



# Kellogg Health Scholars

Connecting Academe, Community, and Policy

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**January 2009**

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**Dr. Joe Gone**, Scholars in Health Disparities Program alumnus, was selected as the inaugural recipient of the *Henry Tomes Award for Significant Contributions to the Advancement of Ethnic Minority Psychology by an Emerging Psychologist* by the Council of National Psychological Associations for the Advancement of Ethnic Minority Interests (CNPAAEMI), which is comprised by the presidents of the four national ethnic minority psychological associations, the American Psychological Association (APA) and APA Division 45. The *Henry Tomes Award* recognizes an individual who (a) significantly contributed to the development and promotion of ethnic minority psychology, (b) advocated for the interests and psychological well-being of individuals across multiple ethnic minority communities, and (c) promoted unique opportunities to advance ethnic minority interests in psychological practice, science and education.

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**Dr. Lovell Jones**, Kellogg Health Scholars Program, University of Texas M.D. Anderson Cancer Center site director, was the distinguished recipient of the *Health Disparities Excellence Award* presented by the National Institutes of Health's National Center on Minority Health and Health Disparities. The Award honors Dr. Jones' demonstrated commitment to the elimination of cancer health disparities.

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**ANNOUNCEMENTS**

**SAVE THE DATE**

*KConnection is produced by the Kellogg Health Scholars Program, a program of the Center for the Advancement of Health.*

**SAVE THE DATE! Kellogg Fellows in Health Policy Research program 2009 Networking Meeting** will be held on **June 2, 2009** in Washington, DC. Meeting details to follow.

**SAVE THE DATE! Kellogg Health Scholars Program 2009 Networking Meeting** will be held on **June 3-5, 2009** in Washington, DC. Meeting details will be sent as soon as it is available.

Maria Briones-Jones, Editor  
Brandon Moore, Production Manager  
Michael Everhart, Production Associate

**SAVE THE DATE! The Disparities in Health in America: Working Toward Social Justice Workshop** is being scheduled for **June 20 to June 26, 2009** in Houston, Texas at the Robert Hickey Auditorium at the University of Texas M.D. Anderson Cancer Center.

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

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

**SPOTLIGHT ON KELLOGG SCHOLARS NETWORK**

Meet Kellogg Health Scholars Program alumna, **Gina L. Evans, PhD.**

Dr. Gina L. Evans is an Assistant Professorship (tenure-track) at the Baylor College of Medicine's Chronic Disease Prevention and Control Research Center. She holds a Doctoral degree in Counseling Psychology from Ball State University in Muncie, Indiana. Upon completion of her degree she became a Kellogg Health Scholars (KHS) fellow. Her primary reasons for becoming a KHS were to challenge and change the way we currently conduct health disparities research with and in minority communities. Dr. Evans overall research and career goal is to: (1) investigate social determinants that contribute to poor health, (2) design applicable health promotion and self-management interventions and (3) improve minority

participation in clinical trials and generate research findings that can assist individuals, and researchers and policy developers in building healthier communities for minority groups. Dr. Evans' contributed to and completed many research studies during her doctoral and KHSF program. Her early research explored psychosocial factors that impact eating habits among African American women. She expanded upon this research by completing a pilot study exploring the utility of a self-management intervention among ethnic minority stroke patients. She was recently awarded a NIDDK research supplement to examine the "Effects of Social Determinants of Health on Self-Care Activities among Ethnic minorities with Type II Diabetes". These experiences have led to publications in peer reviewed journals such as Nutrition Education and Behavior, Neurorehabilitation and Training and Education in Professional Psychology as well as manuscripts that are in press and under review. She has also disseminated her research findings through presentations at national conferences such as the American Public Health Association and American Psychological Association. Through her work with the Eliminating Disparities in Clinical Trials (EDICT) initiative she developed educational workshops that encourage researchers in community and academic settings to adopt culturally appropriate policy recommendations in their clinical trial research. Dr. Evans continues to strive to complete quality research projects that provide a lasting effect on individuals, communities and the global society.

When asked what the impact of the Kellogg Health Scholars Program has made to her career, Dr. Evans said "[T]he program has linked me with mentors who have been instrumental in increasing my research skills as well as knowledge of health disparities. Through this mentorship, I have been able to learn more advanced methods of investigating how social determinants of health impact health disparities and health outcomes." Further, she states that "the rewards of this mentorship can be witnessed with my current NIDDK funded research supplement to investigate the 'Effects of Social Determinants of Health on Diabetes Self-care among Ethnic Minorities.' The plan is to use my research findings to impact policy changes in equitable health care, health care reimbursement, and health policy."

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## Archived KHSP E-Workshops

The archived KHSP e-workshops are taped from the live e-workshops of the Kellogg Health Scholars. These live electronic workshops are intended to bring Kellogg Health Scholars together between face-to-face networking meetings to explore topics of mutual interest. Its purpose is to form closer networks between the Kellogg Health Scholars and to provide to them and the Kellogg Community of Scholars support and resources for career development.

Access to archived e-workshops is **STRICTLY LIMITED** to Kellogg Health Scholars, Kellogg Fellows in Health Policy Research (current and alumni), Scholars in Health Disparities and Community Health Scholars program alumni and H. Jack Geiger Congressional Health Policy Fellows program alumni. The contents of these e-workshops are confidential. These archived presentations should not be accessed, copied or forwarded by/to any individuals other than group of scholars, fellows and scholar/fellow alumni that have been identified.

[Click here to listen to the archived presentations and download materials](#), Please use the same login and passcode information provided under a separate email in April 2008 or contact Brandon Moore at [bmoore@cfah.org](mailto:bmoore@cfah.org) for these information.

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## FUNDING

**Agency for Healthcare Research and Quality (AHRQ)  
AHRQ Mentored Research Scientist Development Award (K01)  
(PAR-08-022)**

**Application Receipt Date:** <http://grants.nih.gov/grants/funding/submissionschedule.htm>  
**Expiration Date:** January 8, 2011

The Agency for Healthcare Research and Quality (AHRQ) announces its interest in supporting the Mentored Research Scientist Development Award (K01) in health services research. The K01 provides specialized study support for research-trained doctorates (e.g., Ph.D., Sc.D., Dr.P.H.) who

are committed to a career in health services research and have the potential to develop into independent investigators. The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Applications submitted in response to this FOA must be responsive to Agency goals and priorities, as described below. AHRQ will provide salary and fringe benefits for the K01 recipient for a requested percentage of the candidate's institutional salary, of up to \$90,000 annually plus associated fringe benefits. Additionally, up to \$25,000 per year for research development support, as detailed below, will be provided. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-08-022.html>.

