sustainable, pro-active fashion. *Passionate commitment to learning and social justice - You are committed to social justice in all its complexity and utilize continuous learning, reflection and evaluation to improve all areas of work. *Accountability - You are a results-oriented team player who leads by example, holds yourself accountable for performance and takes absolute ownership. *Entrepreneurship - We are working on a cutting-edge issue utilizing an innovative movement building model. You enjoy thinking innovatively and developing pioneering work and programs. You're not afraid to ask questions and you proactively find answers to make decisions and be decisive. *Flexibility and adaptability - You should be able to switch gears in various high stress situations and apply yourself to quickly understanding and integrating new challenges Physical Requirements: The employee works primarily in an office environment with extended periods of talking by phone and working at a computer. The position also requires local and national travel by airplane. Compensation includes generous benefits, is competitive and will depend on experience. To apply, send resume, writing sample and cover letter to Sujatha Jesudason, sjesudason@genetics-and-society.org, or fax to 510-625-0874.

Georgia PIRG, Atlanta, GA
Public Interest Advocate

Georgia PIRG is looking for an Advocate to take on transit and tobacco smoke. Both current campaigns are already well funded through a foundation grant. BACKGROUND -- The Georgia Public Interest Research Group (Georgia PIRG) is a statewide, multi-issue public interest advocacy organization that works on behalf of Georgia's citizens to stand up to powerful interests and fight threats to public health, consumer well-being and our democratic government. We were founded in 1972 and have more than two thousand members. We employ investigative research, media attention, grassroots organizing, advocacy and litigation to deliver results on the state level. We are also part of the federation of state PIRGs, U.S. PIRG, which allows us to have a voice in Washington, D.C., coordinate on regional and national efforts, and share policy and strategy ideas from state to state. Georgia PIRG is seeking a Public Interest Advocate. The mission of our program is to stand up to powerful special interests on issues to protect public health, stop identity theft, expand public transportation options, fight political corruption, provide safe and affordable prescription drugs, and strengthen voting rights. Two current campaigns that the Advocate will jump right into are our work on transit and smoke-free workplaces. JOB DESCRIPTION -- Georgia PIRG's Public Interest Advocate will play the following roles: * Political Strategist: Frame the various problems and identify public interest solutions. Develop the strategies and tactics needed to build political support for those solutions and turn practical ideas into the law of the land. * Researcher: Investigate and write policy reports and studies documenting consumer problems and the benefits from implementing solutions to these problems. * Legislative Drafter: Craft policy options that turn the solution into law. * Advocate: Testify at legislative and administrative hearings and lobby members of the Legislature and the state Administration. * Media Liaison: Organize media events, release reports and publicize problems. Write media releases, provide source material to reporters, meet with editorial boards and reporters. * Political Organizer: Coordinate meetings and keep in touch with coalition partners, and work with field staff to generate grassroots support for our agenda. * Fundraising: Solicit grants from private foundations and major gifts from supportive members to help build Georgia PIRG's consumer program. QUALIFICATIONS -- Candidates for this position should have three to eight years of relevant post-college professional experience that includes political work on public interest issues. Qualified applicants will have a strong commitment to public interest issues, excellent verbal, writing and analytical skills, the ability to debate and speak persuasively, and enthusiasm for the work. SALARY & BENEFITS Salary for this position is commensurate with the amount of relevant professional experience that a candidate has. Relevant experience includes (but is not limited to) working in political, policy, legal, journalistic, or government settings. Advanced degrees, including a JD or masters in related fields, may count toward a candidate's professional experience. A competitive benefits package includes health care coverage, educational loan assistance, a 401k retirement plan, paid vacation and sick days, parental leave. Opportunities for advancement, travel, and additional training are available. Location(s): Atlanta, GA. Application: To apply, please e-mail your resume and cover letter to careers@pirg.org. Please make sure to note where you saw the job advertised.

Health Strategies International, LLC (HSI)

Consultants in Global Health

Health Strategies International, LLC (HSI) is a global health consulting firm based in North Carolina. We are currently seeking consultants who are qualified in and committed to the field of global health. Although opportunities are available for a wide range of skill sets and global regions, immediate priority will be given to consultants who have working experience in Africa and/or South and West Asia, with the Global Fund or who have worked in disease-specific programs such as malaria, TB or HIV/AIDS. If you wish to be considered for consulting opportunities or employment with HSI, please email a current resume to Amanda Stemke at astemke@hsinternational.org. For further information regarding HSI, please visit our website at www.hsinternational.org.

Hunter College, City University of New York, New York, NY

Assistant/Associate/Full Professor (tenure track)

Health Policy and Management

Help develop new MPH and DPH programs in Public Health Policy and Management, with focus on urban settings; teach and develop new courses in health policy and management; lead interdisciplinary research teams that will conduct health services, health policy and related studies in urban settings. The PHPM track will focus on public health policy and prepare public health managers, policy analysts and policy advocates to work in urban settings and lead and analyze intersectoral approaches to improving health of urban populations. For more information:

<http://hr.hunter.cuny.edu/jobs/facultyjobs.html#FY14285>. Requirements: Doctorate in public health, public policy, management, health services administration or related field; graduate teaching and advising experience; and record of grants and publications on urban health care

systems, health impact assessment, urban public health policy, or intersectoral approaches to municipal services. At least five years professional experience in public health management or policy analysis highly desirable. Especially interested in candidates with mix of academic and professional experience in management of urban public health programs.

Candidates should submit – in electronic form -- a CV, cover letter, three recent articles or manuscripts, and the names and contact information of three references via e-mail to: Nicholas Freudenberg, DrPH, HPM Search Committee Chair, Urban Public Health Program, Hunter College, CUNY, nfreuden@hunter.cuny.edu.

Institute on Urban Health Research, Northeastern University, Boston, MA – Two openings

Statistician

Project Coordinator

Below are two job openings at the Institute on Urban Health Research at Northeastern University.

1. STATISTICIAN -- Responsibilities : Statistician will develop analysis plans jointly with a senior statistician and/or principal investigator, and conduct statistical analyses based on general outline, with periodic supervision; review statistical literature to determine appropriate analytic methods; provide statistical programming for quality control during the data collection phase of a study; write summaries of analysis and results; participate in the writing of manuscripts, especially statistical methods and results sections; coordinate teams assembled to accomplish specific data related tasks; present statistical seminars to colleagues; provide training and advice with regard to statistical software; communicate directly with outside investigators via memos, telephone and presentations to project committees. Other non-essential duties may be assigned. Main responsibilities of the Statistician will include: Providing statistical analysis specific to his/her projects, independently or in-tandem with other paper writing workgroup members, and will assist in manuscript-writing, including examining data for potential research questions and manuscript topics, as well as writing the text itself. Providing supervision to project staff and students assisting in data analyses. Supervision will focus on data management, data quality, data analyses, and writing of methods and findings. S/he will also provide input in staff and student evaluations regarding data related activities of staff supervised two times a year and make recommendations to the PI. Assisting with the writing of reports for the funding agency, presentations and papers to be submitted for publication. S/he will also assist with the writing of grants and as needed. S/he will assist with preparation of data analyses and report of findings for continuing reports activities. Qualifications : Master's degree in Statistics or Biostatistics with relevant post-Masters experience in data analysis in public health or the social sciences; or demonstrated expertise in data analysis, statistical consulting/collaboration and technical writing. Knowledge of statistical methodology and analysis. Good oral and written communication skills are critical for this position. Proficiency in SPSS and/or SAS is also required. Ability to act independently. How To Apply : Please submit resumes to Mara Weibley by e-mail, m.weibley@neu.edu, or mail to Northeastern University, 503 Stearns, 360 Huntington Avenue, Boston, MA 02115.

2. PROJECT COORDINATOR – Responsibilities: Project Coordinator, as a member of a research team at the Institute on Urban Health Research (IUHR), will provide research, administrative and logistical support to the IUHR director by participating in research activities such as editing completed survey instruments, cleaning and entering data, conducting basic data analyses, conducting literature searches, preparing correspondence and assisting in writing project reports/manuscripts as assigned. This person is also responsible for administrative tasks such as all levels of purchasing for the office, supporting grant application processes, assisting IUHR Director with symposia, schedules, travel arrangements and special projects while ensuring smooth running of the overall office and assisting IUHR Administrative Manager with payroll, fellow program administration, events and other duties as assigned. Qualifications : Minimum

requirements include: BA in social or health sciences and 1-3 years experience in research environment and/or office management and administration. Knowledge about public health is a plus. Excellent skills in Microsoft Office (Word, Access, Excel, PowerPoint), ability to conduct library/literature searches and good writing/communication skills are required. Must be a detail-oriented individual with strong organizational/multitasking skills, able to work with diverse populations, and be able to perform well in a demanding research environment. Having some experience in data analysis is a plus. HOW TO APPLY: Please submit resumes to Mara Weibley by e-mail, m.weibley@neu.edu, or mail to Northeastern University, 503 Stearns, 360 Huntington Avenue, Boston, MA 02115.

