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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. Luisa Borrell, who was the Multidisciplinary Track site director at Columbia University, has now officially started her new position as Associate Professor at the Department of Health Sciences, Graduate Program in Public Health, Lehman College, CUNY. Her contact information is 250 Bedford Park Boulevard West, Gillet Hall 336, Bronx, NY 10468, E-mail: Luisa.Borrell@lehman.cuny.edu.

Rashid Siray Njai, Kellogg Fellow in Health Policy Research at the University of Michigan School of Public Health, successfully defended his dissertation, "Examining the Measurement of Race and Ethnicity to Inform a Model of Sociocultural Stress and Adaptive Coping." **Congratulations, Dr. Njai!**

Sonia Ruiz, Kellogg Fellow in Health Policy Research at the Johns Hopkins University Bloomberg School of Public Health, successfully defended her dissertation, "Incremental Health Care Systems Reform Policy in Ecuador: Assessing the Impact of Ecuador's Law for the Provision of Free Maternity and Child Health Care (LMGAI) has on Health Services Utilization, Infant Health Outcomes and Expenditures." **Congratulations, Dr. Ruiz!**

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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.

Call for Presentation Abstracts for Kellogg Health Scholars and alumni for the 6th Annual Disparities in Health in America: Working Toward Social Justice Summer Workshop! The deadline for receipt of application and abstract is Wednesday, April 30, 2008 at 6:00 p.m. (CST). No submitted abstract will be accepted for presentation without a signed application form with fax date stamp or post mark of Wednesday, April 30, 2008 or earlier. In addition to signed copy, please send an electronic copy of your abstract in MS Word. *The application is attached to this issue of KConnection.*
OVERVIEW: This workshop should be of interest to physicians, nurses and other health care professionals; social workers; students, fellows and other health educators; community members; and civic and governmental leaders. ORAL

AND POSTER PRESENTATIONS: Abstracts should address the special needs of racial and ethnic minorities and medically underserved populations and should reflect the results of scientific inquiry. **Focus:** 1) Basic, clinical, and behavioral research; 2) Community-based program research and evaluation; 3) Health services research; and 4) Health policy research. For more information regarding the summer workshop, please visit

<http://www.mdanderson.org/departments/crmh/display.cfm?id=4241ba16-e078-480b-b8409de35b9ef532&method=displayfull&pn=fe9b4275-3144-42a6-ac8fef85921d2d5>.

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 Scholars in Health Disparities Program alumna, **Edna Viruell-Fuentes, PhD, MPH...**

Dr. Edna Amparo Viruell-Fuentes is an Assistant Professor in Latina and Latino Studies at the University of Illinois at Urbana-Champaign (UIUC). At UIUC she teaches courses on Latin American and Latino migrations, and on immigration and health. She is also developing a course on gender and migration and another one on society and health. Prior to her current position, she was a joint Yerby and Kellogg Scholar in Health Disparities at the Harvard School of Public Health. Dr. Viruell-Fuentes received her doctorate from the University of Michigan, her M.P.H. from the University of North Carolina at Chapel Hill, and her bachelor's in mathematics and psychology from Berea College in Kentucky.

Dr. Viruell-Fuentes' research seeks to unravel the complex relationships between immigration and health. Her work builds on the premise that studying immigrant health offers insights into the impact of social contexts on health status, which in turn can contribute to the elimination of health disparities. Based on her field research in immigrant communities, she has proposed several conceptual re-directions to immigrant health research. For instance, in an article recently published in 2007 in *Social Science and Medicine* (Vol. 65, pp. 1524-1535), she offered a conceptual revision to acculturation models by drawing attention to the racialization processes that first- and second-generation Mexican immigrants contend with as they integrate into the U.S. In another manuscript co-authored with Dr. Amy Schulz at the University of Michigan, she examines the interplay of social context in shaping immigrant social networks. This work seeks to expand our understanding of Mexican immigrants' social embeddedness by integrating an analysis of their social ties to their communities of origin. This qualitative work illustrates, for example, how the cultural resources Mexican immigrants and later generations draw from their transnational networks enable them to construct an alternative identity to their racialized status in the U.S., and how all of this might translate into health and wellbeing. She is currently testing these and other ideas in her quantitative work and conducting a project to examine the (health) impacts of migration in immigrant-sending communities.

Commenting on her experience as a Kellogg Scholar in Health Disparities, Dr. Viruell-Fuentes says: "The Fellowship has been critical in providing me with unparalleled opportunities to engage in dialogue with, receive feedback from, and develop partnerships with a cadre of generous mentors and colleagues. I am honored to be part of the Kellogg family that supported me through crucial periods in my career, and from which I have continued to benefit."

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FUNDING

**National Institutes of Health
Clinical and Translational Science Award
Pre-Submission Meeting
Friday, March 7, 2008, 2-4 p.m. Eastern**

Details at <http://videocast.nih.gov/summary.asp?live=6414>

National Center for Research Resources and other NIH staff will explain the goals and objectives of the CTSA program. The current CTSA RFA (RM-08-002) has several changes compared with the previous RFA, RFA-RM-07-007, which was released March 22, 2007. All prospective applicants are invited to submit questions in advance to hecklerj@mail.nih.gov, and to view the meeting through VideoCast. Questions may be submitted during the videocast by using the live event feedback form. Please refer to the February issue of KConnection for this award's RFA.

Centers for Disease Control and Prevention

Elimination of Health Disparities through Translation Research (R18)

RFA-CD-08-001

Letter of Intent Deadline: April 2, 2008

Applications Deadline: May 2, 2008

Purpose. This funding opportunity announcement (FOA) encourages applicants to submit research grant applications that accelerate the translation of research findings into public health practice through implementation, dissemination, and diffusion research within health disparity populations. Announcement details at [CDC Grants Funding Opportunity Announcements](#) or <http://www.cdc.gov/od/pgo/funding/FOAs.htm>.

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CALL FOR SUBMISSIONS

Call for Nominations for Working Group: Centers for Disease Control and Prevention's National Office of Public Health Genomics

The Evaluation Genomic Applications in Practice and Prevention (EGAPP) Initiative

Deadline: March 14, 2008

The Evaluation of Genomic Applications in Practice and Prevention (EGAPP) initiative is seeking nominations for qualified and diverse individuals to serve on the EGAPP Working Group (EWG), in order to increase the size of the panel to 16 members and to prepare to replace outgoing members in the future. At least three new members will begin their tenure in May, 2008. The EGAPP initiative was established in late 2004 by the National Office of Public Health Genomics (NOPHG) at the Centers for Disease Control and Prevention to develop and test a systematic, evidence-based process for evaluating genetic tests and other applications of genomic technology in transition from research to practice. The independent, multidisciplinary EWG was established in April, 2005. The 13 original members represent broad expertise that includes clinical practice, evidence-based medicine/health technology assessment, genomics, public health, epidemiology, economics, ethics, and laboratory practice. **THE NOMINATION AND SELECTION PROCESS:** It is important that the EWG reflect diverse expertise and experience. EGAPP is seeking professionals from varied backgrounds and work settings, and with expertise in one or more disciplines that include clinical and laboratory practice, economics/decision analysis, healthcare research, evidence-based medicine/health technology assessment, genomics, epidemiology, ethics, education, healthcare policy, and public health. Federal employees and those with clear financial or professional conflicts of interest are not eligible for consideration. To submit a nomination, please provide a cover letter (may be from an organization, individual nominator, or a self-nominee) that briefly describes why the individual is interested in, and would be a good fit for, the EWG. Please include all relevant experience, with particular emphasis on service on other committees, working groups, or panels. The cover letter should be accompanied by a current curriculum vita. The nominations will initially be reviewed by a designated Subcommittee of the federal [EGAPP Steering Committee](#). A subset of nominees will be contacted for a telephone interview that will elicit more information on experience and interest. They will also be asked to provide information on financial holdings, consultancies, corporate affiliations, and research grants/contracts, in order to permit assessment of real or perceived conflicts of interest. After this in depth review, new EWG members will be selected from nominees by the full EGAPP Steering Committee. Please submit your nomination to Dave Dotson at WDotson@cdc.gov or fax to 770-488-8355. EWG members must be able to attend three one and one-half day meetings per year (usually in Atlanta, GA) to review subcommittee work, deliberate on evidence reports, develop recommendations, and conduct votes. They also participate in activities between meetings by teleconference and e-mail. Members are reimbursed for travel expenses and receive a \$150 honorarium for each in-person meeting day. Membership terms are still under consideration. **SPECIFIC ROLES OF THE EWG INCLUDE:** *establishing and testing processes and methods for evidence review and recommendation development that are optimized for genetic tests and other genomic applications; *identifying, prioritizing, and selecting topics for review; *framing the scope of selected topics (e.g., analytic frameworks, key questions); *serving on one of three current Subcommittees (Topics, Methods, Products) that meet monthly by teleconference; *serving on Technical Expert Panels (TEPs) that provide technical guidance for specific evidence reviews; *developing conclusions or recommendations based

on the evidence and subsequent deliberations on clinical and social issues; and *considering comments of expert and peer reviewers before finalizing and submitting recommendation statements for publication. The EWG develops recommendation statements based on rigorous scientific evaluations conducted by Agency for Healthcare Research and Quality Evidence-based Practice Centers or by EGAPP staff and consultants, according to established standards.