**Agency for Healthcare Research and Quality(AHRQ)  
AHRQ Independent Scientist Award (K02)  
(PAR-07-444)**

**Application Receipt Date:** <http://grants.nih.gov/grants/funding/submissionschedule.htm>

**Expiration Date: October 13, 2010**

The Agency for Healthcare Research and Quality (AHRQ) announces its continued interest in supporting the Independent Scientist Award (K02) in health services research. The K02 provides specialized study support for clinically-trained (e.g., M.D., D.D.S., D.M.D., D.O., D.C., O.D., D.N.S., Pharm.D.) or research-trained (e.g., Dr. P.H., Ph.D., Sc.D.) doctoral individuals who are committed to a career in health services research and have not been out of their latest research training experience (e.g., Masters degree, Ph.D. degree, post-doctoral training, clinical residency, or career development award) for more than seven years. The mission of AHRQ is to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. Applications submitted in response to this FOA must be responsive to Agency goals and priorities, as described below. AHRQ will provide salary and fringe benefits for the K02 recipient for a requested percentage of the candidate's institutional salary, of up to \$90,000 annually plus associated fringe benefits. Additionally, up to \$25,000 per year for research development support, as detailed below, will be provided. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-07-444.html>.

**Centers for Disease Control and Prevention  
Evaluating Locally-Developed (Homegrown) HIV Prevention Interventions for African-American and Hispanic/Latino Men Who Have Sex with Men (MSM) (U01)  
(RFA-PS-09-007)**

**Deadline: March 3, 2009**

This funding opportunity will support applicants in the United States that partner with a local community-based organization (CBO), including but not limited to AIDS service organizations or faith-based organizations, to implement and rigorously evaluate potentially effective but insufficiently evaluated HIV prevention interventions for (A) high risk African-American men who have sex with men (MSM) or (B) high-risk Hispanic/Latino MSM. The intervention must have been developed by the CBO with substantial input from the served community, and may be referred to as a locally-developed or homegrown intervention. The applicant must provide evidence that the CBO developed the intervention with substantial input from the served community; has been delivering the intervention to African-American or Hispanic/Latino MSM for a minimum of two years; has collected prior positive process evaluation data demonstrating fidelity, availability, and acceptability of the intervention, or has collected outcome monitoring data before and after delivering the intervention that demonstrate positive and significant changes in relevant outcomes; and that the intervention has not undergone a rigorous evaluation. The applicant must also submit copies of all intervention materials or procedures (curricula and/or facilitator guides or manuals) used by the CBO to deliver the intervention.

The FOA can be found on the CDC/PGO website at: <http://www.cdc.gov/od/pgo/funding/PS09-007.htm>. Application Submission Receipt Date(s): March 3, 2009. Earliest Anticipated Start Date(s): September 1, 2009. All research/scientific questions regarding this FOA should be directed to:

Dr. Shoukat Qari

Scientific Program Administrator

Extramural Programs

Strategic Science and Program Unit

Coordinating Center for Infectious Diseases U.S. Department of Health and Human Services CDC  
1600 Clifton Rd. MS E-60 Atlanta, GA 30333

Tel: 404 498 2274

Fax: 404 498 2626

Email: [SQari@cdc.gov](mailto:SQari@cdc.gov)

General questions regarding this FOA should be directed to: Technical Information Management Section CDC Procurement and Grants Office U.S. Department of Health and Human Services 2920 Brandywine Road Atlanta, GA 30341, Telephone: 770-488-2700, Email: [PGOTIM@cdc.gov](mailto:PGOTIM@cdc.gov).

**National Institutes of Health -- National Cancer Institute, National Heart, Lung, and Blood Institute, Office of Behavioral and Social Sciences Research  
NIH-Supported Centers for Population Health and Health Disparities (CPHHD) (P50)  
(RFA-CA-09-001)**

**Letters of Intent Receipt Date: April 29, 2009**

**Application Receipt Date(s): May 29, 2009**

**<http://grants.nih.gov/grants/guide/rfa-files/RFA-CA-09-001.html>**

This funding opportunity announcement (FOA), sponsored jointly by the National Cancer Institute (NCI), the National Heart, Lung and Blood Institute (NHLBI), and Office of Behavioral and Social Sciences (OBSSR) of the National Institutes of Health, solicits grant applications for Centers for Population Health and Health Disparities (CPHHD) Program. The CPHHD Program is designed to promote transdisciplinary research in the area of health inequities with the purpose of contributing directly to improved health outcomes and quality of life for populations with a higher disease burden. This FOA is an open competition for all eligible applicants. The focus is on both understanding the pathways that result in disparate health outcomes and developing comprehensive models of how various social, economic, cultural, environmental, biological, behavioral, physiological, and genetic factors affect individual health outcomes and their distribution in populations. Under this FOA, the National Cancer Institute (NCI) will support centers focused on health disparities related to the differences in the incidence, prevalence, mortality, and burden of cancer and related adverse health conditions that exist among specific population groups in the United States (U.S.). Centers proposed for funding by the NHLBI must target disparities in cardiovascular diseases and must have the development of interventions to reduce these health disparities as the primary objective of the proposed research. Applicants proposing Centers focused on cancer-related disparities are must include intervention development/testing as one of required projects. Ultimately, for both areas, the results of the proposed research should aid the development of effective strategies for multilevel interventions to that seek to promote health and/or lessen the burden of disease.

**National Institutes of Health  
Promoting Careers In Aging and Health Disparities Research (K01)  
(PAR-08-033)**

**Application Receipt Date(s): <http://grants.nih.gov/grants/funding/submissionschedule.htm>**

**Expiration Date: January 8, 2011**

The goals of NIH-supported career development programs are to help ensure that diverse pools of highly trained scientists are available in adequate numbers and in appropriate research areas to address the Nation's biomedical, behavioral, and clinical research needs. The focus of this FOA is limited to health disparities related to aging. For purposes of this funding opportunity, eligible individuals are applicants who have been determined by the grantee institution to be committed to a career in health disparities research related to aging and who are members of or knowledgeable about health disparity population groups. Nationally, health disparity population groups include but are not limited to African Americans, Hispanic Americans, American Indians/Alaska Natives, Native Hawaiians, Pacific Islanders, the medically underserved, low socioeconomic populations and rural populations. This FOA is related to the NIA Health Disparities Strategic Plan and will help to build capacity in aging and health disparity research. See:

<http://www.nia.nih.gov/AboutNIA/StrategicPlan/DirectorsMessageHD.htm>. The plan is updated annually and makes it clear that health disparity populations are minority populations, low socioeconomic status (SES) population groups, and rural populations groups. Homeless, Medicaid, medically indigent, migrant and disabled population groups may also be included. The goals of the Strategic Plan are to reduce and eliminate health disparities, expand minority health and health disparity research education and training opportunities for underrepresented scientists (individuals from racial and ethnic groups, individuals with disabilities, and individuals from disadvantaged backgrounds), and to provide information to these groups about treatment, prevention, and management of disease. The most striking disparities in the burden of disease in the United States are experienced by African Americans, Hispanics, American Indians, Alaska Natives, Native Hawaiians and other Pacific Islanders, Asians, disabled individuals, and individuals from low socioeconomic and rural population groups. Scientists from these groups are strongly encouraged to apply as they are well positioned to conduct research aimed at redressing health disparities.