Ithaca College

Assistant/Associate Professor Health Education/Promotion

The Department of Health Promotion and Physical Education at Ithaca College invites applications for a full-time, tenure-eligible Assistant/Associate Professor position to begin August 16, 2008, to teach undergraduate and graduate courses in health education and health promotion. Course content areas include, but are not limited to, at least 3 of the following: human sexuality, drug and alcohol use and policy, personal health, social determinants of health and disease, health disparities, minority health, international health, teaching methods in health education, and student teaching supervision/coordination. Other duties include student advising and service on department, school, and college committees. Qualifications: Doctoral degree in health education, public health, or closely related field; ABD will be considered if the candidate is close to completion. College teaching experience and CHES certification preferred. Demonstrated scholarship through publications, presentations, and participation at professional meetings strongly desired. Flexibility and experience in multi-disciplinary and interdisciplinary programs, and experience with diverse populations highly valued. Interested individuals should apply online at www.icjobs.org, and attach a letter of application and vita. Questions about the online application should be directed to the Office of Human Resources at (607) 274 1207. Additional inquiries may be made by contacting Stewart Auyash at (607) 274-1312 or auyash@ithaca.edu. Screening of applicants will begin immediately and will continue until the position is filled.

Jackson State University, Jackson, Mississippi

Chairperson, Department of Behavioral and Environmental Health

The Department of Behavioral and Environmental Health invites nominations and applications from talented and dynamic national leaders who will cultivate excellence in research, teaching, and service and a strong department advocate. A background in behavioral/social science/environmental/public health or a related area is required. Applicants should have a Ph.D. or equivalent terminal degree and qualify as a tenured associate/full professor. RESPONSIBILITIES: The Chair will be expected to contribute to excellence in the department by furthering its missions of teaching, research, and service. The successful candidate will have leadership experience and will be expected to advocate research programs with ultimate goal of eliminating health disparities with a particular focus on minority and underserved populations. Dissertation supervision, grantsmanship, current publication in referred journals and active professional membership in discipline-related organizations are expected. We desire a candidate who takes a collegial approach to academic leadership. Beginning of employment: 2008-2009 academic year. APPLICATION: Opening is available immediately and will remain open until filled. Applications should include a letter of interest, current vitae, and the names, addresses, e-mail addresses, and telephone numbers of 4 references. All applications should be submitted electronically to Dr. Arthur at: chris.a.arthur@jsums.edu

National Cancer Institute and the Office of Behavioral and Social Sciences Research

4th Advanced Training Institute on Health Behavior Theory

Fluno Executive Conference Center

Madison, WI

July 6-13, 2008

Deadline: February 22, 2008

The National Cancer Institute and the Office of Behavioral and Social Sciences Research will sponsor an intensive, 7-day workshop for early career investigators July 6-13, 2008 at the Fluno Executive Conference Center in Madison, Wisconsin. The objectives of the institute are to allow 25 attendees to extend their understanding of the assumptions underlying major types of health behavior theories, to explore how theories are tested and improved, and to examine how to use theories appropriately in designing interventions for behavioral risk factor modification. Lead instructors include researchers Neil Weinstein, University of Arizona, Alex Rothman, University of Minnesota, Susan Curry, University of Illinois at Chicago, and Barbara Curbow, University of Florida. Applicants from all disciplines are welcome to apply. Multiple disciplines have been represented at each of the previous workshops. An interest in cancer-related behaviors is desired, but not required. You must have received a doctoral degree by the beginning of the course and have completed at least one graduate level course in the behavioral sciences and one graduate level course in statistics. Participants must be U.S. citizens. There will

be a \$500 meeting cost to participate in the institute. Travel, meals, and lodging will be provided. More information, an application, and comments from previous participants are available at <http://cancercontrol.cancer.gov/workshop/>.

**National Cancer Institute, National Institutes of Health, Department of Health and Human Services, Bethesda, MA
Cancer Research Training Award (CRTA), Health Services and Economics Branch
Deadline: Position open until filled.**

The National Cancer Institute, a major research component of the National Institutes of Health and the Department of Health and Human Services, is pleased to request applications from qualified candidates for a Cancer Research Training Award (CRTA).

The Cancer Research Training Award provides an outstanding opportunity for an individual with a strong interest in understanding how cancer care (screening, diagnosis, treatment, and monitoring) is delivered and has an impact on populations. The person will gain experience and understanding of how to analyze and evaluate relevant data on processes of care, economic impacts, intermediate, and long-term outcomes in populations while he/she works as an extramural scientist at the National Cancer Institute. The CRTA appointment is a one- or two-year position with the Applied Research Program, Division of Cancer Control and Population Sciences of the National Cancer Institute (<http://appliedresearch.cancer.gov/>). This position provides an exciting and unique opportunity to work with leaders in the field of population monitoring and assessment of health services research related to cancer. The trainee will work at the National Cancer Institute, the largest of the Institutes of the National Institutes of Health, and the leader in providing research direction and funding for cancer research nationwide. The position will allow contact with a large number of scientists representing disciplines of health services research, economics, epidemiology, including experts in cancer screening, quality of care assessment, and other cross-cutting arenas of application. POSITION DESCRIPTION: The trainee will function as a member of the Applied Research Program and work with scientists on projects related to the Health Services and Economics Branch mission. The trainee will work collaboratively in a support role with scientific staff at the National Cancer Institute in the design, development and analysis of research projects and grant-related activities. Day-to-day activities might include study management and coordination, managing the creation of journal supplements in a specific scientific area, assisting with the development of program announcements, coordinating the development of research resources for external researchers such as the SMART tool, facilitation the updating of ARP research resource websites for external researchers such as the SEER-Medicare website, conducting literature searches; portfolio analyses; gathering and summarizing background information about scientific findings and health policy; participating in Branch meetings; and attending lectures and meetings sponsored by the National Institutes of Health or other agencies. The trainee will be supervised by the Branch Chief or by appropriate staff designated by the Branch Chief. QUALIFICATIONS: • Minimum of a master's degree in public health (MPH or MSPH), or 2 years research-related working experience in the public health field; • A strong interest in public health, population-based research and cancer control; • Experience conducting research or serving as a research assistant on a scientific project; • Excellent organizational, planning, writing, and project management skills; • Excellent interpersonal skills; • The ability to work independently and on research teams; • Data management skills and/or experience with spreadsheets. APPLICATION REQUIREMENTS: • A one-page letter explaining your interest in public health, health services research and cancer control, as well as how you see this position furthering your career goals (include your earliest start date). SALARY/BENEFITS: Salary is commensurate with experience and education. The salary range for a trainee with a bachelor's degree is \$24,800 to \$35,300, and the salary range for a trainee with a master's degree is \$29,600 to \$35,700. Health benefits are provided. START DATE: The CRTA start date is negotiable. INQUIRIES: For further information about the position or application process, contact Emily Dowling (dowlinge@mail.nih.gov, 301-594-6654). MAILING ADDRESS: Send applications to: Ms. Emily Dowling , ARP/DCCPS , National Cancer Institute, 6130 Executive Blvd., EPN, Room 4005 - MSC 7344 , Bethesda, MD 20892-7344 , dowlinge@mail.nih.gov.