Recommendations are communicated to health care practitioners and payers, policymakers, consumers, and a wide range of other stakeholders through journal publication, the www.EGAPPreviews.org website and other web postings, email notification, the [EGAPP Stakeholders Group](#), and other partners and collaborators. The activities of the independent EWG are supported by NOPHG-based EGAPP staff and core contracted consultants. To date, four EGAPP-commissioned evidence reports have been released, and one recommendation statement has been published. Two evidence reports are pending release, three draft recommendation statements are in review, and two new evidence reports are in progress. New EWG members will be involved in setting priorities for selection of future topics. It is important to note that the EWG is an independent, multidisciplinary panel. Opinions and recommendations of the EWG, and EWG-developed materials posted on the www.EGAPPreviews.org website, are not designed to be advice to the Federal government and should not be construed as official positions of the CDC or the U.S. Department of Health and Human Services. FORM MORE INFORMATION: See websites below or contact egappinfo@egappreviews.org, [EGAPP Working Group](#) [EGAPP Initiative](#)

Call for Public Input: Healthy People 2020

First Regional Meeting: March 17, 2008, at the Centers for Disease Control and Prevention, Atlanta, Georgia

Free registration. Seating is limited.

Input is needed from communities and stakeholders to develop Healthy People 2020.

Colleagues: Every 10 years, the U.S. Department of Health and Human Services (HHS) develops science-based, 10-year national objectives for promoting health and preventing disease. Since 1979, Healthy People has set and monitored national health objectives, encouraged collaborations across sectors, guided individuals toward making informed health decisions, and measured impact. Currently, Healthy People 2010 is leading the way to achieve increased quality and years of healthy life and the elimination of health disparities. Every 10 years, HHS takes lessons learned from the past decade, along with new knowledge of current data, trends, and innovations, to develop the plan for the next 10 years. HHS is beginning the process to develop Healthy People 2020 and public input is needed. Public participation will help shape Healthy People 2020: its purpose, goals, organization, and action plans. HHS is seeking input from communities and stakeholders through public regional meetings across the country and public comment periods. As a national initiative, Healthy People's success depends on a coordinated commitment to improve the health of the nation. The first regional meeting will be held March 17, 2008, in Atlanta, Georgia, at the Centers for Disease Control and Prevention. The intended audiences for these meetings include: § State and Local Health Departments; § Academic Institutions; § Professional Associations; § Public and Private Health Organizations; § Public Sectors: Business, Faith, Non-Profits; § General Public. We invite you to attend this first regional meeting. Register today. There is no registration fee. Seating is limited. Pre-registration for March 17 includes: § Online Pre-Registration to facilitate security access and lunch; § Online form to submit questions for proposed panel session; § Online signup for public comment period; § Online Pre- and post-event comment form; Visit <http://www.healthypeople.gov/hp2020/default.asp> to register online, review the March 17 agenda, and get more information. For additional information pertaining to the March 17 Atlanta meeting, contact healthypeople@cdc.gov. Be a part of Healthy People 2020!! Upcoming public meetings will also be held in the following cities: - San Francisco, CA, April 1 - HHS Regions IX and X (San Francisco Federal Building); - Fort Worth, TX, April 14 - HHS Regions VI and VII (Renaissance Worthington Hotel); - Chicago, IL, April 30 - HHS Regions V and VIII (Northwestern University, Prentice Women's Hospital Conference Center); - New York, NY, HHS Regions I and II (TBD); - Bethesda, MD, May 28 - DC Area Healthy People Stakeholders Meeting (NIH Natcher Conference Center). KEY DATES, 2008 Meetings of Secretary's Advisory Committee on National Health Promotion and Disease Prevention Objectives for 2020: Spring 2008, Six regional meetings across the nation; 2008 to 2009, Public input and comment; Late 2008/Early 2009, Release of Healthy People 2020 framework; January 2010, Launch of Healthy People 2020 (goals, objectives, & action plans). For more information about the current Healthy People 2010, visit <http://www.healthypeople.gov/Default.htm>.

Call for Comments; NIH Draft Report on Enhancing Peer Review

Deadline: March 17, 2008

Earlier an NIH request for public comment on its peer review process was circulated (see:

<http://mailman1.u.washington.edu/pipermail/cbpr/2007-July/001803.html>). The Final Draft Report on Enhancing Peer Review has been delivered to the NIH Director and is posted on the Peer Review Website at <http://enhancing-peer-review.nih.gov/>. Among the recommendations in the draft is "to pilot the wider use of patients and/or their advocates on reviews of clinical research." Comments on the draft are due March 17 - see below for details. To view comments submitted in September 2007 by CCPH and community partners involved in the Community Partner Summit Policy Workgroup, go to: [http://depts.washington.edu/ccph/pdf_files/NOD-07-074%20Response%20NIH Peer Review Process Sept 7.pdf](http://depts.washington.edu/ccph/pdf_files/NOD-07-074%20Response%20NIH%20Peer%20Review%20Process%20Sept%207.pdf). To learn more about the Workgroup, visit the Community

Partner Peer Mentoring & Advocacy Webpage at <http://depts.washington.edu/ccph/cps.html>. OVERVIEW: On February 28, 2008, the Final Draft of the NIH 2007-2008 Peer Review Self-Study was submitted to Dr. Elias Zerhouni, Director of NIH, marking the end of the diagnostic phase of the peer review enhancement effort. Please click the following link for the PDF file of Final Draft Report: Final Draft Report <http://enhancing-peer-review.nih.gov/meetings/NIHPeerReviewReportFINALDRAFT.pdf> (Persons with disabilities experiencing problems accessing portions of the above PDF file should contact Kerry Brink (301) 435-2641). This Final Draft Report identifies the most significant challenges facing the NIH peer review system and proposes recommended actions. If you wish to comment on the Final Draft, please send your comments no later than Monday, March 17, 2008 by email to PeerReviewRFI@mail.nih.gov or by regular mail to: Penny Wung Burgoon, Ph.D., Senior Assistant to the Deputy Director, Office of the Director, NIH, One Center Drive, Building 1, Room 114, Bethesda, MD, 20892-0183.

Call for Papers: Bioethics

Special Issue on Ethical Implications of Social Determinants of Health

(Issue to be published in February 2009)

Guest Editors: Patricia Illingworth and Wendy E. Parmet

Deadline: May 1, 2008

We invite submissions on all aspects of this general topic. Issues of particular interest include, but are not limited to: ^The ethics of redistribution of wealth; *The effect of racial and ethnic disparities on health as an ethical issue; * The ethics of identifying relevant populations. *The moral obligations of governments to establish policies that reduce adverse social determinants of health? *The role of legal rights (domestic and/or international) as social determinants of health. *The applicability of informed consent to community-based interventions, and possible ethical alternatives to it. *The role of property rights in creating and redressing social determinants of health. *Analysis of how the recognition of social determinants change conceptions of causation and the role of individual agency in health and community welfare. *How does the recognition of social determinants change the duties and obligations of health care providers? Do physicians and other providers have a duty to address social determinants? *What ethical principles and limits should inform public policy research and experiments designed to address social determinants of health. The editors welcome early discussion of brief proposals and/or abstracts by email to both: p.illingworth@neu.edu and w.parmet@neu.edu. For further submission requirements, including format and referencing style, please refer to the Author Guidelines at www.blackwellpublishing.com/submit.asp?ref=0269-9702&site=1. You can now submit your manuscripts to *Bioethics* online at <http://mc.manuscriptcentral.com/biot>. Please ensure that you select manuscript type 'Special Issue' and state that it is for the "Ethical Implications of Social Determinants of Health", Special Issue when prompted. Upon submission authors should include full contact details (especially e-mail address) a brief abstract (250 words), and a few lines of biographical information, all in a single electronic file. We discourage papers of more than 5000 words.

Call for Posters: National Association of Community Health Centers (NACHC)

08 Community Health Institute – September 12-16, 2008

09 Community Health Institute – August 21-25, 2008

Deadline: May 26, 2008, 11:59 p.m. (Eastern)

Present your research and best practices as a poster!

Are you conducting research in, on, or with health centers? Do you have an exceptional program that has improved care or reduced costs and can be replicated by other health centers? NACHC invites all health centers, PCAs, and others to showcase their best practices and research during the 2008 Community Health Institute. *Posters effectively display and disseminate results, and provide opportunities for networking and receiving feedback.* Links to poster guidelines and poster tips: [Poster Guidelines](#), [Poster Tips](#). For more information, visit www.nachc-chi.com or send questions to Michelle Prosser at mproser@nachc.com.