Applications will be supported through the NIH Mentored Research Scientists Development Award Mechanism (K01): <http://grants2.nih.gov/grants/guide/pa-files/PA-06-001.html>. The K01 application may be submitted on behalf of the candidate (principal investigator) by any domestic for-profit or non-profit institution/organization, or public or private institutions, such as universities, colleges, hospitals and laboratories. Foreign institutions are not eligible to apply. Candidates must be U.S. citizens or non-citizen nationals, or individuals lawfully admitted for permanent residence, who hold a research or health-professional doctoral degree or its equivalent and can commit a minimum of 75% of full-time professional effort conducting research and relevant career development activities specified in the application. Receipt of prior support may affect eligibility. The candidate must demonstrate and justify the need for a three, four, or five-year period of additional supervised research experience. Planning, direction, and execution of the proposed career development program and research project will be the responsibility of the candidate and his/her mentor. The proposed career development experience must be on health disparities and aging research and must be sufficiently new to the candidate and/or one in which an additional supervised research experience will substantially augment the candidate's research capability. The National Institute on Aging intends to commit up to \$500,000 in FY 2008 for awards in response to this FOA. An applicant may request a project period of 3-5 years and a budget for direct costs of up to \$150,000 per year. The total amount to be awarded and the number of anticipated awards will depend upon the quality, duration, and costs of the applications received as determined by peer review process, available funds and program priorities. The candidate for this K01 award may not concurrently apply for or have an award pending for another NIH career development award. Up to two resubmissions of an application will be accepted. Renewals will not be allowed. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PA-08-033.html>.

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

#### **NCI Transition Career Development Award to Promote Diversity (K22) (PAR-08-047)**

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

**Expiration Date: January 8, 2009 (per [PAR-09-069](#)) - Originally: January 8, 2011**

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

#### **Salud America! The RWJF Research Network to Prevent Obesity Among Latino Children 2008 Call for Proposals**

**Deadline: February 6, 2009**

The objective of this call for proposals (CFP) is to provide support for research proposals with the potential to inform policy-makers, community leaders and others who are working to prevent and reduce childhood obesity in Latino communities. Under this CFP, the Robert Wood Johnson Foundation will award approximately 20 grants of up to \$75,000 each, including indirect costs, for a period of up to 24 months. Click here to view the [Call for Proposals](#) (CFP). Proposals must be submitted through the RWJF [Grantmaking Online](#) system. For inquiries related to the proposal submission process, please contact the *Salud America!* helpdesk at [saludamericahelpdesk@sra.com](mailto:saludamericahelpdesk@sra.com) or (866) 941-7146.

For additional information about the program, please refer to the *Salud America!* [frequently asked questions](#). Also, review [this document](#) for general guidelines on securing and managing research grants. You also are invited to [stream](#) or [download](#) the informational Webinar for potential CFP applicants conducted on Dec. 19, 2008 or review the slide presentation [here](#). Any additional questions about the CFP should be directed to the *Salud America!* helpdesk at [saludamericahelpdesk@sra.com](mailto:saludamericahelpdesk@sra.com). Announcement details at <http://www.salud-america.org/research.html>.

**The Robert Wood Johnson Foundation**

## **Healthy Kids, Healthy Communities Call for Proposals**

**Deadline: February 3, 2009, 3:00 p.m. Eastern Time**

The Robert Wood Johnson Foundation (RWJF) is pleased to announce a new call for proposals (CFP) for Healthy Kids, Healthy Communities, a national program whose primary goal is to implement healthy eating and active living policy- and environmental-change initiatives that can support healthier communities for children and families across the United States. The program places special emphasis on reaching children at highest risk for obesity on the basis of race/ethnicity, income and/or geographic location. Under this CFP, RWJF will award approximately 60 grants to community partnerships across the United States, each of which will receive up to \$360,000 total over four years. All grantees must secure a cash and/or in-kind match equal to at least 50 percent of the RWJF award over the entire grant period. Partnerships from all states are encouraged to apply. The Foundation will, however, give special consideration to proposals from 15 states where rates of childhood obesity are particularly high: Alabama, Arizona, Arkansas, Florida, Georgia, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas and West Virginia. Approximately half of the grants under this CFP will be awarded to communities within these states. The deadline for brief proposals is February 3, 2009 at 3:00 p.m. Eastern Time. All proposals must be submitted electronically through the RWJF Grantmaking Online system. Go to [www.healthykidshealthycommunities.org](http://www.healthykidshealthycommunities.org) to download a copy of the CFP, review frequently asked questions (FAQs), register for an applicant conference call, and access the RWJF Grantmaking Online system.

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## **CALL FOR SUBMISSIONS**

### **Call for Abstracts - North American Housing and HIV/AIDS Research Summit**

**Mobilizing Knowledge: Housing is HIV Prevention and Care**

**Washington, DC**

**June 3-5, 2009**

**Deadline: January 15, 2009**

The US National AIDS Housing Coalition (NAHC), working in collaboration with the Ontario HIV Treatment Network (OHTN) and the Department of Health, Behavior and Society of the Johns Hopkins Bloomberg School of Public Health, is pleased to announce the fourth Housing and HIV/AIDS Research Summit, a meeting of leading health, housing and social service researchers and policy makers. The Housing and HIV/AIDS Research Summit series is an interdisciplinary, interactive forum for the presentation of research findings on the relationship of housing status and HIV prevention and care, coupled with dialogue on public policy implications and strategies among researchers, policy makers, and providers and consumers of HIV housing and services. The theme of Summit IV is Examining the Evidence: The Impact of Housing on HIV Prevention and Care, and the conveners invite abstracts presenting the results of scientific research, program evaluation, community-based interventions, and public policy strategies that reflect this theme. Both research and policy abstracts are encouraged, and abstracts may be submitted for oral or poster presentations. Abstracts are due January 15, 2009, and notification of acceptance will be emailed no later than March 6, 2009. Conference fees will be waived for presenting authors. The North American Housing and HIV/AIDS Research Summit IV Call for Abstracts is available at: <http://www.nationalaidshousing.org/PDF/CFA.pdf>. Questions can be directed to: [nahc@nationalaidshousing.org](mailto:nahc@nationalaidshousing.org).