**National Center for Institutional Diversity (NCID), University of Michigan
Postdoctoral Fellowship Program 2008-2009
Deadline: March 1, 2008**

The National Center for Institutional Diversity (NCID) at the University of Michigan is pleased to announce a new Institutional Diversity Postdoctoral Fellowship Program. This university-wide, interdisciplinary initiative seeks to advance the Center's national commitment to institutional diversity as well as its strategic agenda to bridge exemplary scholarship with multilevel engagement and innovation. This fellowship program is also designed to help recruit outstanding faculty with strong commitments to diversity within a range of U-M academic units. A successful candidate will be attractive as both an NCID fellow and a tenure-track or research faculty member. We anticipate awarding one fellowship as soon as possible and additional awards during 2008-2009 for a minimum duration of one year. Awards may be renewable for a second year based on progress. Applications are especially welcome from scholars with interests that reflect the NCID strategic agenda, including: (a) innovative scholarship, research, or creative work on some aspect of diversity in the broadest sense; (b) bridging interdisciplinary scholarship with innovation to address challenges and opportunities of diversity; and (c) building partnerships among scholars and policy-relevant leaders engaged in social change activities at campus/institutional, local/state, or national/global levels. We especially invite applications from outstanding candidates

whose interests in diversity issues cross interdisciplinary boundaries in NCID's priority areas: Basic Scholarship & Multilevel Engagement; Education & Institutional Transformation; Expressive Culture, the Arts & Media Health; Disparities & Human Development; Science, Technology, Engineering & Mathematics; Organizations & Sustainable Development; Urban Revitalization & Community Development; Politics, Public Policy & Social Justice. In support of a broader university-wide interdisciplinary initiative, there is also a particular interest in candidates who can help develop greater campus capacity for national prominence in the critical area of Diversity Issues in Urban Revitalization and Sustainable Development. Direct applications or nominations for the program are accepted. Related information on NCID, the application process, and the fellowship may be obtained at www.ncid.umich.edu. Candidates can also be nominated by faculty members who have close knowledge of promising young scholars. Nomination letters should include the candidate's curriculum vitae with contact information. Please send all inquiries via email only to NCIDpostdoc@umich.edu. Related information on NCID, the application process, and the fellowship may be obtained at www.ncid.umich.edu. The fellowship recruitment process will begin immediately with an application deadline of March 1, 2008, for a possible Fall 2008 start date.

New York City Department of Health and Mental Hygiene Deputy Director for Programs, Nurse-Family Partnership

The Deputy Director for Programs is responsible for programmatic oversight and management of all Nurse-Family Partnership implementing sites, currently including nine sites of nurses throughout New York City. Work within the local communities in partnership with NFP sites, and within agency structure to assure that NFP is receiving referrals of first-time, low-income mothers and that the NFP program is being implemented by the sites in accordance with established NFP guidelines and DOHMH requirements. 1. Oversee, Collaborate and Partner with all NYC Implementing Sites to develop and supervise the implementation of the Nurse-Family Partnership guidelines and objectives with fidelity to the model. - Review citywide data to ensure the NFP activities are consistent with DOHMH and national NFP expectations. - Maintain ongoing communication with the National Service Office, Public/Private Ventures, and other NFP programs throughout the nation to keep informed of recent thinking in ongoing implementation. - Develop client referral and retention systems, program policies and procedures, data management protocols and assure NYC-Nurse-Family Partnership processes for Continuous Quality Improvement activities. - Assure appropriate Nurse-Family Partnership staff training and development. - Promote collaboration with other DOHMH programs, academic institutions and other providers of maternal, infant and reproductive health services to improve the health of pregnant women and infants. - Develop/strengthen linkages with maternal, infant and reproductive health programs citywide to help coordinate services in service of NFP program. - Assist in budget development, oversee expenditures, and collaborate with the Fund for the Public Health of New York to assure privately funded program enhancements and projects take place within appropriate timeframe and budget. - Keep informed on scientific developments that concern reproductive, maternal and infant health. - Assist with Nurse-Family Partnership Marketing and Advisory Board Development in planning and implementing strategies to replicate NFP citywide. 2. Provide Direct Supervision and Guidance to the NFP Nurse Coordinator, Consultant Social Worker and Psychiatric Clinical Nurse Specialist who provide guidance, training, technical assistance, and support to NYC-Nurse-Family Partnership Implementing Sites. 3. Oversee Nurse Recruitment and Retention planning to assure a cadre of Nurse-Family Partnership nurse home visitor specialists. Guide the work of nurse recruiter in collaboration with DOHMH Human Resources to develop and implement a rigorous recruitment plan, identify and develop an ongoing pool of potential nurses for NFP, and identify nurses for interviews in support to NYC Implementing Agencies in attaining full staff capacity. **PREFERRED SKILLS** -- Experience in the following: Provision of maternal/child health services, particularly in a community setting. Program management /oversight of significantly sized program. Public/ community health including home visiting. Experience in Nurse-Family Partnership program preferred. Experience Required: **QUALIFICATION REQUIREMENTS:** 1. A valid New York state license as a Registered Nurse, a Baccalaureate degree in Nursing from an accredited college and a Master's degree in Nursing, Public Health or a related field, plus four years of recent experience in public health or hospital nursing or a related field; at least 18 months of which must have been in an administrative, managerial, executive, consultative or educational capacity, or in supervision of professional public health nursing personnel working in any of the above mentioned areas; or 2. Education and/or experience equivalent to (1) above. However, all candidates must possess a valid New York State license as a Registered Nurse, and a Baccalaureate degree in Nursing from an accredited college; and must possess the 18 months of specialized experience as described in (1) above. This license must be maintained for the duration of employment. To apply, go to <http://sh.webhire.com/servlet/av/jd?ai=741&ji=2162823&sn=1>.

Public Health-Seattle & King County – Two Positions Available Assistant Chief, Assessment, Policy Development & Evaluation (APDE) Epidemiologist II, APDE

Assessment, Policy Development and Evaluation, Public Health-Seattle & King County, is a nationally recognized leader in community health assessment. In partnership with community organizations and agency staff, we use and develop state-of-the-art techniques for the collection and analysis of data and the development and assessment of effective

population-based interventions. Analysis and elimination of health disparities is central to our work. Please see the more detailed job description below for further information.

1) Assistant Chief of Assessment, Policy Development & Evaluation Unit (Epidemiologist III) --

THE POSITION: Assistant Chief of Assessment, Policy Development and Evaluation for Public Health – Seattle & King County (PHSKC). The Assessment, Policy Development and Evaluation (APDE) unit is a nationally recognized leader in community health assessment. APDE'S primary role is to provide health assessment data and analysis to inform planning, policies, and actions, and develop innovative interventions that improve the health of King County residents. Analysis and elimination of health disparities is central to our work. In partnership with community organizations and agency staff, we use and develop state-of-the-art techniques for the collection and analysis of data, and the development and assessment of effective population-based interventions.

2) Epidemiologist II (969 - APDE) -- THE POSITION: The Assessment, Policy Development, and Evaluation (APDE) unit is a nationally recognized leader in community health assessment. APDE's primary role is to provide health assessment data and evaluation to inform planning, policy development, and action to improve the health of King County residents. The epidemiologist will perform professional, independent, highly skilled data analysis work by collecting, analyzing, interpreting and presenting quantitative health data, and planning, conducting, and evaluating programs, major research or data analysis projects. For more information, please contact Gloria Albetta at gloria.albetta@kingcounty.gov. The job applications can be found at: <http://agency.governmentjobs.com/kinghealth/default.cfm>. Samples of APDE reports can be found at: <http://www.metrokc.gov/health/reports>

The Center for Community Change 2008 Generation Change Fellowship

Deadline: March 15, 2008

The Center for Community Change is excited to announce that the 2008 Generation Change application period is now open! See our website, <http://action.communitychange.org/site/R?i=LhuX5Uc8UHZKKI0G-Ho0Lw..> or www.genchange.org/, to learn more. A key pillar of the Center's mission is to build the social movements of tomorrow. Generation Change is our innovative project to recruit, train, and support the next generation of progressive leaders. We place promising interns and fellows in leading community groups across the country providing valuable skills for individuals and strengthening the power of the grassroots groups in which they work.

The Robert Wood Johnson Foundation Program Associate (Quality/Equality), Program Groups

The program associate is a professional staff member who will support the work of the program team by: conducting project and related research; working with key experts, grantees and applicants to develop strategies and action plans to fulfill the team's objective; and assisting in designing and implementing new initiatives, evaluating proposals, and monitoring programs and grants. As with staff at all levels of the Robert Wood Johnson Foundation, program associates are expected to demonstrate a passionate commitment to the Foundation's mission of improving health and health care for all Americans and to the guiding principles and promise that undergird that mission. Essential Duties: Program Development and Monitoring: *Gather, synthesize and analyze background information relevant to team strategy and the development of individual programs. *Work with Research and Evaluation officers to monitor indicators and data sources for tracking team progress. *Participate in site visits and review proposals. *Assist in coordinating external reviews for proposals and concept papers. *Assist team members in program and project development and monitoring, as assigned by the program team leader. Learning and Dissemination: *Work with staff and consultants to assess, evaluate and disseminate results of programs and projects, and develop measures of impact for major programs and activities. *Monitor, track and report on team initiatives and programs. Work with staff and consultants to harvest "learnings" from previous and current grantmaking, and to disseminate results and "learnings" to other staff, grantees and the field. *Assist team members and other staff with development of Web content as needed. Team Functioning: *Assist in overall team coordination and activities. *Assist team members with related activities, as assigned by the program team leader. *Prepare various types of presentations. *Assist program team leader with administrative and facilitation tasks, as needed. *Responsible for actively participating in team activities and improving team functioning, including compliance with team norms and providing support and back-up for team members. Grantmaking Processes: *Responsible for understanding, implementing and following the grantmaking processes and policies of RWJF. *Represent the Foundation publicly regarding program and team direction, program funding and grantmaking results. Responds to public inquiries about the team and the application process. Foundation and Field Contributions: *Develop general background information for team on major literature, field direction and stakeholders. *Attend outside meetings and conferences for the team, at the discretion of the program team leader. Experience and Qualifications: *Education and experience in a related field equivalent to a Master's degree; or Bachelor's degree plus two (2) years related professional experience and/or training. *Two (2) years of related work experience in health or health care related field, preferably in the non-profit or government sector; experience with or knowledge of philanthropy desirable. *Should have experience in or knowledge of the U.S. health care system, with an understanding of issues related to quality and disparities in health care. Strong project and people management skills, including demonstrated ability to think independently, to juggle multiple priorities