Call for Papers: American Journal of Industrial Medicine (AJIM)

Special Issue on Occupational Health Disparities

Deadline: August 1, 2008

The American Journal of Industrial Medicine (AJIM) is inviting papers for a Special Issue on Occupational Health Disparities that advance the scientific knowledge on the topic. Jim Cone of the New York City Department of Health and Mental Hygiene, Kerry Souza of the Harvard School of Public Health, and Sherry Baron of the National Institute for Occupational Safety and Health will serve as Guest Editors of this special issue. Manuscripts may be analytic or descriptive in content and will present current evidence on the nature and extent of disparities in occupational health associated with belonging to socially disadvantaged groups, discuss methods whereby these disparities may be studied, and propose theory for the role of social factors in the etiology of poor occupational health outcomes (or alternatively, disproportionately high occupational exposures). AJIM is especially interested in papers for this special issue in the following areas: ♣ Descriptive studies that report on occupational health outcomes in understudied groups of disadvantaged workers; ♣ Analytic studies of the predictors of occupational health outcomes among disadvantaged worker groups; ♣ Reports on novel or infrequently applied methods of occupational disease, injury, and hazard

surveillance that specifically seek to capture the occupational health experience of minority, immigrant, and low wage etc. workers. This would include approaches for collecting data among hard-to-reach populations and those populations that are typically undercounted by traditional occupational health surveillance systems and underrepresented in administrative data used for OSH surveillance purposes; ♣ Articles that advance the theory of causation of disparities in occupational health, including the use of data to test hypotheses regarding the role of race, ethnicity, gender, social status, socioeconomic position etc. in the etiology of occupational health outcomes; ♣ Methodological approaches to the analytic study of occupational health disparities, such as approaches to the understanding of confounding and interaction in occupational health studies; ♣ Data analysis arising from modifications to health surveillance systems that employ data linkage or other means to include or access information demographic and socioeconomic indicators, focusing on improved capture of health outcome by occupation; ♣ Studies focusing on surveillance, analysis etc. of disparate exposures are also invited; ♣ Other scientific papers that address the objectives (described above) of this issue. Articles are typically 2,500-3,000 words in length. Longer manuscripts, when appropriate, will be considered. All manuscripts reviewed and approved by the Guest Editors and the AJIM Editorial Board will be sent for external peer review. When submitting a research article, please note that AJIM seeks to publish research that is fully developed and original. AJIM does not accept preliminary reports or reports of studies that are only incrementally different from previously published research. Include a structured abstract (Objectives, Methods, Results and Conclusions) of up to 250 words. AJIM also publishes practice articles describing innovative public health programs and initiatives, their current status and documented outcomes. The deadline to submit a manuscript for this Special Issue is August 1, 2008. Please submit all articles electronically in Microsoft Word. Online submission is required at <http://mc.manuscriptcentral.com/ajim>. Please note: This journal does not accept Microsoft WORD 2007 documents at this time. Please use WORD's "Save As" option to save your document as an older (.doc) file type. Further author instructions may be found below and also at Wiley's Journal Styles and EndNote. Questions about specific topics may be directed to the Guest Editors; Dr. James Cone at icone@health.nyc.gov, Kerry Souza at ksouza@hsph.harvard.edu or Sherry Baron at slb8@cdc.gov. AJIM Instructions for Authors: All manuscripts submitted to American Journal of Industrial Medicine must be submitted solely to this journal, may not have been published in any part or form in another publication of any type, professional or lay, and become the property of the publisher. Upon acceptance of a manuscript for publication, the author will be requested to sign an agreement transferring copyright to the publisher, who reserves copyright. No published material may be reproduced or published elsewhere without the written permission of the publisher and the author. The journal will not be responsible for the loss of manuscript at any time. All statements in, or omissions from, published manuscripts are the responsibility of the authors, who will assist the editors by reviewing proofs before publication. Reprint order forms will be sent with the proofs. Except for color charges noted below, no page charges will be levied against an author or institution for the publication in the journal. All manuscripts must be written in English. Submit the original and two copies (including tables and illustrations) typed on one side of good quality 8 x 11 inch paper with at least one-inch margins. Double space everything. Start a new page for each major division of the manuscript. Number all pages in sequence, beginning with the title page. Arrange the copy in the following order: Title Page. This should contain the complete title of the manuscript; names; academic degrees; and affiliations (to the department level) of all authors; institution at which the work was performed; name, address, telephone and telefax numbers, and address for correspondence; and a short title (running head) of not more than 45 characters; all grant information in the following format: Grant sponsor: _____; Grant number: _____. Abstract. This should consist of 100-150 words. The abstract should be composed of four paragraphs, labeled Background, Methods, Results, and Conclusions. Key Words. Five to ten key words that will adequately index the subject matter should follow the abstract. Text. The text should generally use the following format: Introduction, Materials and Methods, Results, and Discussion. Use subheadings and paragraph titles whenever possible. For abbreviations, follow the guide-lines in CBE Style Manual, 4th Edition (available from the Council of Biology Editors, Inc., 11 South LaSalle St., Chicago, IL 60603-1210). Use generic names for all drugs and pharmaceutical preparations. Trade names may be mentioned in the Methods section. Place acknowledgments as the last element of the text, before references. The text of letters to the editor cannot exceed two double-spaced typewritten pages. References. Wiley's Journal Styles Are Now in EndNote. EndNote is a software product that we recommend to our journal authors to help simplify and streamline the research process. Using EndNote's bibliographic management tools, you can search bibliographic databases, build and organize your reference collection, and then instantly output your bibliography in any Wiley journal style. Download Reference Style for this Journal: If you already use EndNote, you can download the reference style for this journal. How to Order: To learn more about EndNote, or to purchase your own copy, click here . Technical Support: If you need assistance using EndNote, contact endnote@isiresearchsoft.com, or visit www.endnote.com/support. In the text, cite references by name and date. For more than two authors, use the first surname and et al. In the final list, they should be in alphabetical order, including the complete title of the article cited, and names of all authors cited. Journal abbreviations should follow CBE style. In the following examples notice the punctuation, do not use all capitals, do not underline. Journal Articles: King VM, Armstrong DM, Apps R, Trott JR. 1998. Numerical aspects of pontine, lateral reticular, and inferior olivary projections to two paravermal cortical zones of the cat cerebellum. *J Comp Neurol* 390:537-551. Books: Voet D, Voet JG. 1990. *Biochemistry*. New York: John Wiley & Sons. 1223 p. Book chapter: Gilmore ML, Rouse ST, Heilman CJ, Nash NR, Levey AI. 1998. Receptor fusion proteins and analysis. In: Ariano MA, editor. *Receptor localization*. New York: Wiley-Liss. p 75-90. Tables. Tables must be numbered in order of appearance with Roman

numerals. Each must have a title and be keyed into the text. They should supplement the text, not duplicate it. Legends. A legend must accompany each illustration and must define all abbreviations. Illustrations. Glossy black- and white-photographs are desired. Color in the printed edition will be considered only in unusual circumstances, and the cost for printing in color will be borne by the author. All color figures will be reproduced in full color in the online edition of the journal at no cost to authors. Authors are requested to pay the cost of reproducing color figures in print. Authors are encouraged to submit color illustrations that highlight the text and convey essential scientific information. For best reproduction, bright, clear colors should be used. Dark colors against a dark background do not reproduce well; please place your color images against a white background wherever possible. Please contact Karen Accavallo at kaccaval@wiley.com for further information. Conflict of Interest. At the time of submission of a manuscript, the Journal requires that all authors must disclose any affiliations with any organizations that to any author's knowledge have a direct interest, particularly a financial interest, in the subject matter or materials discussed, The single most important piece of information to be disclosed is the source of funding for the study. This information will be held in confidence while the paper is under review and will not influence editorial decision. Once the article is accepted for publication, the editors will discuss with authors the manner in which such information is to be communicated. Generally, the information will be presented in a footnote to the first page. Consent and Approval. All manuscripts that describe biomedical studies of individual human subjects must include explicit assurance that signed informed consent was obtained from each subject or from their legal guardian and that the study protocol was reviewed and approved by the appropriate ethical committee. Animal Welfare. Any manuscript describing experimental studies with animals must include explicit assurance that animal care was humane and in accord with institution guidelines. Production Questions: E-mail: ajimprod@wiley.com.