### **Call for Papers - Emory University**

**Reducing Poverty: Explaining Recent State Policy Innovations and Strategies**

**The Institute for Advanced Policy Solutions**

**Emory University**

**Atlanta, GA**

**November 19-20, 2009**

**Deadline: January 16, 2009**

The goal of this conference is to bring together scholars and practitioners to examine and explain recent efforts by a number of states to take a more comprehensive and collaborative approach to alleviating poverty - one that goes well beyond the "welfare reform" model of the 1990s. As described in a recent report published by the Center for Law and Social Policy ([http://www.clasp.org/publications/clasp\\_report\\_0418.pdf](http://www.clasp.org/publications/clasp_report_0418.pdf)), many of these new, innovative approaches reach across traditional boundaries that ordinarily separate policy arenas (e.g.,

education, tax, health care, child care, economic development, urban planning, etc.), and policymakers (legislative and executive, governmental and non-governmental, state and local). While such efforts seem very promising, they raise a number of questions. Why have some states taken this initiative, while others have not? Have some states tried but failed? If so, why? Who are the leaders up front and behind such efforts, and what sorts of opportunities and obstacles have they confronted? Is this really a meaningful change in the way state policymakers are responding to the needs of their poorest citizens, is it just empty rhetoric (new labels for old approaches), or purely symbolic (e.g., a commission to examine poverty but no intent to take any action)? We are particularly interested in processes of representation and the role(s) race, ethnicity, gender, and class play in linking target populations and policymakers during crucial stages of the policymaking process (i.e., problem definition, agenda-setting, policy design, policy adoption, implementation). For example: Who represents, serves, speaks for, or acts for whom? Does it matter whether women, racial and ethnic minorities, and/or poor people are "at the table" and in leadership positions? If so, how? Could this type of policy innovation be the result of coalition-building across racial, ethnic, gender, and/or class lines? To what degree or under what conditions do policymakers think about poverty in terms of race, ethnicity, gender, class and the complex interactions thereof? How does geography - urban v. suburban v. rural communities - matter? What role, if any, do local governments play in the design and implementation of state strategies for reducing poverty?

Ultimately, we would like this conference to be an opportunity for scholars and practitioners (i.e., policy makers, leaders, analysts, and advocates affiliated with both governmental and non-governmental institutions and organizations) to interact and learn from each other. We therefore invite scholars in and across multiple disciplines and subfields to write and present research papers addressing one or more of the questions outlined above. We also welcome papers that address other issues and questions related to the policymaking challenges confronting recent state-level efforts to reduce poverty in the United States. Practitioners will be asked to share their own experiences, insights, and concerns as discussants and/or roundtable participants. In this way, we hope to foster a constructive dialogue between theory and practice, which in turn will not only promote more scholarly research on one of our most pressing and challenging policy problems, but also help advance theoretically and practically informed solutions to those problems. To that end, we will ask participating scholars and practitioners to work together (either at the conference or immediately thereafter) to draft policy briefs outlining the primary findings, lessons, and recommendations that emerge from this theory-practice dialogue. Pending budget approval, the Institute for Advanced Policy Solutions (IAPS) will cover travel expenses (airfare, hotel, meals) for at least one author of each paper accepted for presentation at the conference. Additional honoraria for each paper or set of authors may also be available. Submission and Selection Process: If you are interested in presenting a paper at the conference, e-mail an abstract\* (500 words maximum) summarizing the primary research questions or goals, hypotheses (if appropriate), data, methods, and findings (if available) to the co-conveners/organizers no later than \*January 16, 2009\*. Please be sure to include your contact information and institutional affiliation(s). Conference organizers will select approximately ten papers for presentation at the conference. Notification will be e-mailed no later than March 16, 2009. Proposals and inquiries should be e-mailed to one or both of the conference organizers: Beth Reingold, [beth.reingold@emory.edu](mailto:beth.reingold@emory.edu), IAPS Fellow, 2009, Associate Professor, Departments of Political Science & Women's Studies, Emory University; and Michael Rich, [mrich@emory.edu](mailto:mrich@emory.edu), IAPS Fellow, 2008-09, Associate Professor, Department of Political Science, Director, Office of University-Community Partnerships, Emory University.

**Call for Papers - The Commonwealth Fund and AcademyHealth  
The Building Bridges: Making a Difference in Long-Term Care  
Colloquium Presentation in Chicago, IL  
June 27, 2009  
Deadline: February 2 2009**

The Building Bridges: Making a Difference in Long-Term Care strategic initiative provides an opportunity for a variety of long-term care (LTC) stakeholders to learn about the research base and policy implications of select challenges facing the financing and delivery of LTC. To ensure that the most important issues are considered, The Commonwealth Fund and Academy Health are holding a competition to prepare a paper comprising an overview and synthesis of an important issue in LTC. It will form the basis for one of the substantive sessions at the June 2009 Colloquium, which also will include real world discussants and table discussions among colloquium participants. The selected author will be awarded \$5,000 (plus travel expenses) for the paper's preparation and

presentation at the Colloquium on June 27, 2009, in Chicago. Applications may now be submitted through February 2, 2009. For more details, visit the 2009 Colloquium Call for Commissioned Papers Web site at [www.academyhealth.org/ltc/2009/colloquium/callforpapers.htm](http://www.academyhealth.org/ltc/2009/colloquium/callforpapers.htm).

**Call for Abstracts - Society for Epidemiologic Research  
Race and Class Inequalities  
Anaheim, CA**

**June 23-36, 2009**

**Deadline: February 2, 2009 (11:59 p.m. EST)**

We are looking for conceptual and data-based papers for presentation at the annual Society for Epidemiologic Research (SER) meeting in 2009. There will be a contributed paper session on Race and Class Inequalities in Health and we encourage those of you working in this area to submit abstracts of your work. Meeting dates June 23-26, 2008 in Anaheim, CA. Accepted abstracts will be distributed at the June meeting and will also be published in a Supplement issue of the American Journal of Epidemiology. Abstracts must be submitted online at the following web address:

<http://epiresearch.org/> [click on Annual meeting - abstract submission form will be available].

Submissions will be accepted until February 2, 2009, 11:59 p.m. EST. For inquiries about this specific session on Race and Class Inequalities in Health, contact Irene Yen ([irene.yen@ucsf.edu](mailto:irene.yen@ucsf.edu)) or Pat O'Campo ([pat.ocampo@utoronto.ca](mailto:pat.ocampo@utoronto.ca)). For information about the conference, please visit the SER website [www.epiresearch.org](http://www.epiresearch.org).