for multiple managers, and to be tolerant of ambiguity and differences in grantmaking approaches. *Strong written communication skills; ability to synthesize and translate complicated material into clear and simple language. Ability to analyze and interpret professional journals and periodicals, technical procedures, or governmental regulations. *Excellent oral presentation skills. *Personally motivated to support the Foundation's mission and goals; creative, flexible; able to work independently and in teams to think imaginatively about opportunities; to create and respond to novel and innovative approaches to addressing an issue; to inspire others to work toward achieving team goals. *Strong interpersonal skills; collegial, energetic; able to develop productive relationships with colleagues, grantees, consultants, external funders and others who contribute to program development and management. *Demonstrated maturity and sound judgment. Ability to make decisions, justifies recommendations, and is responsive and clear with proposal applicants. *Strong research and electronic communications skills, including use of Internet. *Ability to work in a highly collaborative and team environment. *Ability to travel as required. Contact: Please e-mail your resume, including salary history/expectations, and interest letter to our Human Resources Center at ResumeHCG@rwjf.org. Upon receipt of your materials, you will receive a confirmation e-mail from RWJF.

**The Robert Wood Johnson Foundation
Investigator Awards in Health Policy Research Program
Deadline: March 26, 2008 (4-page letter of intent)**

The Investigator Awards in Health Policy Research program of the Robert Wood Johnson Foundation (RWJF) funds highly qualified individuals to undertake broad studies of the most challenging policy issues in health and health care facing America. Grants of up to \$335,000 are awarded to investigators from a variety of disciplines. Successful proposals combine creative and conceptual thinking with innovative approaches to critical health problems and policy issues. Applications are welcomed from investigators in fields such as anthropology, business, demography, economics, engineering, ethics, genetics, health and social policy, history, journalism, law, medicine, nursing, political science, public health, psychology, science policy, social work, and sociology. We seek a diverse group of applicants including minorities and individuals in non-academic settings. If you have a project idea that holds promise for enhancing our understanding of significant health-related problems and informing the development of sound health policies, we encourage you to consider applying. Deadline for 4-page Letter of Intent Applications: March 26, 2008. The complete Call for Applications is available at www.investigatorawards.org or by calling (732) 932-3817. Please visit our website for more information about the program and its awardees.

**Tufts University
Full-Time Lecturer in U.S. Health Policy
Deadline: March 1, 2008**

The Community Health Program invites applications for a full-time lecturer position with a focus on health policy, beginning in September, 2008. Candidates must demonstrate a strong interest in undergraduate advising and education, preferably supported by undergraduate teaching experience. Ph.D. or equivalent degree (MD, JD, DPH, etc.) required at time of appointment. Founded in 1975, the Community Health Program is committed to helping students understand health issues from multiple perspectives. Thus, we are open to applications from candidates with a wide variety of interests. We seek candidates interested in interdisciplinary research and the integration of theory, research and practice. Direct experience with community-based organizations or agencies is highly desirable, as is experience in community-based research. See <http://ase.tufts.edu/commhealth/> for more details about the Program. The successful candidate is expected to teach an introductory lecture course, "Health Care in America: Policy and Politics" and four other courses, including a seminar that supports students completing their internships, and will also assist with Program administration. One of these courses may include leading a student-research team in a group research project. Although research is not required in this position, we are committed to helping the successful candidate establish a research career. Review of applications is ongoing and continues until the position is filled. For full consideration, complete applications should be received by March 1, 2008. Send application letter, CV, teaching evaluations, and names and contact information for three references by e-mail to Edith D. Balbach, Director of the Community Health Program (edith.balbach@tufts.edu).

**University of Massachusetts, Amherst
Two Faculty Positions, Department of Psychology**

The *Department of Psychology* at the *University of Massachusetts Amherst* is inviting applications for two faculty positions in the area of race, stress resilience, coping, and physical and mental health, starting in Fall 2008. Appointments will be made at the Assistant Professor level. Candidates must have a Ph.D. in psychology or related discipline, an excellent record of empirical research and academic scholarship, and the potential to attract extramural funding. *Position 1*. Candidates for the first position should have research interests and experience focusing on *race and/or ethnicity in relation to adoption*. Among the relevant topics would be racial differences in family constellation and their consequences for adopted children and adolescents; differential risk factors for, and consequences of, adoption-related stress, including effects on physical and mental health; developmental outcomes of early maltreatment in children adopted from foster care and the public child welfare system; processes of racial socialization in families of children of

color whose parents are from a different racial group; and racial or ethnic disparities in response to the circumstances of adoption.

Position 2. The second position is devoted to *racial and ethnic disparities in physical and mental health*, including effects on physiology. The ideal candidate will conduct research on such issues as psychological and physical health consequences of stress related to racial or ethnic disparities; perceived discrimination, stress, and coping; race-based rejection sensitivity and its impact on health; the influence of racial identity on health and/or psychopathology; diversity in the community or the workplace and its impact on minority coping, health, and well-being; racial disparities in daycare, preschool, and homecare and their effects on physical and mental health; racial disparities in early intervention for children at academic and social risk; and racial disparities in stress exposure and health care. Information about the Psychology Department at UMass Amherst is available at <http://euryle.sbs.umass.edu/PsychWeb/>. Applications should include a cover letter, statement of research interests and teaching philosophy, curriculum vitae, sample publications, and three letters of recommendation. Review of applications will begin on February 15, 2008 and we will continue to accept applications until the positions are filled. Applications should be sent to: Racial Disparities Search Committee, Department of Psychology, University of Massachusetts, Amherst, MA 01003. Please indicate for which of the two positions you are applying.

**University of New Mexico, Department of Sociology
Open Rank Faculty Appointment
Medical Sociology Job Announcement**

For best consideration, all application materials should be received by March 1, 2008.

The Department of Sociology in partnership with the Robert Wood Johnson Foundation (RWJF) Center for Health Policy at the University of New Mexico (UNM) invites applications for an open rank (Assistant, Associate or Full Professor) faculty appointment in Sociology beginning Fall 2008. Tenure status is subject to negotiation depending on qualification. The Department of Sociology at UNM offers a comprehensive program of undergraduate and graduate studies that focus on themes in criminology, comparative sociology, Latin American society, race/ethnic relations, gender, family, social policy, health and wellness, and human services. Faculty members and students conduct research on major sociological issues of global, national, and regional significance. The Department provides expertise and community service through applied projects, public lectures, and consultation. By addressing issues of importance to diverse populations, faculty and students in the Department devote special attention to the Southwestern region and the unique conditions of New Mexico. The Department accomplishes its mission partly through affiliation with the Institute for Social Research, the Latin American and Iberian Institute, and the Center on Alcoholism, Substance Abuse and Addictions. The RWJF Center for Health Policy aims to increase the number of Hispanic and Native American PhD graduates in the social sciences with expertise in health policy. According to the Center's mission, these graduates will participate as leaders in achieving progressive changes in US health policies at the national level. In January 2007 RWJF awarded initial and renewable funding of \$18.5 million for the first five years. The Center will serve as a national resource for minority health policy research and will provide a voice for Hispanics, Native Americans, and other underrepresented groups in health policy discussions. In its educational and research goals, the Center fosters collaboration among the social science departments in the College of Arts and Sciences (Economics, Political Science, and Sociology) and Health Sciences Center (Medicine, Nursing, Pharmacy, and Public Health). The successful candidate will be a scholar chosen on the basis of strength and breadth of performance, according to the following selection criteria: 1) active research agenda and publication history congruent with the missions of the Department of Sociology (<http://www.unm.edu/~socdept>) and the RWJ Center (<http://rwjf.unm.edu>); 2) academic preparation and ability to teach graduate and undergraduate courses in sociology and any of the following areas of specialization: medical sociology, demography, epidemiology, public health, and health policy; and 3) ability to supervise graduate students, in studies leading to the doctoral degree in sociology, with a focus on health policy. Preference will be given to candidates with a strong background in interdisciplinary and community-oriented research in medical sociology, public health, and/or health policy pertinent to Hispanic/Latino or Native American populations. Minimum qualification is a doctoral degree in sociology, demography, social epidemiology, public health, or a closely related field, to be awarded by August 15, 2008. For best consideration, all application materials should be received by March 1, 2008. The position will remain open until filled. A complete application should include: 1. a signed letter describing the applicant's qualifications and objectives, 2. a curriculum vitae, 3. at least two pertinent journal articles or chapters, published or in press, 4. a brief statement research agenda, and 5. at least three letters of recommendation. Please provide all contact information including e-mail address. Address applications and inquiries to: Professor Roberto A. Ibarra, Chair, Search Committee, Department of Sociology, MSC05-3080, 1915 Roma NE, room 1103, 1 University of New Mexico, Albuquerque, NM 87131-0001, Phone: 505.277.2501, Fax: 505.277.8805, E-mail: raibarra@unm.edu.