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CAREER DEVELOPMENT

Arlington County, Virginia, Human Resources Department Public Health Assistant Division Chief, Department of Human Services

Closing Date: Continuous

Work Location: 800 S. Walter Reed Drive

Salary: Negotiable

POSITION INFORMATION: Arlington seeks to fill a key position in its Public Health Division (Department of Human Services) to provide management and leadership to the Arlington County public health programs, serving as lead operating official for those programs in the state and local systems. The Assistant Division Chief is responsible for the operations of the Division, working with the Division Chief/Health Director to assure that actions to protect public health are based on medical and epidemiological expertise; to ensure enforcement of state and local public health laws and regulations; and to promote effective and appropriate management of all local public health programs. An urban county of 26 square miles adjacent to Washington D.C., Arlington has a population of nearly 200,000 and is among the most densely populated jurisdictions in the country. About 40% of residents are Hispanic, African-American, Asian or multi-racial. One in four was born outside the U.S. and one in three speaks a language other than English at home. Over 60% of adults have bachelor's degrees and 30% have graduate degrees. The Public Health Division is one of five operating divisions that are integrated in the Department of Human Services (DHS) to provide best practice health and human services for the residents of Arlington. This Division is responsible for addressing a wide range of public health issues and providing diverse services for the Arlington Community. As the locally administered component of the Virginia Department of Health, the Division provides the following services: * enforcement of State and local laws and regulations for all communicable disease and specific environmental health issues; * direct services such as family planning, well child care, maternity care, dental care, refugee screening and referral, and laboratory services; * school health services; * preventive and health education services to program participants and to the general public; and * advocacy for Arlington's public health interests in regional, state and national workgroups, committees or organizations. The Assistant Division Chief is responsible for the fiscal, administrative and management aspects of Division programs described above and oversees a staff of approximately 200 professionals and para-professionals, and manages a \$16 million budget. The incumbent works closely with bureau chiefs to create, monitor, and analyze program specific performance measures and to perform program reviews; evaluates programs to ensure consistency with state and local budget limitations; develops and maintains an appropriate multi-disciplinary staffing pattern to meet shifting program needs within local and State health policies and guidelines; oversees the short-and long-range planning for division programs, including emergency preparedness and response; and serves as liaison with strategic community groups, community, and local and state agencies. The position is a member of the management team of the Public Health Division and reports to the Division Chief/Health Director. How to Apply: On-line application is required. Go to www.arlingtonva.us/pers, click on COUNTY JOBS, scroll down alphabetical list (more than one page) and click on the job title. You will see the link to the on-line

application on the job announcement. Applicants who have questions or need assistance with the application may telephone (703) 228-3500 or visit the Human Resources Department. Our staff will be happy to work with you to get your application into the system. Public access computers are available at all County Libraries, and in the Human Resources Department. **QUALIFICATION REQUIREMENTS:** To be considered for the position, you must have at least three years of mid- to upper-level management experience with a federal, state, or local public health agency or comparable population-focused health care organization, plus a Master's degree in public health administration, business administration, or directly related field. Additional qualifying experience may be substituted for the degree requirement. The ideal candidate will have: * Comprehensive knowledge of the principles of public health (including epidemiology), public administration, strategic planning, supervision and human resources management, business management, including public financing and budgeting; * Strong skills in uses and applications of technology for communication and for business practices; * Strong oral and written communication skills; * The ability to translate regulations into action; * The ability to interact effectively with clients, elected officials, managers, employees, health care and human services practitioners; * In-depth knowledge of and experience in program performance assessment and continuous process improvement; * Familiarity with or training in emergency management systems such as NIMS (National Incident Management System) and ICS (Incident Command System); * A record of significant accomplishments and innovation in a large, complex public health/health care organization in a diverse socio-economic multicultural environment. **SPECIAL REQUIREMENTS:** A letter of application is required. Please use the space provided in the supplemental questionnaire to insert a letter addressing how your background meets the qualification requirements and reflects the responsibilities and environment of the position. **ADDITIONAL INFORMATION:** The salary range is up to \$120,000. Starting salary will depend upon the qualifications and experience of the candidate selected. This position is in the Arlington County Government's Extended Management Accountability Program (XMAP), in which Senior Executives are eligible for a negotiated salary/benefits package and are evaluated and compensated on the basis of a performance agreement linked to the County Management Plan, results achieved, and a multi-rater appraisal. XMAP is a flexible total rewards/compensation system directly linked to performance and the market. For more information on Arlington's family friendly benefits, click here <http://www.arlingtonva.us/departments/HumanResources/HumanResourcesEmployeeProfiles.aspx>. Interested candidates should apply on-line at www.arlingtonva.us (click on Jobs; click on Arlington County Government Job Openings). You may attach a resume to your on-line application. Applications will be reviewed continuously. Interviews will be scheduled with those candidates whose qualifications best fit our needs. The application process will close when the position has been filled or when a sufficient number of qualified applications have been received. The examination for this position may include one or more of the following: (1) evaluation of training and experience; (2) written and oral examination; (3) performance test; (4) personal interview; and (5) physical examination. Applicants with disabilities may request reasonable accommodation during the selection process. Please call 703-228-0531 (voice) or 703-228-4613 (TTY).

Centers for Disease Control and Prevention Career Day
Theme: Positions for Saving the World Are Now Available
Georgia World Congress Center
Atlanta, GA
March 17, 2008. 9:00 a.m.-5:00 p.m.

The first-ever CDC Career Day is scheduled for Monday, March 17th, from 9:00 a.m.-5:00 p.m. at the Georgia World Congress Center in Atlanta. The theme is: Positions for Saving the World Are Now Available. The event is open to all current and former employees, contractors, and the general public. Pre-registration is currently under way at www.cdc.gov/employment. Please visit the site soon for answers to your questions. For additional information, contact the Atlanta Human Resources Center customer service at hrcs@cdc.gov. Everyone is encouraged to take advantage of this special opportunity to learn about the program areas, employee organizations, tips on applying for federal jobs, and all the great work we do here at CDC. At CDC, we must continue to ensure that all have an opportunity to be healthy people in a healthy world, and to increasingly succeed in communicating our health messages of protection, prevention, and preparedness across the nation and the globe. Our current workforce is second to none. Come be a part of our future!

CitiWide Harm Reduction, Inc. (CWHR), New York City
Executive Director

Established in 1995, CitiWide Harm Reduction, Inc. (CWHR) is a New York City-based organization that provides a continuum of outreach, assistance and care for marginalized communities. New York City has arguably one of the largest concentrations for the twin epidemics of HIV infection and injecting drug use. CitiWide seeks to combat these issues at many levels, offering services which include essential human services, mental wellness, health services, housing and prevention education. Through CWHR's outreach efforts and partnerships, the organization seeks to proactively fill the gaps that exist among many of the traditional treatment settings. Citiwide is involved in a wide variety of policy, program, and funding relationships to reduce the harms related to poverty, homelessness, and drug use for individuals and communities in New York City. From the drop-in center, to the proactive outreach on the streets of the Bronx, to home-based services offered in Single Room Occupancy (SRO) hotels - CWHR offers activities and services for integrated

prevention and care. Harm reduction services include outreach, syringe exchange, condoms and other prevention materials, education, counseling and medical triage. CitiWide also offers two peer education training programs grounded in a holistic HIV prevention formula. CWHR has a \$3.2 million operating budget, a staff of 40+ and serves several thousand at risk individuals through their many services. Reporting to the Board of Directors, the Executive Director is responsible for overall management of the agency, which s/he carries out with an active and highly competent staff and a committed Board of Directors. The role requires an individual with exceptional operations, capital raising and business leadership skills, encompassing activities which range from strategic planning and budgeting to facilities management and advocacy. The executive director must place an ongoing emphasis on continually identifying best practices, supporting inherent cultural strengths and anticipating growth's impact on processes. The director must immerse themselves in CWHR's programs, build strong bonds with the team and take ownership of CWHR's ongoing success, displaying a passion for the mission and serving as the agency's champion to all sectors. The Executive Director will be thoroughly committed to CitiWide Harm Reduction's mission and have experience managing a complex community-based organization. S/he must be comfortable working in a rapidly changing, dynamic environment, be able to shift priorities as needed, with the understanding that participant's lives are ultimately what is at stake. CWHR seeks a leader, someone who will immerse themselves in the agency's activities, support the team as needed to continually broaden CWHR's impact and run the organization as if it was her/his own business. Specific qualifications include: -7-10 years nonprofit experience, including 5+ years managing a division or agency. -Managed a complex, growing budget from multiple funding sources is mandatory, including securing revenue to support a budget of over \$5M+. -Demonstrated track record in fundraising from foundations, corporations, government agencies and individual donors. -Developed and implemented 1, 3 and 5 year strategic plans, including funding sources. -A track record of effectively leading and scaling a high potential organization, with the ability to point to examples of having set strategies, shaped processes, and developed an infrastructure that has taken an organization to the next growth stage. -Strong program management, budgeting and forecasting skills. Proven facilities management experience, including utilization and expansion. -Highly effective leadership and supervisory skills; ability to collaboratively set goals, provide direction, ensure accountability, and motivate others to achieve. -Adaptable to rapidly changing funding environment and able to entrepreneurially seek out and creatively respond to opportunities. -Familiarity with legal (terms & documentation) and generally accepted business operating procedures to ensure the ongoing compliance and adherence to all relative laws/regulations. -Creative expansion of service offerings: -B.A. a minimum; an advanced degree (MA, MBA, MPA, MPH) preferred. Personal Characteristics: -Creative and energetic, must possess the charisma to lead a high profile organization, along with the hands-on ability, and predisposition to help out when and where needed. -Works well under pressure, can demonstrate flexibility in adapting to changing circumstances and an ability to anticipate problems and focus on details. -A strong team player and problem solver. Creative leader who can demonstrate tenacity in the face of challenge, with a willingness to roll up his/her sleeves. -Excellent public relations, interpersonal, presentation and written/verbal communication skills. -Action-oriented, entrepreneurial, and adaptable with an ability to work effectively in collaboration with diverse groups of people. -Strong mentor and advisor who can delegate effectively without giving up responsibility. Comfortable with staffers taking leadership roles. Strong relationship management skills. Ability to credibly represent Citiwide in diverse settings from donor visits to Community Board meetings. Passionate about the fight against HIV/AIDS and serving low-income participants. Willingness to embrace harm reduction philosophy. -Sound judgment as to when and how to engage the Board, using all available resources to help realize expansion goals. -An appreciation for, and an understanding of, nonprofit culture, resources and operations. -The ability to multi-task and work in a fast moving, continually changing environment. -Ethics and integrity of only the highest standards. -Available when the demand calls, including evenings and weekends. Bridgestar is an Equal Opportunity Employer and encourages candidates of all backgrounds to apply for this position. Bridgestar, a nonprofit organization attracting, connecting, and supporting leadership for the nonprofit sector, serves diverse organizations and is committed to building high-performing teams that mirror the communities we serve. Applicants can register (free of charge) at www.bridgestar.org and apply online through this listing on the Bridgestar job board. Please feel free to e-mail Kieran McGrath at kieran.mcgrath@bridgestar.org for the complete job description. Compensation for this position is competitive for CBO's.