**Call for Papers - *AIDS Education and Prevention: An Interdisciplinary Journal*, Theme Issue  
Community-based Participatory Research (CBPR)**

**Deadline: April 1, 2009**

Guest Editors: Drs. Scott D. Rhodes & Robert Malow, and Ms. Christine Jolly

*AIDS Education and Prevention: An Interdisciplinary Journal* issues a Call for Papers for a regular theme issue to be published in December 2009, guest-edited by Dr. Scott D. Rhodes (Wake Forest University School of Medicine); Dr. Robert Malow (Florida International University and Associate Editor of *AIDS Education and Prevention*); and Ms. Christine Jolly (AIDS Care Service, Inc). The goal of this Theme Issue is to provide a diverse audience - including researchers; representatives from health departments, other governmental agencies, and community-based organizations (CBOs), such as AIDS service organizations (ASOs), religious groups, coalition members and others - with a comprehensive resource on the application of Community-based Participatory Research (CBPR) within HIV prevention, care, and treatment. Given that a hallmark of CBPR is action, special focus will be given to intervention research that have been developed, implemented, and/or evaluated by community-research partnerships. These interventions may address the wide spectrum of HIV, including, but not limited to, individual-level, structural, social network, and policy interventions. Original manuscripts can be submitted that fit in any of the categories below:

- Original Research
- Work-in-Progress and Lessons Learned
- Community Perspectives
- Links among Research, Policy and Practice
- Blending of Community and Scientific Perspectives
- Theory and Methods
- Education and Training
- Practical Tools
- Systematic Reviews

Instructions for specific types of manuscripts and previous content (some full text links) can be found at: [http://www.guilford.com/cgi-](http://www.guilford.com/cgi-bin/cartscript.cgi?page=periodicals/inaiinst.htm&dir=periodicals/per_pub&cart_id=768950.21905)

[bin/cartscript.cgi?page=periodicals/inaiinst.htm&dir=periodicals/per\\_pub&cart\\_id=768950.21905](http://www.guilford.com/cgi-bin/cartscript.cgi?page=periodicals/inaiinst.htm&dir=periodicals/per_pub&cart_id=768950.21905).

The deadline for submission of manuscripts is April 1, 2009. Manuscripts will be initially reviewed by the Guest Editors before being sent to the peer-reviewers using a blind review process. Please submit all manuscripts to the Managing Editor of this Theme Issue, Ms. Cindy Miller, by e-mail at: [cymill@wfubmc.edu](mailto:cymill@wfubmc.edu). Authors will receive confirmation of submission within 2 weeks of their submission being received. Questions about submissions should be electronically sent to one of the Guest Editors: Dr. Rhodes ([srhodes@wfubmc.edu](mailto:srhodes@wfubmc.edu)), Dr. Malow ([rmalow@bellsouth.net](mailto:rmalow@bellsouth.net)), or Ms. Jolly ([cjolly@aidscareservice.org](mailto:cjolly@aidscareservice.org)).

**Call for Proposals - The National Congress of American Indians (NCAI) Policy Research Center**

#### **4th Annual Tribal Leader/Scholar Forum Niagara Falls, NY June 16, 2009**

Now Open: The National Congress of American Indians (NCAI) Policy Research Center is currently accepting proposals for the 4th Annual Tribal Leader/Scholar Forum on June 16, 2009 at the NCAI Mid-Year Session in Niagara Falls, NY. For a full description of the Forum's format, audiences, and instructions on how to submit a proposal, please go to <http://www.ncaiprc.org/tribal-leader-scholar-forum>. What is the Tribal Leader/Scholar Forum? Since 2006, the NCAI Policy Research Center annually invites scholars and organizations conducting research with practical implications for tribal communities to submit proposals to present their research at the NCAI Mid-Year Session held in June. Scholars (both Native and non-Native), institutions, and tribal organizations may apply. Proposals from Tribal Colleges, Native Ph.D. students, and tribal communities are encouraged. Research from all disciplines and fields are considered, but in 2009 preference will be given to research proposals that address law enforcement/public safety, natural resources management, strategies for strengthening tribal governance, or tribal intergovernmental relationships. This Forum allows eight selected researchers to share their work broadly throughout Indian Country, specifically targeting tribal policymakers. It also offers a forum for dialogue between tribal representatives and researchers, providing feedback to researchers about the implications, impact, and potential next steps of their work. If you have additional questions, please contact Christina Daulton, Program Manager, at (202) 466-7767 or email at [cdaulton@ncai.org](mailto:cdaulton@ncai.org).

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### **Career Development**

#### **2009-2010 Health and Aging Policy Fellows Program**

**Deadline: April 15, 2009**

Supported by The Atlantic Philanthropies and directed by Harold Alan Pincus, MD, Professor of Psychiatry at Columbia University (in collaboration with the American Political Science Association Congressional Fellowship Program), 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. (as a legislative assistant in Congress, a professional staff member in an executive agency or in a policy organization) or at a state agency; 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. We are delighted to announce our partnership with the John Heinz Senate Fellowship in Issues of the Aging. Our programs have combined to create the joint John Heinz/Health and Aging Policy Fellowship. Each year, one individual will be designated the John Heinz/Health and Aging Policy Fellow. 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. The application deadline for the 2009-2010 fellowship year is April 15, 2009. For further information, please visit our website at [www.healthandagingpolicy.org](http://www.healthandagingpolicy.org) or contact me or Phuong Huynh, Deputy Director of the program ([huynhpt@pi.cpmc.columbia.edu](mailto:huynhpt@pi.cpmc.columbia.edu) or 212-543-6213) directly.

**Institute of Medicine, Washington, DC  
Research Associate  
Job Req #: 080301-7**

Basic Requirements: Individuals with Master's degrees public health, public policy, or related fields

are strongly encouraged to apply. Applicants with equivalent knowledge, Bachelor's degree, and at least 2 years of related professional experience are also eligible. Strong research, writing, and analytic skills are required. Qualified individuals will have the ability to solve varied and complex intellectual problems, to work independently under tight deadlines; and to work successfully in a team environment. Description: The mission of the Institute of Medicine (IOM) is to advance and disseminate scientific knowledge to improve human health. IOM provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy to policymakers, professionals, leaders in every sector, and the public at large. The Research Associate develops pertinent background research which contributes to a greater understanding of conditions, issues and trends impacting on a wide range of programs/projects, subjects and topics. Drafts background papers. Prepares preliminary outlines of projects to determine appropriate methodology, which may involve developing an historical perspective; identifying prevailing social and economic conditions, outlining legislative considerations; regulatory impact; international involvement in issues; and future trends and implications. Performs research and analysis. Documents and establishes files on all statistical analyses performed. Prepares data for use in summaries and fact sheets. Edits report material developed by committee members and senior staff. Responds to inquiries about study activities and increases public awareness of studies. Manages related databases. May assist with administrative duties related to programs/projects. This Research associate will serve as a key staff member for a new IOM study related to setting standards for the development of clinical practice guidelines. Anyone interested in either position must apply through the National Academies website: [www.nas.edu](http://www.nas.edu) and they can contact Dianne Wolman by email ([DWolman@nas.edu](mailto:DWolman@nas.edu)) to let her know directly or if they have any questions.