**Virginia Commonwealth University
Tenure-Track Position in African American Studies**

The Department of African American Studies in the College of Humanities and Science at Virginia Commonwealth University seeks to fill a full-time tenure track position, contingent upon funding, for August 2008. This position is at the assistant or associate professor level. The ideal candidate will specialize in African and African Diasporan health issues,

especially as they relate to the integration of traditional African healing paradigms and practices with contemporary approaches to the health and well-being of Africans, African Americans and others persons of African descent living in the Americas and/or the Caribbean. Doctoral degree required in the social sciences (e.g., anthropology, sociology, psychology, political science) or a health related field (e.g., public health, nursing). A degree in the humanities will be considered if the candidate has a subspecialty in a medical- or health-related area (e.g., traditional African religions and healing practices, history of medicine etc). The successful candidate should demonstrate a track-record of peer-reviewed scholarship, the potential to secure external funding for research, and the ability to teach graduate level courses in health, culture, and/or religion. Essential functions of this position include: maintaining an ongoing research program, teaching courses in the Department of African American Studies, contributing to curriculum development, grant writing, serving on program, college, and university committees, recruiting students, and providing service to professional associations and the community. Application Process: Applicants should submit a statement of scholarly research interests, teaching philosophy and interests, a current curriculum vita, representative publications, and at least three letters of reference to Dollie Thomas, Department of African American Studies, Virginia Commonwealth University, PO Box 842509, Richmond, Virginia 23284. Additional information about the Department of African American Studies is available at <http://www.has.vcu.edu/aas/>. Application review is ongoing and will continue until the position is filled. Virginia Commonwealth University is an equal opportunity/affirmative action employer. Women, minorities and persons with disabilities are encouraged to apply. For Additional Information: Shawn O. Utsey, Chair, Department of African American Studies, Virginia Commonwealth University; Phone: (804) 828-1354, Fax:(804)828-1665, Web: <http://www.has.vcu.edu/aas/>.

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CONFERENCES AND EVENTS

[Undoing the Silence: Six Tools for Social Change Writing](#)

Busboys and Poets (Langston Room)

2021 14th Street NW

Washington, DC

February 19, 2008, 6:00-8:00 p.m.

Undoing the Silence by **Louise Dunlap** offers guidance to help both citizens and professionals influence democratic process through letters, articles, reports and public testimony. **Dunlap** began her career as an activist writing instructor during the Free Speech Movement of the 1960s. "Free speech is a first step, but real communication matches speech with listening and understanding. That is when thinking shifts and change happens." **Sponsored by Teaching for Change, Co-sponsored by the Poverty and Race Research Action Council & Gender at Work.** **Louise Dunlap** is currently Lecturer in Urban and Environmental Policy and Planning at Tufts University. She has taught writing to city workers, foundation staff, environmental professionals and adult education students. She offers workshops for citizen activists in the labor, women's, peace, racial justice and environmental movements around the United States and in South Africa. **Undoing the Silence** is available for sale at [Busboys and Poets Books](#), which is operated by [Teaching for Change](#), a grassroots, non-profit organization dedicated to social justice, starting in the classroom. **Undoing the Silence** is published by [New Village Press](#).

Robert Wood Johnson Foundation

Launch of the National Commission to Address Why So Many Americans are Sicker and Die Younger than Others

The Columbus Club, Union Station

Washington, DC

February 28, 2008

Mark McClellan, Alice Rivlin to Lead the National Effort

Washington, D.C. event will feature new data on health disparities and new national survey results regarding Americans' views on what affects health. On Thursday, February 28, 2008, the Robert Wood Johnson Foundation will launch a non-partisan Commission to identify and recommend practical solutions to eliminate health disparities and improve health for all Americans. The Foundation will detail the stark differences in health among Americans and how social factors such as education, income, race and ethnicity, and environment affect how long and how well people live. Mark McClellan, former director of the Centers for Medicare and Medicaid Services and current director of the Engelberg Center for Healthcare Reform at the Brookings Institution, and Alice Rivlin, current senior fellow and director of the Brookings Greater Washington Research Program, and director of the Office of Management and Budget during the first Clinton administration, will lead the Commission effort. The Robert Wood Johnson Foundation Commission to Build a Healthier America is the first national, consensus-seeking group to consider solutions outside the medical care system for improving Americans' health. On February 28, the Commission will consider these questions: Why do poor and middle class Americans experience poorer health compared to those above them on the economic ladder? Why can some people in

America expect to die 20 years younger than others dependent upon where they live? How do health disparities affect the country's productivity and global competitiveness? Why is it that Americans have worse health outcomes than patients in other industrialized nations given how much we spend in health care? The Foundation will release a comprehensive report detailing differences in health, how social factors contribute to these differences, and how they impact America's economic strength. Leading pollsters Bill McInturff and Anna Greenberg will release a public opinion survey highlighting Americans' views regarding health disparities and what factors they think most affect their health. The Foundation will also announce the full slate of commissioners. WHO: Risa Lavizzo-Mourey, President and CEO, Robert Wood Johnson Foundation; Mark McClellan, Commission Co-Chair, Senior Fellow, Brookings Institution; Director, Engelberg Center for Health Care Reform; Alice M. Rivlin, Commission Co-Chair, Senior Fellow, Brookings Institution; David R. Williams, Executive Director of the Commission, Florence and Laura Norman Professor of Public Health, Professor of African and African American Studies and Sociology, Harvard University; Anna Greenberg, Senior Vice President, Greenberg Quinlan Rosner Research; Bill McInturff, Partner and Co-Founder, Public Opinion Strategies. To RSVP or for more information, contact Alex Field at (301) 652-1558 or Nick Seaver.

University of North Carolina School of Public Health

"The science and epidemiology of racism and health in the United States: an ecosocial perspective", by Nancy Krieger, Ph.D., Harvard School of Public Health

Broadcast Friday, February 29, 2008 at 2:00pm-3:30pm EST.

The 10th Annual William T. Small, Jr. Keynote Lecture is the highlight of the 29th Annual UNC School of Public Health Minority Health Conference on "The Impact of Poverty, Culture, and Environment on Minority Health", presented by the School's Minority Student Caucus from 8:30am-4:30pm on that day. The Keynote broadcast will include a live call-in question-and-answer session with Dr. Krieger. For information about the Conference and the broadcast please visit www.minority.unc.edu/sph/minconf/2008/ (Note that only the Keynote Lecture will be broadcast.) - Online registration form to attend the entire conference (in person): <https://oce.sph.unc.edu/forms/mhc/> (if you wish to attend in person, don't put off registering - the conference fills up early! - Satellite broadcast information:

www.minority.unc.edu/sph/minconf/2008/satellite/ - Webcast information:

www.minority.unc.edu/sph/minconf/2008/webcast/ - Read viewer comments from last year's broadcast:

www.minority.unc.edu/sph/minconf/2007/webcast/WTSjrKeynoteComments2007.htm.

PolicyLink

Regional Equity '08: The Third National Summit on Equitable Development, Social Justice, and Smart Growth. Sheraton Hotel

New Orleans, Louisiana

March 5-7, 2008

- Wednesday, March 5 – prior to the official start of the summit, we will host **free training workshops** beginning at 1:00pm at the hotel.
 - Thursday, March 6 – Friday, March 7 – Official Summit Program
 - Saturday, March 8 – In an effort to encourage people to stay through the weekend to spend more time in New Orleans, we've planned a day of volunteer service with local nonprofits.
 - Join more than 1,500 participants from a diverse mix of leaders and advocates with a shared focus on the growing regional equity movement
 - *Regional Equity '08* will build on the momentum of the 2005 summit, which was held in Philadelphia and co-convened by PolicyLink and the Funders' Network for Smart Growth and Livable Communities.
 - While at the summit, you will have the opportunity to take part in:
 - issue-based sessions,
 - forums for creating a regional equity movement,
 - skills-building trainings, and
 - a local service day (to benefit the people and the state of Louisiana)
 - Choose from more than 45 workshops.
- Registration: \$265
- Includes:
 - access and materials for workshop sessions, plenaries, and activities
 - breakfast and lunch for the two core days of the summit, and an evening reception.