**Health and Aging Policy Fellows Program
Administered by Columbia University
Sponsored by The Atlantic Philanthropies**

I am pleased to announce an important new professional fellowship opportunity, entitled the Health and Aging Policy Fellows Program. Supported by The Atlantic Philanthropies and administered by Columbia University, this national program seeks to provide professionals in health and aging with the experience and skills necessary to make a positive contribution to the development and implementation of health policies that affect older Americans. The program offers two different tracks for individual placement: (1) a residential track that includes a nine-to-12-month placement in Washington, D.C. or at a state agency (as a legislative assistant in Congress, a professional staff member in an executive agency or in a policy organization); and (2) a non-residential track that includes a health policy project and brief placement(s) throughout the year at relevant sites. Core program components focused on career development and professional enrichment are provided for fellows in both tracks. The program is open to physicians, nurses and social workers at all

career stages (early, mid, and late) with a demonstrated commitment to health and aging issues and a desire to be involved in health policy at the federal, state or local level. Other professionals with clinical backgrounds (e.g., pharmacists, dentists, clinical psychologists) working in the field of health and aging are also eligible to apply. Under special circumstances, exceptions may be made for non-clinicians who are in positions that can impact health policy for older Americans at a clinical level. Our goal is to create a cadre of professional leaders who will serve as positive change agents in health and aging policy, helping to shape a healthy and productive future for older Americans. To this end, we seek your assistance in informing potential candidates of this opportunity. Please feel free to forward this notification to prospective applicants or others in the field who may know of such individuals, or to suggest other methods and/or venues for marketing the program. For further information, please visit our website at www.healthandagingpolicy.org or contact me or Phuong Huynh, Deputy Director of the program (huynhpt@pi.cpmc.columbia.edu or 212-543-6213) directly.

La Clínica del Pueblo, Washington, DC

Executive Director

www.lcdp.org

Organizational Description: La Clínica del Pueblo's mission is to provide culturally appropriate, holistic health services to persons in the Washington, DC metro area Latino community regardless of their ability to pay. La Clínica was founded in 1983 as a direct response to the health care needs of Latino immigrants (predominately Central American refugees). Today, La Clínica has an annual budget of \$6 million, over 80 culturally competent staff members, 100 volunteers, operates six days a week, and offers expanded services and innovative programming. La Clínica offers primary care, mental health care, HIV/AIDS services, social services, interpreter services, and community health outreach, advocacy, and education to men, women, and children. In 2006, La Clínica provided more than 55,000 services to over 7,500 individuals. Recently, the clinic was recently awarded Federally Qualified Health Center (FQHC) status and will be adding an additional clinic site in the next two years while also doubling the number of patients served. MAJOR RESPONSIBILITIES: · Advances and oversees implementation of La Clínica's strategic vision and plan. · Develops new strategies for ensuring the short- and long-term financial stability of La Clínica. · Advocates for the needs of the DC metro area Latino community. · Responsible for effectively raising funds from both foundations and individual major donors. · Oversees the organization's financial operations and legal compliance. · Builds the strength and engagement of the board of directors. IDEAL EXPERIENCE AND QUALITIES: · Has a minimum of seven years of experience managing personnel, finances, and programs at a senior level, preferably in nonprofit organizations with a size and scope similar to La Clínica. · Experience in an organization that provides culturally competent physical, clinical, or mental health services to a diverse Latino community. · Experience effectively advocating for the needs of the Latino community with government officials, the media, and funders. · Fully bilingual and able to effectively and persuasively communicate in both Spanish and English. · Proven results in raising funds from foundations, government, and high dollar donors. · Effective staff and organizational management skills. · A Master's Degree in a health related field such as public health, medicine, mental health, health administration is preferred. · Demonstrable experience managing growth change and has the flexibility to adjust to challenges in the internal organization and the external community. To apply: Email a cover letter, resume and salary requirements to: LCDP@transitionguides.com.

Multnomah County Health Department, Portland, Oregon

Deputy Health Officer

Multnomah County Health Department is currently seeking a confident public health physician to serve as Deputy Health Officer in the newly formed Tri-County Regional Health Officer Program-- a new cooperative effort to provide health officer services to the local health departments serving the Portland Oregon metropolitan area. The Deputy Health Officer participates in and provides leadership across a wide range of public health activities. This position will primarily provide services in Clackamas and Washington counties, but will include duties in all three counties, as well as regional responsibilities. There will be limited opportunities to provide health care for patients in specific public health programs. The position does not include providing general primary care or specialty medical care. See full job announcement at: <http://agency.governmentjobs.com/multnomah/default.cfm?action=viewjob&JobID=92345>. For more info contact: Gary Oxman, MD, MPH, Gary.L.Oxman@co.multnomah.or.us, 503-988-3674.

National Cancer Institute

Behavioral Research Program Fellowships

Please visit http://dccps.nci.nih.gov/brp/about/career_training.html to learn of fellowship postings at NCI in the behavioral research program of the division of cancer control and population sciences. I'd especially like to draw your attention the Cancer Research Training Award in the Health Communication and Informatics Research Branch Health Communication Research Branch for applicants with a bachelor degree <http://dccps.nci.nih.gov/brp/about/docs/HCIRBCRTAFellowship.pdf>. Candidates with a bachelor, master or doctoral degree are welcome to apply for it.

**National Cancer Institute
Physical Activity Researcher**

The National Cancer Institute (NCI), a major research component of the National Institutes of Health (NIH) and Department of Health and Human Services (DHHS), is conducting a national search for a Physical Activity Researcher in the Risk Factor Monitoring and Methods Branch (RFMMB) within the Applied Research Program (ARP). The incumbent would provide authoritative direction and leadership in planning, guiding, and encouraging a program of research to evaluate and improve the use of measures of physical activity and body weight status, applied surveillance research and epidemiologic research for assessing the relationship between physical activity, body weight status, and other relevant exposures and cancer. The incumbent would be responsible for adapting techniques for particular situations and assessing the application of various measures of exposure to applied surveillance, epidemiological, and behavioral studies from a national, regional and local perspective. Specific projects will depend upon the background, experience, and research interests of the incumbent. The duties of the incumbent would include grants and contracts management and research activities that include the development of research protocols, design and development of surveys and questionnaires, development of methods for data collection, building and managing analytical data bases, and descriptive and multivariate statistical analysis of data. This position is a career position with the U.S. government and requires that the applicant is a citizen of the U.S. The salary range for this position will be negotiable but is anticipated to be at the level of GS 13/14. Letters of interest and vitae may be submitted immediately to me (contact information below). For more information about the Risk Factor Monitoring and Methods Branch, please see <http://riskfactor.cancer.gov/>. The posting will close on 3/14/08. Applicants outside the Federal government should access announcement number NCI-08-241529-DE

<http://jobsearch.usajobs.gov/getjob.asp?JobID=68541524&AVSDM=2008%2D02%2D14+00%3A03%3A03&Logo=0&sort=rv&vw=d&brd=3876&ss=0&customapplicant=15513,15514,15515,15669,15523,15512,15516,45575&q=NCI-08-241529-DE+> and those inside the Federal government NCI-08-241529-MP

<http://jobsearch.usajobs.gov/getjob.asp?JobID=68541666&AVSDM=2008%2D02%2D14+00%3A03%3A03&Logo=0&sort=rv&vw=d&brd=3876&ss=0&customapplicant=15513,15514,15515,15669,15523,15512,15516,45575&q=NCI-08-241529-MP+>

**Pennsylvania State University
2008 Summer Institute on Longitudinal Methods
June 2-4, 2008**

Application Deadline: March 14, 2008

The Methodology Center at Penn State announces its 13th Summer Institute on Longitudinal Methods. This year, Dr. David P. MacKinnon, Professor in the Department of Psychology at Arizona State University will present on Statistical Mediation Analysis. Detailed information and the application form are available on our web page:

<http://methodology.psu.edu/index.php/summer-institute>.