**Institute of Medicine, Washington, DC**  
**Senior Program Officer**  
**Job Req #: 080300-4**

Basic Requirements: Individuals with advanced degrees (Master's or PhD) in public health, public policy, or related fields are strongly encouraged to apply. Applicants with equivalent knowledge and at least 6 years of related professional experience are also eligible. Qualified individuals will have advanced knowledge of scientific, technical, or policy issues related to comparative effectiveness of health care services and clinical practice guidelines. Strong research, writing, and analytic skills are required. Applicants should also have the ability to solve problems using originality and ingenuity, to serve as a resource to others in the resolution of complex problems and issues, to use substantial latitude for independent judgment and action, and to independently develop and manage multiple/complex projects. Must also be able to work successfully in a team environment, to form and maintain effective teams, and to train and develop staff. Description: The mission of the Institute of Medicine (IOM) of the [National Academies](http://www.nas.edu) is to advance and disseminate scientific knowledge to improve human health. IOM provides unbiased, evidence-based, and authoritative information and advice concerning health and science policy to policy-makers, professionals, leaders in every sector of society, and the public at large. The Senior Program officer will be responsible for developing and managing multiple and/or highly complex programs/projects. Develops program/project strategy and budget, staffing requirements and ensures the program/project meets its stated objectives. Serves as liaison between committee members and the national academies. Independently supervises staff and provides training. Independently manages multiple/complex programs/projects, assembles committees and guides those committees. Develops prospectuses and projects that have a high impact and negotiates funding with sponsors. This Senior Program Officer position involves leading the writing and development of an IOM report on setting standards for the development of clinical practice guidelines. Anyone interested in either position must apply through the National Academies website: [www.nas.edu](http://www.nas.edu) and they can contact Dianne Wolman by email ([DWolman@nas.edu](mailto:DWolman@nas.edu)) to let her know directly or if they have any questions.

**National Cancer Institute's Center to Reduce Cancer Health Disparities (CRCHD)**  
**Deputy Director**  
**Deadline: January 23, 2009**

The National Cancer Institute's Center to Reduce Cancer Health Disparities (CRCHD) currently has an open position for Deputy Director. This is a key, supervisory health scientist administrator position to direct and lead our NCI-wide cancer health disparities reporting, and strategic planning and implementation efforts, as well as fiscal and administrative management of CRCHD functions. The incumbent will also assist the CRCHD Director with the planning, direction, implementation and evaluation of our multi-disciplinary, cross-organizational research and training programs in cancer health disparities within the Center. These research and training programs focus on the cancers that

are more serious or prevalent in racial/ethnically diverse and underserved populations, and on advancing the development of the cancer research continuum for these cancers. We hope you will encourage your colleagues to consider this opportunity to help lead NCI/CRCHD's efforts to reduce the unequal burden of cancer and train the next generation of competitive researchers in cancer and cancer health disparities research. Please share this announcement with colleagues and others who may be interested in applying to join this exciting and dynamic team of scientists working to overcome cancer health disparities. A link to the position description is attached below. Link to position descriptions: Supervisory Health Scientist Administrator Position Description - Closing Date January 23, 2009, <http://searchjobs.nih.gov/vivisimo/cgi-bin/query-meta.exe?&query=NCI-09-306616-DE&v:project=jobs-nih&binning-state=source%3D%3DUSAJobs.gov%0A&>.

**National Cancer Institute, Division of Cancer Control and Population Sciences (DCCPS)  
Branch Chief**

**Deadline: January 28, 2009**

We are pleased to announce that the DCCPS Epidemiology and Genetics Research Program has a vacancy for a Branch Chief (Clinical and Translational Epidemiology Branch). Please go to [www.usajobs.com](http://www.usajobs.com). Applicants should access vacancy announcement #NCI-09-313856-MP.

**Northern California Cancer Center, Fremont, CA**

**Staff Scientist 1**

We are currently recruiting for a Staff Scientist at NCCC to support the expansion of our program in cancer health disparities.

**PURPOSE OF POSITION:**

- \* To support, in a co-Investigative capacity, the expansion of a population-based research program in cancer health disparities
- \* To provide epidemiological support for several funded studies involving mixed methods (qualitative and epidemiological study subject interviews); large, multilevel databases; and multidisciplinary collaborators and study staff
- \* To participate in the development and submission of grant applications as co-Investigator
- \* To carry out or oversee data analyses for selected studies
- \* To publish as lead author or co-author on scientific manuscripts
- \* To participate in professional and NCCC committee(s) and working groups

**PRINCIPAL DUTIES:**

1. Serves as co-Investigator and helps to provide epidemiological oversight on several funded studies. This includes having primary responsibility for particular scientific and administrative aspects of these studies, including coordinating collaboration with scientific and community partners; overseeing the preparation and coordination of IRB and related applications; managing study budgets; and writing progress reports.
2. Contributes to the development, preparation, and submission of grant applications. This includes serving as Co-Investigator and helping with designing original and innovative approaches, writing aspects of the application, coordinating the transfer of materials from collaborators, etc.
3. Maintains a high level of expertise in applied epidemiological methods and techniques, particularly those relating to population-based studies, outcomes studies, sociocultural and immigrant issues, GIS and geospatial data, and social and built environment. Explores and makes recommendations about different study designs and new methods of analyses.
4. Conducts, or works with programmer analysts to conduct, data analyses for selected projects, applying a broad knowledge of analytic methods and using relevant statistical programs, and consulting with biostatisticians and other programmer analysts as appropriate.
5. Writes scientific manuscripts, and publishes as lead or co-author in peer-reviewed journals.
6. Provides project management to research staff through distribution of assignments, scheduling priorities and assuring use of appropriate field, epidemiological, and biostatistical methods.
7. Carries out related assignments as appropriate.

**QUALIFICATIONS:**

- \* Ph.D. in epidemiology or related discipline required, and a minimum of two years of post-graduate research experience, preferably in population sciences, preferred.
- \* Comprehensive knowledge of epidemiologic principles and methods.
- \* Experience using SAS and other related software.
- \* Experience in at least one or more of the following areas: mixed methods, cancer registry data, outcomes studies, sociocultural and immigrant issues, and/or GIS and geospatial data.
- \* Experience in grant writing preferred.

- \* Supervisory and project management experience preferred.
- \* Excellent oral and written communication skills. High degree of attention to detail and organization required.
- \* Self-initiating; ability to work independently and to work on multiple projects simultaneously to meet deadlines.
- \* Ability to maintain effective relationships with other scientific staff.

Scarlett Lin Gomez, Ph.D., Associate Director, Surveillance Research, Research Scientist, Northern California Cancer Center, [scarlett@ncc.org](mailto:scarlett@ncc.org)

## **The Robert Wood Johnson Foundation Multiple Openings**

### **(1) Program Officer, Program Groups - Health Care Group**

<http://www.rwjf.org/about/jobdetail.jsp?id=10134>

Reporting directly to the team director and senior program officer, the program officer will be responsible for developing, implementing, and managing Robert Wood Johnson Foundation's initiatives to improve the health and health care of all Americans. Their primary responsibilities include providing intellectual and organizational leadership in designing and implementing new initiatives, evaluating proposals, monitoring programs and grants, learning from program investments and activities, and creating impact through dissemination of knowledge. As with staff at all levels of the Robert Wood Johnson Foundation, program officer is 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 support that mission. Salary commensurate with experience.