If you have additional questions, please contact Amber Washington, Summit Coordinator at 510.663.4338 or amber@policylink.org.

**Developing Healthy People 2020: Regional Meetings
Developing the Framework for Healthy People 2020**

Public Comment Meeting

March 17, 2008 - Atlanta, GA

This will be the first in a series of public meetings <http://www.healthypeople.gov/hp2020/regional/default.asp> held across the country to obtain perspectives on the framework used to organize Healthy People 2020 objectives. Public comment on specific objectives will be sought in 2009.* This meeting targets HHS region III and IV

<<http://www.hhs.gov/about/regionmap.html>> participants. Four more meetings <http://www.healthypeople.gov/hp2020/regional/default.asp> will be held in spring 2008 across the country and will target participants from the remaining eight HHS regions. A final meeting is planned in the Washington, DC area.

REGISTRATION: There is no registration cost.** Online registration is now open at

<http://www.healthypeople.gov/hp2020/regional/default.asp>. WHO SHOULD ATTEND? All are welcome. Individuals from diverse sectors, including: * State and local government; * Community-based organizations; * Academia; * Advocacy groups; * Businesses; * Faith-based organizations; * Health care; * Federal government; * Non-profit and/or volunteer organizations; * Those interested in improving disease prevention and health promotion efforts for the nation. MORE

INFORMATION/QUESTIONS: For further details about the agenda, venue, and other regional meetings

<http://www.healthypeople.gov/hp2020/regional/default.asp>, visit <http://www.healthypeople.gov> or e-mail 2020regional@air.org with any questions. *The public will also have opportunities to provide comments for the development of Healthy People 2020 through the Internet at <http://www.healthypeople.gov>. ** Participants are responsible for their own travel and lodging expenses.

Society for Behavioral Medicine

29th Annual Meeting & Scientific Session

San Diego, CA

March 26-29

The Preliminary Program for the Society for Behavioral Medicine 29th Annual Meeting & Scientific Sessions, March 26-29, 2008 in San Diego is now available at <http://www.sbm.org/meeting/2008/>. A pre-conference workshop on CBPR, with a particular focus on NIH funding for CBPR, will take place on Wednesday March 26, 2008 from 1-5 pm. Please see details below. Community-based approaches have become increasingly respected ways to conduct public health research programs, both for observational studies and for intervention studies. Involving a target population ("the community") in the design and conduct of programs helps ensure that research participants understand intervention content and that research questions are reliable and valid. Researchers also often find that sharing research findings with members of the target population further illuminates those findings and also improves participant recruitment and retention. At NIH, community-based research has undergone a recent resurgence. During this workshop, NIH health scientist administrators will discuss the field of community-based research, including the community-based participatory approach, NIH's past and present interests in community-based research projects, and the process of the NIH application process from writing and submitting an application, NIH's peer review process, and the role of each NIH Institute's Advisory Council in funding decisions. Three senior researchers prominent in the field of CBPR will discuss their methods and findings. The workshop will be co-chaired by Jared B. Jobe, Ph.D., National Heart, Lung, and Blood Institute, NIH, and William Elwood, Ph.D., Center for Scientific Review, NIH. The presenters: William Elwood, Ph.D., Center for Scientific Review, NIH, will provide background and introductory concepts of community based participatory research. Michael Hecht, Ph.D., Pennsylvania State University will talk about conducting community participatory research on the topic of substance abuse in youth and its prevention. Jared B. Jobe, Ph.D., National Heart, Lung, and Blood Institute, NIH, will talk about conducting participatory research in American Indian communities. Lillian Gelberg, Ph.D., University of California Los Angeles School of Medicine will talk about community based clinical studies, about CBPR in the homeless population, and about violence-related issues. Brenda Miller, Ph.D., Prevention Research Center, PIRE, will talk about CBPR using family-based interventions, and club-drug issues. Jared B. Jobe, Ph.D., National Heart, Lung, and Blood Institute, NIH, will talk about NIH grant funding mechanisms for CBPR and about grant writing issues. William Elwood, Ph.D., Center for Scientific Review, NIH, will discuss the receipt and review of CBPR grant applications.

Health is More Than Health Care: The Documentary Series

A four-hour documentary series exploring socio-economic and racial inequities in health

Airing four consecutive Thursdays, March 27 to April 17, 2008

Produced by California Newsreel in association with Vital Pictures, Inc.

Presented by the National Minority Consortia of public television

Public Engagement Campaign in association with the Joint Center Health Policy Institute

UNNATURAL CAUSES TOOLKIT, <http://www.unnaturalcauses.org/toolkit.html>

Public policy change is critical to achieving health equity. But how can organizations use the series to educate, organize and advocate for changes that will make a difference? The UNNATURAL CAUSES toolkit provides facilitation tips, background, sample agendas, and guidelines for planning an effective screening – one that not only deepens understanding of issues but serves as a step towards further involvement. Please note: The toolkit is

currently available in DRAFT form only. Download entire toolkit (PDF - 406KB), <http://www.unnaturalcauses.org/images/toolkit-all.pdf>; A Letter from the Executive Producer & Using the Series (PDF - 277KB), <http://www.unnaturalcauses.org/images/Toolkit-1.pdf>; Background (PDF - 41KB), The Series and Public Impact Campaign, What Is Health Equity? Ten Things to Know about Health, <http://www.unnaturalcauses.org/images/toolkit-2.pdf>; Before You Begin: Three Steps (PDF - 49KB), Step I: Build Internal Consensus and Capacity, Step II: Develop Clear Goals & Objectives, Step III: Define Your Audience and Opportunities for Action, <http://www.unnaturalcauses.org/images/toolkit-3.pdf>; Planning Your Event (PDF - 51KB), Types of Screenings, Episode Descriptions, Messaging: A New Story Highlighting Promising Policies and Initiatives, <http://www.unnaturalcauses.org/images/toolkit-4.pdf>; Practical Tools (PDF - 51KB), Tips for Ensuring a Productive Discussion, Logistics Checklist, Sample Agendas, Resources & Acknowledgements, <http://www.unnaturalcauses.org/images/toolkit-5.pdf>. OTHER MATERIALS TO COME: UNNATURAL CAUSES Discussion Guide: suggested pre- and post-viewing activities, comprehension and discussion questions for each program, and practical follow-up actions § Policy Primer – Advocating for Better Policies: a detailed resource developed by the Praxis Project to help your organization plan and implement a strategy for policy change § Planning for Media Advocacy: also developed by the Praxis Project, in-depth advice on how to frame your message, tell your stories and get coverage; includes a media advocacy glossary.

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RESOURCES

Publications

Partners Speak Out!

Community-Campus Partnerships for Health (CCPH) is excited to release Achieving the Promise of Community-Higher Academic Partnerships: Community Partners Speak Out!, a new report about community partner perspectives on community-higher education partnerships. The report is one of many outcomes of the Community Partner Summit that brought together experienced community partners from across the U.S. at the Wingspread Conference Center in Racine, Wisconsin in April 2006. In addition to offering key ingredients and a framework for authentic community-higher education partnerships, the report details a vision for these partnerships articulated by the Summit's community partner participants, along with strategies and recommendations on how to achieve this vision. The report also describes the work that has been done by these community partners and CCPH since the Summit in the areas of peer mentoring, policy development and advocacy. The report is available as a PDF document on the Community Partner Summit webpage at <http://depts.washington.edu/ccph/cps-summit.html#Products> (while you're on the site, check out the other Summit publications and resources).

Geneticizing Disease: Implications for Racial Health Disparities

By Jamie D. Brooks, Meredith L. King

Center for American Progress, Washington, DC

Today it is almost impossible to pick up a newspaper or open a Web browser without finding an article that links a specific gene to a certain medical condition. In fact, a simple Google search of "gene linked" in November last year pulled up hits with genes linked to depression risk, restless leg syndrome, autism, breast cancer, childhood asthma, and type 1 diabetes in children. This is only on the first page of results from a total of 30,600,000 hits. Increasingly, genes are being linked in the mainstream press, on the Web and also in prestigious medical journals not only to medical conditions but also to behavioral conditions such as narcissism, aggressiveness, and in some instances to voting behavior. Linking disease to specific genes is becoming progressively more common among the American public, too. The increasing perception is that an individual's genes are the main cause of disease. To view the report, http://www.americanprogress.org/issues/2008/01/geneticizing_disease.html.