Philanthropy News Digest, Job Corner

<http://foundationcenter.org/pnd/jobs/?jsessionid=110WR5BINHPXHLAQBQ4CGXD5AAAC12F>

The Job Corner provides listings of current full-time job openings at U.S.-based foundations and nonprofit organizations.

**Prevention Research Center for Michigan, University of Michigan
Postdoctoral Scholar**

The mission of the Prevention Research Center of Michigan (PRC/MI) is to create and foster knowledge resulting in more effective public health programs and policies. The Center conducts community-based prevention research to improve health and prevent disease, especially focused on populations with a disproportionate share of poor health outcomes. The PRC/MI is a partnership of the University of Michigan School of Public Health, community-based organizations, local health departments, the Michigan Department of Community Health, and health service and advocacy groups. The post doctoral scholar will be a member of the PRC/MI management team. He or she will participate in research projects and program evaluations, provide technical assistance to community organizations and agencies, assist with grant proposal writing, and author publications and other research products. The post doctoral scholar will be encouraged to develop his/her own prevention research projects. **Duties:** *Work collaboratively with the PRC/MI faculty and staff, and the Community and State Boards to advance the goals and objectives of the PRC/MI. *Assist in proposals to federal, state and local funding agencies in collaboration with community, public health practice, policy and academic partners. *Participate in the evaluation of the PRC/MI research projects, including data collection, management and analyses. *Provide technical assistance to community organization partners in preparing grant proposals, designing evaluation plans and analyzing and interpreting data. *Produce publications for peer reviewed journals as first or collaborating author. *Produce research reports and presentations for academic, community, and policy audiences. *Supervise graduate student assistants. **QUALIFICATIONS:** Ph.D. in public health, behavioral science or related discipline. Strong interest in working in partnership with community-based organizations. Excellent communication and collaborative skills. Training

or experience in applied research methods including evaluation design, quantitative and qualitative data analyses, and research proposal development. Evidence of scholarship, including publications and involvement in funded research is desired. This is a one-year full time position, with renewal for subsequent years possible, contingent on funding. For more information on the PRC/MI see www.sph.umich.edu/prc. BRIEF COVER LETTER AND CV TO: Susan Morrel-Samuels, PRC/MI Managing Director, UM School of Public Health, 109 Observatory Street, Ann Arbor, MI 48109-2029, (734) 647-0219, sumosa@umich.edu.

**San Francisco State University, Department of Health Education
Associate or Full Professor of Health Education, Health Equity Initiative**

The Department of Health Education at San Francisco State University invites applications: POSITION: Associate or Full Professor. QUALIFICATIONS: A doctoral degree in public health/community health or a related area of health and human services required. A substantial record of success in securing public and/or private research funding is also required. Salary is commensurate with qualifications and fully competitive. RESPONSIBILITIES: The HEI Professor of Health Education will join a multidisciplinary team to lead HEI activities within the College of Health and Human Services (CHHS), and coordinate HEI activities with other Colleges at SFSU. HEI faculty are part of a university-wide effort to (1) provide faculty leadership and mentorship within individual colleges and the university at large, (2) engage a greater number of faculty in HEI-related research, (3) promote cross-college curricular innovations on issues that impact health equity. HEI faculty are also expected to bring their research agenda into the classroom by teaching one course per semester. STARTING DATE: August, 2007. APPLICATION: Application review will begin February 9, 2007 and continue until position is filled. Applicants should send a cover letter describing teaching and research interests, and a current curriculum vita. Send all materials to: Dr. Ramón Castellblanch, Chair, Hiring Committee/Health Initiative, Department of Health Education, San Francisco State University, 1600 Holloway Avenue HSS 326, San Francisco, CA 94132.

**VillageReach, Seattle, Washington
President**

Salary: Low \$100,000s, with excellent benefits package

Founded in Seattle in 2000, Village Reach works to extend the reach of the health system in developing countries by getting goods and services to remote health facilities to improve equitable access to quality healthcare. The organization partners with governments, donors, and public & private organizations to strengthen health systems, and creates social ventures that meet the needs of the communities and public health authorities in which it operates. VillageReach funding partners include the Bill & Melinda Gates and the Skoll Foundations among others. VillageReach is seeking a President with the experience, capacity and enthusiasm to strategically lead the organization into its next phase of growth. Reporting to the Board, the President will direct the development and implementation of all VillageReach initiatives, external relationships, fund raising efforts, and financial/administrative functions. He/She will oversee and manage growth of the organization as necessary and desirable to accomplish the VillageReach mission. The ideal candidate will have significant experience working in Africa and/or other developing regions. Experience in a social venture, philanthropy, and/or with a nonprofit organization is highly desirable. Candidates should have considerable leadership and administrative/operations management experience, be self-starters, computer savvy and willing to work in a small, team-oriented, hands-on environment. For more information, visit www.waldronhr.com, or call 206-441-4144 or email info@waldronhr.com. TO APPLY: Please send resume and cover letter as soon as possible to: Ed Rogan, 1100 Olive Way, Suite 1800, Seattle, WA 98101.

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CONFERENCES AND EVENTS

**Coalition for Health Services Research
Advocacy Webconference: Ten Steps to Becoming a More Effective Advocate
April 9, 2008
2:00-3:30 p.m. EST**

Do you want to impact federal policies that affect you and your work, but don't know who to call or what to say? Do you want your elected officials to care about an issue of concern to you, but need help crafting a compelling story? Join the Coalition for Health Services Research for a 90-minute interactive Webconference designed to help you understand the importance of message development, timing, and strategy in influencing policy. We'll also showcase one Web-based tool designed to help you effectively relay your message to key legislators on Capitol Hill. SPEAKERS: Joe LaMountain, President, SparkLight Communications; Rahmel Bertha, Account Manager, Capital Advantage. REGISTRATION: Free for AcademyHealth members and organizational affiliates. Non-members can register an entire team from their organization for one \$50 registration fee per Webconference hook-up. Register at www.chsr.org/events.htm by March 30,

2008. WHO SHOULD PARTICIPATE? *Health services researchers wanting to expand their political influence and impact the policy process; *Organizations currently working to impact authorizing legislation and appropriations; *Advocates supporting efforts to strengthen the field of health services research. For additional information on the event and the Coalition for Health Services Research, visit www.chsr.org.

National Hispanic Medical Association
Health Care Reform & Health Disparities: A Priority for Hispanic Communities
Washington Hilton Hotel
Washington, DC
April 17-20, 2008

For more information and to register: <http://www.nhmamd.org/conference2008.htm>.

Center for the Study of Diversity in Science, Technology, and Medicine Massachusetts Institute of Technology, Cambridge, Massachusetts
Conference Announcement: What's the Use of Race?
April 25-26, 2008

Race continues to thrive as a category of analysis among state and federal institutions and in medical, scientific, and social research. Despite concerns that race is a hollow and misleading concept, studies of race have produced overwhelming documentation of inequalities from birth to education, income, crime, punishment, disease, treatment, and death. Can race and ethnicity be objects of analysis and targets of policy, to alleviate inequalities, without causing harm by reifying invidious distinctions? This conference probes these quandaries by bringing together researchers and journal editors in medicine, science, law, and social science to explore the competing interests that make studies of race both feared and desired. Complete details, including speakers, program, abstracts, and other useful information are available at web.mit.edu/csd. The conference is free and open to the public. Pre-registration is requested. Please email your name and affiliation to Ian Whitmarsh at whitmars@mit.edu.

National Institutes of Health
Workshop on "Accelerating the Dissemination and Translation of Clinical Research into Practice"
NIH Natcher Conference Center (Building 45)
45 Center Drive
Bethesda, MD 20892
May 9, 2008

This May 9, 2008 NIH workshop is the first in a series that will facilitate discussions on partnerships with community health care providers to translate clinical research into practice. Participants will develop recommendations for academic-community collaborations and partnerships with other community programs in translating science into community-based practice. This workshop will help to identify: 1) key enablers of successful academic-community provider partnerships; 2) effective strategies for dissemination, diffusion, and adoption of research; and 3) public and private-sector partners for collaborative translational research. This workshop is also co-sponsored with CDC funds that have been distributed to the Association for Prevention, Teaching, and Research. Accelerating the Dissemination and Translation of Clinical Research into Practice May 9, 2008 National Institutes of Health Natcher Conference Center (Building 45), 45 Center Drive, Bethesda, MD 20892. For more information, visit http://www.ncrr.nih.gov/clinical_research_resources/news_&_events.asp. For more information, contact Donna Jo McCloskey, Health Scientist Administrator, Division for Clinical Research Resources, National Center for Research Resources, National Institutes of Health by phone at 301-451-4216 or by email at mccloskd@mail.nih.gov.