### **(2) Senior Program Officer, Program Groups - Health Group**

<http://www.rwjf.org/about/jobdetail.jsp?id=10140>

The senior program officer is a professional staff member responsible for developing, implementing and managing Robert Wood Johnson Foundation's initiatives to improve the health and health care of all Americans. Primary responsibilities include providing intellectual and organizational leadership in designing and implementing new initiatives; evaluating proposals; monitoring programs and grants; learning from program investments and activities; and creating impact through dissemination of knowledge. As with staff at all levels of the Robert Wood Johnson Foundation, the senior program officer is 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 support that mission. Salary commensurate with experience.

### **(3) Senior Program Officer, Program Groups - Health Group**

<http://www.rwjf.org/about/jobdetail.jsp?id=10130>

The Foundation is seeking a senior program officer to work with the Vulnerable Populations Portfolio. This team, which oversees some of the Foundation's most exciting and inspiring work, seeks new ideas and partners from outside the health sector to affect immediate and lasting improvements in the health of our society's most vulnerable people. This portfolio addresses how complex social factors, poverty, education and housing, affect people's health, and develops solutions within that context. This approach allows us to address long-standing problems using unconventional approaches that start at the individual and community level, but have potential for national impact. Salary commensurate with experience. For detailed information on the position read the [position vacancy announcement](#).

### **(4) Assistant Vice President, Research and Evaluation**

<http://www.rwjf.org/about/jobdetail.jsp?id=10139>

The Foundation is seeking an assistant vice president to work with the Research and Evaluation Department. Program evaluations and research projects are cornerstones of the Foundation's efforts to learn from its work. In any given year, RWJF conducts between 30 to 40 active program evaluations. The assistant vice president will serve as a thought and strategic partner to the vice president and act to mentor and coach other members of the Research and Evaluation Unit. Working with the vice president, they will also consult with programs to facilitate thinking and encourage a culture of practical implementation and learning. Salary commensurate with experience. For detailed information on the position read the [position vacancy announcement](#).

### **(5) Program Officer/Senior Program Officer, Research and Evaluation**

<http://www.rwjf.org/about/jobdetail.jsp?id=10129>

Reporting directly to the vice president, Research and Evaluation (R&E) with a matrix reporting relationship to their team leader(s) and the deputy director, R&E, the program officer/senior program officer will be responsible for creating, developing, implementing and managing the research and evaluation aspects of the Foundation's initiatives to improve health and health care. The primary

responsibility of this position is to work with the Vulnerable Populations Team to implement evaluation strategies that generate impact congruent with the specific objectives of that team and the Foundation. The Vulnerable Population Team seeks solutions to problems at the intersection of health and social issues. Also, they are responsible for the development and management of performance measurement systems, the creation and maintenance of a Web based research center to better organize, synthesize, and disseminate findings from research, evaluation and policy investments. As with staff at all levels of the Robert Wood Johnson Foundation, program officers/senior program officers in Research and Evaluation 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. Offered salary will commensurate with experience.

**University of Illinois at Chicago, College of Applied Health Sciences, Department of Kinesiology and Nutrition  
Head and Professor**

The College of Applied Health Sciences invites nominations and applications for the position of professor and department head in the Department of Kinesiology and Nutrition at the University of Illinois at Chicago (UIC). The largest university in the Chicago area, UIC has 25,000 students, 15 colleges and annual research expenditures exceeding \$332 million. The College of Applied Health Sciences ranks among the top research colleges of allied health in the nation, has a strong interdisciplinary research agenda, and is composed of a faculty whose scholarly work ranges from cell biology to the community. The combination of the College's two Ph.D. programs makes it unique in the nation-the Ph.D. in Kinesiology, Nutrition, and Rehabilitation and the Ph.D. in Disability Studies. The Department of Kinesiology and Nutrition was created in 2007 by merging the departments of movement sciences and human nutrition. The combined faculty can now use its academic and scholarly strengths to address the prominent lifestyle factors important to human health. Examples of the research interests of the faculty are immune function and nutrition, motor control and movement disorders, prevention of fall related injuries, stroke rehabilitation, muscle injury prevention, obesity, bone health, exercise promotion, and health disparities. The new head will build on the department's strong foundations in teaching and research and will lead the faculty in its continued progress toward scholarly distinction. The department faculty played a leadership role in the recent reconfiguration of its Ph.D. in Kinesiology and Nutrition to include Rehabilitation. This change expanded the faculty in the doctoral program by incorporating faculty from other departments in the College who have rehabilitation areas as scholarly themes. The department's fall 2008 enrollment is 650 undergraduate, 42 masters, and 22 doctoral students. We seek candidates with distinguished records of academic and administrative experience and evidence of excellent leadership skills. Importantly, the desired candidate should have an in-depth knowledge of Kinesiology or Nutrition and a deep appreciation and respect for the other discipline. Candidates must have a scholarly record sufficient for appointment as a full professor with tenure. The desired start date is August 2009. The search committee will accept nominations and applications until the position is filled. Review of applications will begin in late January 2009. Questions about the position should be directed to Charlotte (Toby) Tate, Dean of the College of Applied Health Sciences and chair of the search committee, at [tate@uic.edu](mailto:tate@uic.edu). To apply, please submit a letter of application, curriculum vitae, and names and contact information for at least three references. Applications and letters of nomination should be submitted to: Jon Santanni, Kinesiology and Nutrition Head Search Committee, Office of the Dean (MC 518) College of Applied Health Sciences, University of Illinois at Chicago 808 South Wood Street, Suite 169 Chicago, IL 60612 e-mail: [jons@uic.edu](mailto:jons@uic.edu).

**University of Illinois at Urbana-Champaign, Department of Kinesiology and Community Health**

**Associate of Full Professor (Tenure-track), 2 openings  
Deadline: February 2, 2009**

A new Masters of Public Health (MPH) degree program with a focus on chronic disease prevention has been established at the University of Illinois. The MPH program is a major campus initiative to provide innovative leadership in public health research, education, and service regionally, nationally, and internationally. The MPH program has an emphasis on reducing health disparities, particularly in smaller cities and rural areas. The MPH program is recruiting faculty for two new positions. Positions: The Department of Kinesiology and Community Health seeks candidates with research and teaching expertise in two areas. The first area of expertise is health policy and prevention, which includes expertise in an area such as health economics and prevention, nutrition policy, tobacco

policy, injury prevention policy, and policies regarding access to preventive medical care. The second area of expertise is chronic disease epidemiology, which includes expertise in an area such as behavioral epidemiology, social determinants of health, environmental determinants of chronic disease, community assessment and surveillance, and synthesizing evidence on effects of community-level interventions. Both positions are tenure track appointments at the Associate or Full Professor level. Successful applicants are expected to develop lines of research inquiry, actively pursue external funding, provide leadership in design and implementation of the MPH curriculum, and advance scholarship in their area of expertise. Available: August 16, 2009. Qualifications: Applicants must hold an earned doctorate and have a strong record of research accomplishment and national leadership. Formal training in public health, such as an MPH or DrPH degree, is desirable but not required. Work experience in organizations or agencies with a public health mission is also desirable but not required. Salary: Commensurate with qualifications and experience. Closing date: For full consideration, an application must be received by February 2, 2009. Review of applications will continue until the position is filled, and applications received after the closing date may be considered. Applications: Applicants should submit a letter of application indicating: how they meet the qualifications for one of the positions described above; current research interests; a current curriculum vitae; and three letters of reference by the closing date. Applications should be submitted (preferably electronically) to: Dr. David Buchner, Director, Masters of Public Health Program, Chair, Public Health Search Committee, Masters of Public Health Program, University of Illinois at Urbana-Champaign, 1206 S Fourth St., 129 Huff Hall, Champaign, IL 61820, Email: [dbuchner@illinois.edu](mailto:dbuchner@illinois.edu) Phone: 217-244-1510.