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, Am J Public Health, 1 January 2008;98 22-27

<http://www.ajph.org/cgi/content/abstract/98/1/22?etoc>

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.

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

David Richard Brown, Agueda Hernandez, Gilbert Saint-Jean, Sian 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, Am J Public Health 2008;98 28-38

<http://www.ajph.org/cgi/content/abstract/98/1/28?etoc>

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.

Journal of Health Care for the Poor and Underseved

Volume 19, Number 1, February 2008

The annual **Black History Month** issue of the **Journal of Health Care for the Poor and Underserved** will be released online on **Feb 7th, 2008**.

A Note from the Editor

Heroes and Great Ideas Column

A Sterling Legacy

J. W. Jamerson III, DDS, FACD, FICD

Association of Clinicians for the Underserved (ACU) Column

Rural Health Issues in HIV/AIDS: Views from Two Different Windows

Pamela H. Foster, MD, MPH

Ellis Frazier, MD

Commentaries

The Need for Diversity in the Environmental Health Workforce

Bailus Walker, PhD, MPH

Melvin Spann, PhD

Changing Corporate Practices to Reduce Cancer Disparities

Nicholas Freudenberg, DrPH, MPH

Sandro Galea, MD, MPH, DrPH

Marianne Fahs, PhD, MPH

Part I: Racial/Ethnic Differences, Disparities, and Discrimination in Health Care

Original Papers

Quality of Anticoagulation Control: Do Race and Language Matter?

Vijay Kumar Bhandari, MD

Frances Wang

Andrew B. Bindman, MD

Dean Schillinger, MD

Perspectives of African American, Amish, Appalachian and Latina Women on Breast and Cervical Cancer

Screening: Implications for Cultural Competence

Patricia Isabel Documét, MD, DrPH

Heidi Hauser Green, MS, MLIS

Janet Adams, PhD

Lou Ann Weil, MPH

Jami Stockdale, MA

Yil Hyseni, MPH

Age and Race/Ethnicity-Gender Predictors of Denying Smoking, United States

Monica A. Fisher, PhD, DDS, MS, MPH

George W. Taylor, DMD, DrPH

Brent J. Shelton, PhD

Sara Debanne, PhD

Ethnic Differences and Treatment Trajectories in Chronic Kidney Disease

Sara Johnson, MD

Dean E. Sidelinger, MD, MEd

Estela Blanco, BA

Lawrence A. Palinkas, PhD

Dina Macdonald, RN, CNN

Vivian Reznik, MD, MPH

Black-White Disparities in Elderly Breast Cancer Mortality Before and After Implementation of Medicare Benefits for Screening Mammography

Robert S. Levine, MD

Barbara E. Kilbourne, PhD

Peter A. Baltrus, PhD

Shanita Williams-Brown, PhD, MPH, APRN, BC

Lee Caplan, MD, PhD

Nathaniel C. Briggs, MD, MSc

Kimyona Roberts MSPH

Baqar A. Husaini, PhD

George E. Rust, MD, MPH

Predictors of Cancer Screening Among Low-Income Primary Care Patients

Erica I. Lubetkin, MD, MPH

Annabel Santana, MPH

Alan Tso, MD

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Andrew M. Ryan, MA

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Part II: Community Contexts and Health

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The Feasibility of Expectant Management with Inner-city Men with Newly Diagnosed Localized Prostate Cancer

Satoshi Anai, MD

Kogenta Nakamura, MD, PhD

Myron Chang, PhD

John Pendleton, MS

Saif Yacoub

Charles J. Rosser, MD

Design and Reach of a Primary Care Weight Management Program

Daniel O. Clark, PhD

Nicole Keith, PhD

Lisa Chrysler

Anthony J. Perkins

Deanna Willis, MD, MBA

Project HEAL: Peer Education Leads to Weight Loss in Harlem

Judith Z. Goldfinger, MD

Guedy Arniella, LCSW

Judith Wylie-Rosett, EdD, RD

Carol R. Horowitz, MD, MPH

Religion and Health Connection: A Study of African American, Protestant Christians

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Gene M. Lutz, PhD

Michele Yehieli, DrPH

Bruce K. Meisinger, MPP

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Longitudinal Quality of Life in Low-Income Men in a State-Funded Prostate Cancer Treatment Program

Mary Wassel Zavala, MA

Sally L. Maliski, RN, PhD

Lorna Kwan, MPH

David C. Miller, MD, MPH

Arlene Fink, PhD

Mark S. Litwin, MD, MPH

Hair Salon Stylists as Breast Cancer Prevention Lay Health Advisors for African American and Afro-Caribbean Women

Tracey E. Wilson, PhD
Marilyn Fraser-White, MD
Joseph Feldman, DrPH
Peter Homel, PhD
Stacey Wright
Gwendolyn King
Beverly Coll
Sonia Banks, PhD
Donna Davis-King, PhD
Marlene Price, MD
Ruth Browne, ScD

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Coping with Asthma in the Central City:
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Embry Howell, PhD
Joshua McFeeters, MPP
Multi-method Approach to Evaluate Inequities in Prenatal Care Access in Haiti
Leslie King-Schultz, MPH
Rhonda Jones-Webb, PhD

Original Papers

Systematic Prenatal Screening for Psychosocial Risks
Patricia A. Harrison, PhD
Abbey C. Sidebottom, MPH
Assessing the Moderating Affects of Anxiety Sensitivity on Antisocial Behavior among Urban African American Youth
Von Eugene Nebbitt, PhD
Margaret Lombe, PhD
James Herbert Williams, PhD

Part IV: Health Care Utilization and Access

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Health Care Utilization: The Experiences of Rural HIV-positive African American Women
Medha V. Vyavaharkar, MD, DNB, DGO, DFP, MPH
Linda Moneyham, DNS, RN, FAAN
Sara Corwin, MPH, PhD
State Medicaid Coverage and Access to Care for Low-income Adults
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Book Review *Cities and the Health of the Public*, edited by Nicholas Freudenberg, Sandro Galea and David Vlahov
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Note from the Editor

JHCPU 19.1
February 2008

Carter G. Woodson, whose work gave rise to Black History Month, wrote several invaluable histories of African Americans and, especially, the education of African Americans in the centuries before and the decades after Emancipation.¹⁻⁴ Woodson documented the lives of individuals who achieved great things, against overwhelming odds. Among them are a number of physicians, including **Dr. James Durham**, born into slavery in 1762, who went on to prominence as a practitioner in New Orleans, where he saved more yellow fever victims during an epidemic than any other physician (he lost only 11 of 64 patients treated). Others were **Dr. John V. DeGrasse**, of New York, and **Dr. Thomas J. White**, of Brooklyn, who completed their medical studies at Bowdoin, in Maine, in 1849; **Dr. William Taylor** and **Dr. John H. Fleet**, who completed their medical education in Washington, D.C. prior to Emancipation; and two other African American physicians, who graduated from Berkshire Medical School in 1858. We are also reminded of **Dr. James McCune Smith**, who graduated as a physician from the University of Glasgow in 1837; **Nurse Susie Baker** (later known

as **Susie King Taylor**), born into slavery in 1848, who became the first African American U.S. Army nurse during the Civil War; and **Dr. Rebecca Lee Crumpler**, the first African American woman to earn a medical degree, who graduated from New England Female Medical College in Boston in 1864. Woodson's captivating accounts serve as a welcome reminder of the importance of knowing the history of those who went before, especially those who, having stared down inconceivable adversity, dedicated themselves to the underserved.

Happily, we have the opportunity to do that in *JHCPU's* Heroes and Great Ideas Column. This issue's column recounts the story of three generations of Black dentists, father, son, and grandson: **Drs. Alexander Adolphus Dummett (1874 - 1949), Clifton O. Dummett Sr. (1917 - present), and Clifton O. Dummett Jr. (1944 - 2006). Dr. J. W. Jamerson**, of Savannah, Georgia, gives us a moving and detailed account of this extraordinary family's achievements.

We also feature in this issue a commentary by **Bailus Walker** and **Melvin Spann** on the importance of having under-represented minorities in the ranks of environmental health professionals, as well as on a long-term effort on the part of the National Library of Medicine to bring this about. Our second commentary also concerns environmental health. **Nicholas Freudenberg and colleagues** throw down the gauntlet for corporations to take at least some responsibility for reducing cancer health disparities by changing their practices in such areas as product design, marketing, retail distribution, and pricing.

This rest of the issue continues by tracing a course through health matters in the lives of racial and ethnic minorities. This theme has two major tributaries.