The Eighth Annual International Campbell Collaboration Colloquium:
Speaking Truth to Power: Evidence for Decisions in Education, Social Welfare, and Criminal Justice
Vancouver, British Columbia
Canada
May 12-14, 2008

Details at <http://www.campbellcolloquium.org/images/frntpge.jpg>>

The Coordinating Committee is striving for a Colloquium that: *engages participants intellectually throughout the colloquium; *creates excitement about the usefulness of systematic reviews of evidence for decision-making purposes; *fosters an appreciation of the respective perspectives of decision-makers and investigators; *is a forum for the exchange of knowledge about evidence for education, social welfare and criminal justice; and *is perceived as having provided participants with significant values for their investment of time and other resources.

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RESOURCES

Publications

Children, Youth and Environments

Volume 17 of *Children, Youth and Environments* is now available in its entirety online at www.colorado.edu/journals/cye. The volume includes more than 100 papers from 37 countries on child and youth participation in the planning and design of their cities, communities and programs that serve them. Last year, the journal web site recorded 250,000 independent sessions by readers in 160 countries. Downloads averaged more than 400 per day. Clearly, the CYE Journal is meeting a demand. Access is still free.

The Effects of Constrained Choices and Social Policies

Chloe Bird and Patricia Rieker

Cambridge University Press

The authors argue that to improve men's and women's health, individuals, researchers, and policymakers must understand the social and biological sources of the perplexing gender differences in illness and longevity. Although individuals are increasingly aware of what they should do to improve health, competing demands for time, money, and attention discourage or prevent healthy behavior. Drawing on research and cross-national examples of family, work, community, and government policies, the authors develop a model of constrained choice that addresses how decisions and actions at each of these levels shape men's and women's health-related opportunities. Understanding the cumulative impact of their choices can inform individuals at each of these levels how to better integrate health implications into their everyday decisions and actions. Their platform for prevention calls for a radical reorientation of health science and policy to help individuals pursue health and to lower the barriers that may discourage that pursuit. To order, please visit www.cambridge.org/us.

Making Americans Healthier: Social and Economic Policy as Health Policy

Robert F. Schoeni, James S. House, George A. Kaplan, and Harold Pollack (editors)

The United States spends billions of dollars annually on social and economic policies aimed at improving the lives of its citizens, but the health consequences associated with these policies are rarely considered. In *Making Americans Healthier*, a group of multidisciplinary experts shows how social and economic policies seemingly unrelated to medical well-being have dramatic consequences for the health of the American people. Most previous research concerning problems with health and healthcare in the United States has focused narrowly on issues of medical care and insurance coverage, but *Making Americans Healthier* demonstrates the important health consequences that policymakers overlook in traditional cost-benefit evaluations of social policy. The contributors examine six critical policy areas: civil rights, education, income support, employment, welfare, and neighborhood and housing. Among the important findings in this book, David Cutler and Adriana Lleras-Muney document the robust relationship between educational attainment and health, and estimate that the health benefits of education may exceed even the well-documented financial returns of education. Pamela Herd, James House, and Robert Schoeni discover notable health benefits associated with the Supplemental Security Income Program, which provides financial support for elderly and disabled Americans. George Kaplan, Nalini Ranjit, and Sarah Burgard document a large and unanticipated improvement in the health of African-American women following the enactment of civil rights legislation in the 1960s. *Making Americans Healthier* presents ground-breaking evidence that the health impact of many social policies is substantial. The important findings in this book pave the way for promising new avenues for intervention and convincingly demonstrate that ultimately social and economic policy is health policy. ROBERT F. SCHOENI is professor of public policy and economics, the University of Michigan. JAMES S. HOUSE is Angus Campbell Collegiate Professor of Sociology and Survey Research, the University of Michigan. GEORGE A. KAPLAN is the Thomas Francis Collegiate Professor of Public Health, the University of Michigan. HAROLD POLLACK is associate professor of social service administration, University of Chicago.

PATHWAYS Magazine

A new magazine on poverty, inequality, and social policy; Trends in poverty and inequality: Periodic reports on key poverty and inequality indicators; Cutting-edge research: Concise summaries of research that is changing how we understand the sources and consequences of poverty and inequality; Bold new visions: Must-read discussions of how labor market, poverty, and inequality policy might be rethought and changed; Debates: Leading scholars and policymakers weigh in on the crucial poverty and inequality questions of our time. Click http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/winter_2008.pdf for the pdf of the current issue of Pathways (complete issue). Click http://www.stanford.edu/group/scspi/cgi-bin/subscribe_to_pathways.php to subscribe to future issues of Pathways. It's free! TABLE OF CONTENTS (WINTER 2008 ISSUE) <http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Editors_Note.pdf> Letter from the Editors by David Grusky and Chris Wimer; TRENDS

http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Smeeding.pdf>Poorer by Comparison by Timothy M. Smeeding, The U.S. has much poverty, far more than comparable countries, like the U.K. Why?;

http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Saez.pdf, Striking it Richer by Emmanuel Saez, A new analysis of tax data reveals an unprecedented rise at the top of the income distribution. Are capitalists or professionals the big winners? A NEW WAR ON POVERTY? It is time for a new war on poverty? The presidential candidates and top commentators weigh in. http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Edwards.pdf, Building One America by John Edwards; http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Clinton.pdf, Pragmatic Solutions for Reducing Poverty and Inequality by Hillary Clinton;

http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Obama.pdf, Tackling Poverty and Inequality in America by Barack Obama; http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Blank.pdf, How to Wage the New War on Poverty: Advising and Grading the Candidates by Rebecca Blank;

http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Murray.pdf, Poverty and Marriage, Inequality and Brains by Charles Murray; http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Frank.pdf>The Pragmatic Case for Reducing Income Inequality by Robert Frank; RESEARCH IN BRIEF

http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Research_in_Brief.pdf>, New research developments

The gender gap in educational outcomes, debt reform and financial risk, and the surprising decline in residential segregation. INTERVENTIONS http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/DeLucaRosenbaum.pdf, Escaping, Poverty: Can Housing Vouchers Help? by Stefanie DeLuca and James E. Rosenbaum, Should poverty policy be built around housing vouchers? Making sense of the evidence.

http://www.stanford.edu/group/scspi/media_magazines.html

Segregation: The Rising Costs for America

Edited by James H. Carr, Nandinee K. Kutty

Segregation: The Rising Costs for America documents how discriminatory practices in the housing markets through most of the past century, and that continue today, have produced extreme levels of residential segregation that result in significant disparities in access to good jobs, quality education, homeownership attainment and asset accumulation between minority and non-minority households. The book also demonstrates how problems facing minority communities are increasingly important to the nation's long-term economic vitality and global competitiveness as a whole. Solutions to the challenges facing the nation in creating a more equitable society are not beyond our ability to design or implement, and it is in the interest of all Americans to support programs aimed at creating a more just society. The book is uniquely valuable to students in the social sciences and public policy, as well as to policy makers, and city planners.

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1. The New Imperative for Equality, James H. Carr and Nandinee K. Kutty

Introduces the issue of residential segregation in America; provides an overview of the book, and argues that the issue of segregation is not solely about social justice; in fact, it is increasingly impacting the future competitiveness of the nation and the well-being of all Americans.

2. Origins of Economic Disparities: Historical Role of Housing Segregation, Douglas S. Massey

Reviews the history of residential segregation in the U.S. and shows that the black ghetto and the hyper-segregated cities of the U.S. are 20th century phenomena. Reviews the discriminatory practices in U.S. housing markets since the turn of the twentieth century; documents the role played by individuals, private institutions and government institutions in the creation of segregated communities and the resulting stark economic disparities across racial groups.

3. From Credit Denial To Predatory Lending: The Challenge Of Sustaining Minority Homeownership, Kathleen C. Engel and Patricia A. McCoy

Traces changes in the home mortgage lending industry from a period when credit was scarce to the recent decades when credit has become abundantly available but on unfair and predatory terms for vulnerable households; shows how the growth of lending abuses against minority communities has made it difficult for these households to sustain homeownership or derive any of the traditional benefits of homeownership; proposes strategies to purge predatory lending from the housing markets.

4. Housing and Education: The Inextricable Link, Deborah McKoy and Jeffrey M. Vincent

Establishes the nexus between housing and schools, starting with the basic kernel that housing markets throughout the nation, and in middle class communities in particular, respond to the quality of local schools; discusses the complex link between housing and education, and the multifaceted educational challenges faced in segregated minority communities; highlights some recent innovative programs that have tried to leverage the connections between housing and schools in order to improve both.

5. Residential Segregation and Employment Inequality, Margery Austin Turner

Examines the ways in which residential segregation contributes to employment inequality (including job-access, education, job-quality, and earnings) across racial and ethnic groups; highlights some empirical findings on the mismatch between neighborhoods and job availability for minority communities; discusses a variety of policy responses; advocates fair housing enforcement and inclusionary zoning as tools for opening up suburban jurisdictions to minorities.

6. Impacts of Housing and Neighborhoods on Health: Pathways, Racial/Ethnic Disparities, and Policy Directions,

Dolores Acevedo-Garcia and Theresa Osypuk

Comprehensively examines the link between housing and health; draws out the connections between housing disparities and health disparities across ethnic groups; suggests policy directions, including embedding fair housing principles in the regular practice and evaluation of housing assistance programs.

7. Neighborhood Segregation, Personal Networks, and Access to Social Resources, Rachel Garshick Kleit

Examines the importance of social networks in providing access to social and economic opportunity, and the influence of different types of neighborhoods on social networks; examines the influence of racial and economic segregation of neighborhoods on the nature of social networks; offers some recommendations on improving the quality of social networks.

8. Continuing Isolation: Segregation in America Today, Ingrid Gould Ellen

Highlights progress made over the past few decades in reducing segregation but cautions that major progress remains a future goal; it concludes that present-day segregation can be explained by the legacy of segregation, discrimination, and current decisions of white households to avoid moving to racially integrated or largely minority communities.

9. Trends in the U.S. Economy: The Evolving Role of Minorities, Dean Baker and Heather Boushey

Examines trends in the U.S. economy with a particular focus on minority households; builds the argument that minorities are increasingly a critical element of the nation's labor force and that policies that ensure their economic mobility will enhance national economic performance.

10. The Prospects and Pitfalls of Fair Housing Enforcement Efforts, Gregory Squires

Reviews the current status of fair housing laws; highlights weaknesses in the enforcement of these laws; raises serious policy questions on the consequences of expanding the number of protected classes in an environment of stagnant and even diminished enforcement resources.

11. Attaining a Just (and Economically Secure) Society, James H. Carr and Nandinee K. Kutty

Reframes the issues of fair housing and access to opportunity structures in the context of the growing economic inequality in the nation and other challenges facing all economic classes in the U.S. today except the very affluent; argues that the programs needed for an economic lift-off for historically disadvantaged groups are exactly the same programs that would benefit all Americans.

ABOUT THE AUTHORS: James H. Carr is Chief Operating Officer for the National Community Reinvestment Coalition and a visiting professor at Columbia University in New York and George Washington University in Washington, DC. Jim has also served as Senior Vice President for Financial Innovation, Planning and Research for the Fannie Mae Foundation and Assistant Director for Tax Policy with the U.S. Senate Budget Committee. Nandinee K. Kutty is a policy consultant, specializing in urban and housing policy. She was a faculty member at Cornell University from 1993 to 2000, where she taught courses on policy analysis. She has a Ph.D. in economics from the Maxwell School, Syracuse University.

The Value and Challenges of Participatory Research: Strengthening Its Practice

In Volume 29, Annual Review of Public Health, coming out April 2008

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<http://arjournals.annualreviews.org/loi/publhealth>

Abstract: The increasing use of participatory research (PR) approaches to address pressing public health issues reflects PR's potential for bridging gaps between research and practice, addressing social and environmental justice and enabling people to gain control over determinants of their health. Our critical review of the PR literature culminates in the development of an integrative practice framework that features five essential domains and provides a structured process for developing and maintaining PR partnerships, designing and implementing PR efforts, and evaluating the intermediate and long-term outcomes of descriptive, etiological, and intervention PR studies. We review the empirical and nonempirical literature in the context of this practice framework to distill the key challenges and added value of PR. Advances to the practice of PR over the next decade will require establishing the effectiveness of PR in achieving health outcomes and linking PR practices, processes, and core elements to health outcomes.

Racial-Ethnic Inequality in Child Well-Being from 1985-2004: Gaps Narrowing, but Persist

The Foundation for Child Development released a report describing an overall improvement in the quality of life for children. This was the first study of its kind that analyzed and compared trends in the well-being of white, African American, and Hispanic children over a 20-year span. Though the gaps between black and Hispanic children, compared to white children, are closing, it will take another generation before these gaps are fully eliminated. To read the full study, visit http://www.fcd-us.org/resources/resources_show.htm?doc_id=648676.

[Racial and Ethnic Disparities in Medical and Dental Health, Access to Care, and Use of Services in US Children](#)

In *Pediatrics* 2008;121:e286-e298; originally published online Jan 14, 2008; DOI: 10.1542/peds.2007-1243

Glenn Flores and Sandra C. Tomany-Korman

This article found significant disparities in health status, oral health, and access for minority children. The study also found that certain disparities were particularly marked for certain racial and ethnic groups, and that multiracial children were burdened by multiple disparities.

World Health Organization

Commission on Social Determinants of Health's Knowledge Networks

The background papers and case studies, commissioned by the Commission on Social Determinants of Health's Knowledge Networks are now available on the following WHO website:

www.who.int/social_determinants/knowledge_networks/final_reports/en/index.html.

Other

Health Research and Education Trust (HRET)

Collecting Race, Ethnicity, and Language Data: A How-To Guide

Supported by The Commonwealth Fund

With Commonwealth Fund support, the Health Research and Educational Trust (HRET) created a Web-based toolkit in 2005 for collection of race, ethnicity, and primary language information. An updated version of the [Disparities Toolkit for Collecting Patient Race, Ethnicity, and Primary Language Data](#) is now available free of charge on the HRET Web site, thanks to HRET and American Hospital Association support. The new edition, which can be viewed online and downloaded as a PDF, is easy to navigate and offers important new material.

New insights on poverty and life around the world

TedTalks 2007: Hans Rosling on poverty

Hans Rosling

Professor of International Health, Karolinska Institute

Co-founder, Director of Gapminder Foundation

<http://www.ted.com/index.php/talks/view/id/140>

In a follow-up to his now-legendary [TED2006 presentation](#), [Hans Rosling](#) demonstrates how developing countries are pulling themselves out of poverty. He shows us the next generation of his Trendalyzer software -- which analyzes and displays data in amazingly accessible ways, allowing people to see patterns previously hidden behind mountains of stats. (Ten days later, he announced a deal with Google to acquire the software.) He also demos Dollar Street, a program that lets you peer in the windows of typical families worldwide living at different income levels. Be sure to watch straight through to the (literally) jaw-dropping finale. A professor of global health at Sweden's [Karolinska Institute](#), his current work focuses on *dispelling common myths about the so-called developing world*, which (he points out) is no longer worlds away from the west. In fact, most of the third world is on the same trajectory toward health and prosperity, and many countries are moving twice as fast as the west did. What sets Rosling apart isn't just his apt observations of broad social and economic trends, but the stunning way he presents them.

The Trendalyzer software (recently acquired by Google) turns complex global trends into lively animations, making decades of data pop.

PBS WQED-TV series, Closing the Health Disparity Gap

The PBS WQED-TV series, Closing the Health Disparity Gap, is available online: Overview of Health Disparities: Rural & Urban, <http://www.wqed.org/ondemand/onq.php?cat=23&id=240>; Closing the Gap with the Healthy Black Family Project, <http://www.wqed.org/ondemand/onq.php?cat=23&id=241>.

The US Committee for Refugees and Immigrants

New Health Brochures

The US Committee for Refugees and Immigrants has recently posted 10 NEW health brochures on their website.

<http://www.refugees.org/hltoolkit>. All the brochures are available for download free of charge. The topics covered in this new batch of brochures are as follows:

1. Violence in the Home
2. Health Insurance and Medicaid
3. Living with Disabilities in the US
4. Personal and Home Hygiene
5. Dental Care and Hygiene
6. Healthy Pregnancy
7. Keeping Your Baby Healthy
8. Watching Your Child Grow

9. Common Respiratory Infections (Bronchitis, Influenza, and Pneumonia)

10. Asthma

These brochures are a great tool to help fill in communication gaps between the service provider and the client. All brochures are written at a 5th grade reading level and are culturally appropriate. They are of course best utilized with verbal education and should not be handed off without discussion. This batch of brochures are available in ARABIC, VIETNAMESE, ENGLISH, BURMESE, KAREN, SWAHILI, FRENCH, SOMALI, SPANISH, HMONG, FARSI, KIRUNDI, BOSNIAN, and RUSSIAN. There are also an additional 13 brochures available in all 15 languages:

1. HIV/AIDS Prevention and Stigma
2. STDs
3. Cold & Flu
4. TB
5. Stop Smoking
6. Diabetes
7. Heart Disease
8. Obesity
9. Child Obesity
10. Pap Test and Mammograms
11. Menstrual Cycle
12. Patients Rights
13. Emergency Room

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The [Center for the Advancement of Health](#) identifies and disseminates state-of-the-science evidence about the influence of behavioral, social and economic factors on disease and well-being. Its purpose is to support health decision-making by the public and strengthen relationships among researchers and policymakers. The Center receives unrestricted funding from a number of foundations, principally The Annenberg Foundation, and restricted funding from the W. K. Kellogg Foundation. To contact the Center, e-mail cfah@cfah.org, call (202) 387-2829 or visit our web site at www.cfah.org.

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