The first tributary carries the problem, establishing the persistence of differences, disparities, and discrimination along racial and ethnic lines in large population studies in the North and Central American region of the world.

Vijay Kumar Bhandari and colleagues evaluate the quality of anticoagulation control (important for traumas such as stroke) among people of low socioeconomic status, diverse racial and ethnic backgrounds, and/or limited English proficiency. They find that the time in therapeutic range (TTR) is significantly lower for African Americans than for Whites and also lower for Spanish-speaking Hispanics than for English-speaking Hispanics.

Robert Levine and colleagues examine the relationship the implementation of Medicare coverage for mammograms in 1991 and racial disparities in breast cancer mortality. They find that, post-implementation, breast cancer mortality declined faster among White than among Black elderly (65 years and older) women. No excess deaths occurred among Black elderly compared with White elderly through 1990; over 2,459 have occurred since.

Andrew Ryan and colleagues investigate whether self-reported racial/ethnic and gender discrimination were associated with lower rates of diabetes management. They find that self-reported racial/ethnic discrimination is associated with a roughly 50% lower probability of receiving a hemoglobin A1c test, foot exam, and blood pressure exam, while accounting for physician-patient concordance (in gender and race/ethnicity) and other factors. Self-reported gender discrimination was associated with 22% lower marginal probability of receiving a hemoglobin A1c test. The results suggest that discrimination is an important barrier to diabetes management.

Embry Howell and Joshua McFeeters studied mental health diagnoses and services among children of different racial and ethnic groups. After finding no significant differences among Black, Hispanic, and White children in urban and rural areas in the prevalence of mental health problems, they do find significant differences in the use of services. Hispanic and Black children in urban areas receive less mental health care than their White counterparts. The disparity persists for Hispanic children in rural areas.

Also in the vein of understanding some of the problems facing the medically underserved, **Medha Vyavharkar and colleagues** qualitatively studied the health care experiences of rural HIV-positive African American women. Their work is complemented by this issue's **Association of Clinicians for the Underserved** Column by **Ellis Frazier and Pamela Foster** on their experiences delivering HIV care in such communities and the stifling effects of stigma in reaching out to rural people at risk for HIV.

Relevant here as well are the articles by **Patricia Documét and colleagues** on African American, Amish, Appalachian, and Latina women on breast and cervical cancer screening; **Monica Fisher, George Taylor, and colleagues** on differences by age and race/ethnicity in the tendency for smokers to deny smoking; **Sara Johnson and colleagues** on ethnic differences in the treatment of chronic kidney disease; **Erica Lubetkin and colleagues'** examination of cancer screening among low-income primary care patients; **Sara Grineski's** discussions with Arizona parents of barriers to care for their children with asthma; and **Joel Weissman and colleagues'** demonstration that central primary prevention services are foregone by lower-income people at greater rates in states that have made Medicaid more restrictive. The second tributary feeding this issue's theme of racial and ethnic health concerns carries that much-needed commodity, *hope*. A series of papers present solutions devised in specific communities to some of the daunting problems facing racial and ethnic minority populations in this region of the world.

Two of these papers concern the treatment of prostate cancer among low-income men. **Satoshi Anai and colleagues** implemented expectant management techniques with inner city men diagnosed with prostate cancer. Expectant management involves actively monitoring the course of disease with the expectation of intervening if the cancer progresses or if symptoms become imminent. Criteria for expectant management include low-stage, low-grade disease (minimal disease on biopsy), severe medical condition with a life expectancy of less than 10 years, and patient's desire. It appears from their work that the use of expectant management with inner city men is both feasible and worthwhile. **Mary Wassel Zavala, Mark Litwin, and colleagues** evaluated longitudinal changes in disease-specific health-related quality of

life (HRQOL) among a cohort of low-income men treated for prostate cancer. They were especially interested in the efficacy of a California-funded program providing free prostate cancer treatment to uninsured, low-income men. They found that men exposed longer to the program's supportive and educational interventions reported less severe declines in post-operative urinary and bowel HRQOL than others.

Two other papers in the solution-stream concern weight management interventions. **Daniel Clark and colleagues** report on Take Charge Lite, a quality improvement project designed to implement obesity screening and treatment guidelines in primary care sites serving an inner-city, low literacy population. They found that the total reach of Take Charge Lite was highest among female, middle-aged, and Black patients. **Judith Goldfinger, Carol Horowitz, and colleagues** report on a peer-led weight loss course, Project HEAL: Healthy Eating, Active Lifestyles, implemented in the predominantly minority Harlem community, where obesity and diabetes are epidemic. Developed by a coalition of community and academic leaders, through extensive collaboration with community members and experts in nutrition, exercise, and peer education, Project HEAL was piloted in a local church. The authors assessed its impact through pre and post course weights, self-reported behaviors, and quality of life, and conclude that a peer-led, community-based course can lead to weight loss and behavior change. The minority communities most affected by obesity and diabetes may benefit from this low-cost, culturally appropriate intervention.

Another widely recognized pillar of the African American community is the church. **Melvin Gonnerman and colleagues** studied religion and health in a non-random community sample of 105 adult African American, Protestant Christians in a small city in a rural state in the Midwest. Health promotion, church attendance, or both were related to decreased prevalence of loneliness, depression, trouble sleeping, and family problems. More than 80% of those interviewed ascribed healing power to God and prayer.

Tracey Wilson and colleagues implemented a large community intervention in Brooklyn in which hair salon stylists functioned as breast cancer prevention lay health advisors among African American and Afro-Caribbean women; 40 salons in the area were randomly assigned to provide messages to clients or to serve as controls. Approximately 1,200 salon clients completed pre-intervention surveys; assessments of 1,210 clients were conducted. Among women completing surveys at control salons, 10% reported exposure to breast health messages, as opposed to 37% at experimental salons. Self-reported exposure to stylist-delivered messages was associated with improved breast self-examination rates and with greater intentions to have a clinical breast examination.

Other papers in this issue also feed into the theme of hope. **Leslie King-Schultz and Rhonda Jones Webb** studied the effect of walking time to the clinic on whether or not women in rural Haiti get regular prenatal care, and they make recommendations for improvements to care delivery on the basis of their findings. **Patricia Harrison and Abbey Sidebottom** provide results from four community health centers on the development and implementation of The Prenatal Risk Overview, a new screening tool that clinicians can use with women to determine psychosocial risks to pregnancy. Finally, **Von Nebbitt and colleagues** report on work that can be used to guide interventions with urban African American adolescents at risk for antisocial behavior: the researchers determined that youth who were prone to *anxiety* were more likely than non-anxiety-prone peers to develop antisocial behavior, suggesting that enhanced mental health services and sensitivity among those working with youth might help reduce antisocial behavior among them. (This ties in well with the Howell-McFeeters paper on disparities in the use of mental health services among children, discussed above.)

We hope that our 2008 Black History Month issue, with one tributary concerning wide-scale problems facing racial and ethnic minority populations and the other conveying hope for solutions to such problems will bring to mind the adage encouraging people to *Think Globally, Act Locally*. We hope, and believe, that Dr. Woodson would approve of the efforts of all the scholars represented here.

Before closing it is our sad duty to say that this is the last issue in which the *JHCPU* office has had the benefit of the work of **Kimyona Roberts, MSPH**, Senior Editorial Assistant. Kimyona is off to a career in medicine, and we wish her Godspeed. We will miss her intelligence and high spirits here!

--Virginia M. Brennan, PhD, MA
Editor, *JHCPU*
Meharry Medical College

1. Woodson CG. *The Education Of The Negro Prior To 1861: A History of the Education of the Colored People of the United States from the Beginning of Slavery to the Civil War*. First published in April 1915. Available currently in a July 2004 edition published by Kessinger Publishing Company. Available online as a Project Gutenberg e-book at <http://www.gutenberg.org/>.
2. Woodson CG. *The Mis-Education of the Negro*. The Associated Publishers: Washington D.C., 1933.
3. Woodson CG. *A Century of Negro Migration*. First published in 1918. Available currently in a January 2006 edition published by The Echo Press. Also available online as a Project Gutenberg e-book at <http://www.gutenberg.org/>.
4. Woodson CG. *The History of the Negro Church*. The Associated Publishers: Washington D.C., 1921.

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To contribute information, resources or announcements to Kellogg Connection, e-mail kelloggconnection@cfah.org. The Kellogg Connection is a monthly electronic newsletter that acts to connect W.K. Kellogg programs: Kellogg Health Scholars, Scholars in Health Disparities, Community Health Scholars, Kellogg Fellows in Health Policy Research and H. Jack Geiger Congressional Health Policy Fellows.

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