**University of North Carolina at Chapel Hill, Gillings School of Global Public Health  
Professor and Chair of Health Behavior and Health Education**

The University of North Carolina at Chapel Hill Gillings School of Global Public Health invites applications for Professor and Chair of the Department of Health Behavior and Health Education. The successful applicant will have an outstanding record of academic and research accomplishments in public health, demonstrated leadership and administrative abilities, and a commitment to professional and public service, interdisciplinary collaboration, promotion of diversity, and mentoring. Founded in 1942 and grounded in a social justice perspective, the Department was the first of its kind in the U.S. It is currently home to 136 masters' and doctoral students and 22 faculty who hold research grants valued at \$8.5 million per year on a broad range of topics addressing social and behavioral determinants of health and approaches to reducing a wide array of health problems. Established at the nation's first state university, the University of North Carolina at Chapel Hill is distinguished not only for its consistent academic prestige, but also for its history, tradition, and beauty. The School is regarded among the top three schools of public health in the nation. The University provides a quality intellectual environment, with unlimited opportunities for collaboration on campus, across the state, and globally. Chapel Hill is located in a mid-sized community that is both picturesque and cosmopolitan. Applicants should send a curriculum vitae and letter describing their specific leadership and administrative qualifications to: Dianne S. Ward, Chair, Search Committee for Chair of Health Behavior and Health Education [HBHEChairSearch@unc.edu](mailto:HBHEChairSearch@unc.edu), <http://www.sph.unc.edu/hbhe/>.

**Wisconsin Center for Health Equity  
Associate Director  
Deadline: January 31, 2009**

Position Description: The Associate Director for the Wisconsin Center for Health Equity will provide key leadership in developing the Center for Health Equity's capacity to meet its vision and mission which are, respectively, To create a society where all people have an equal chance to be healthy; and To improve the social and economic conditions that contribute to health equity through education, civic capacity building, and public policy. The Center for Health Equity was founded by the City of Milwaukee Health Department (MHD), and initial funding for this position is provided by MHD through grant funds contributed by a local hospital system. Minimal qualifications include: Master's Degree with PhD preferred in a related field providing substantive knowledge and understanding of the social and economic determinants of health; and at least five years program management experience and 6-8 years relevant experience overall. See job posting for additional qualifications. This appointment will be an annual 100% fixed term appointment hired through one of the Center's key partners, the Wisconsin Public Health Association. Funding is currently available for 2 years; renewal of this appointment beyond that period is subject to the continuation of project support for this appointment. Salary is competitive. Application must be received by January 31, 2009 to assure consideration. To apply, send CV or resume and cover letter to Badger Bay

Management Company, 702 Eisenhower Drive, Suite A, Kimberly, WI, 54136. Badger Bay is the management arm of the Wisconsin Public Health Association, and is an AA/EEO employer. Additional details are available in the position description posted at <http://www.wpha.org/employment.htm>.

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## Conferences and Events

### **URU, The Right To Be, Inc. and Yale School of Medicine**

#### **THE DEADLIEST DISEASE IN AMERICA**

#### **A documentary film and workshop series by Crystal Emery**

**Thursday, January 22, 2009 - 4:30 PM**

New Haven, CT (December 29, 2008) - Producer/ Director Crystal Emery's film, The Deadliest Disease in America will be screened on Thursday, January 22, 2009, 4:30pm at the Jane E. Hope Building on the campus of Yale School of Medicine, 315 Cedar St, New Haven, CT. This event kicks off URU's National Civic Engagement Tour, which focuses on the question "What Does Change Really Look Like?" The 55-minute film will be followed by a participatory workshop, "Breaking the Cycle of Racism in Healthcare Delivery." Dr. Bert M. Petersen, Jr., Founder and Managing Partner, Global Cancer Control, LLC, Dr. Marion Evans, Director of Health and Social Services for the City of Bridgeport, Dr. Tresmaine Grimes, Assistant Vice President for Academic Affairs for Iona College, and Dr. Kelson Ettienne-Modeste, Health and Wellness Educator, will facilitate the event.

Policymakers, activists, medical professionals, and others interested in developing a strategy for change in the American healthcare will recognize the capacity within these interactive forums to empower and teach both clinicians and community members. The documentary follows four individuals, including the filmmaker, whose personal stories add to the national debate on our country's healthcare crisis. Emery shares her own experience as an African-American encountering racism while navigating the healthcare system. Emery, whose arms and legs are paralyzed as a result of Charcot-Marie-Tooth disease, a form of Muscular Dystrophy, hopes that sharing these stories will stimulate conversations that move individuals to action. Dr. Forrester Lee, Associate Dean of the Yale Medical School says, "With an astonishing capacity to see, understand and represent truth, Crystal Emery confronts racism in our healthcare system. In producing the Deadliest Disease in America, she gives voice to events and stories that for too long have been ignored and devalued." The film also focuses on three organizations, from New England to Texas, whose innovative strategies help mitigate the crisis. "The ultimate goal of this film is to illuminate disparate treatment based on racial, economic and ethnic differences in order to help achieve a healthcare system that serves all Americans equally," explains Crystal

Emery. Filmmaker Bill Duke asserts, "...a daring and insightful film . . . challenges all of us to demand equal treatment of everyone in the American healthcare system." The Deadliest Disease in America is a powerful vehicle for educating and galvanizing stakeholders across the nation.

"[This] film synthesizes centuries worth of discrimination that you can't argue with," contends Yance Ford, Series Producer for PBS's POV/American Documentary. The Deadliest Disease in America is produced by URU The Right to Be, Inc., a nonprofit, community-based organization that focuses its work on the critical need to reduce disparities and achieve greater health equity in the United States.

According to Yale's Dr. Forrester Lee, "Her film forces medical practitioners to consider how racism has infected the body of medical practice. We are invited to heal ourselves through contemplation, dialogue and action. This film is a brave and matchless work that will find a receptive audience everywhere." The evening will end with a Q&A session and dinner. For more information about The Deadliest Disease in America and to view a trailer of the film, please visit URU's website at [www.uruthertobe.org](http://www.uruthertobe.org). To RSVP for the event, please send an email to [healthincluded@aol.com](mailto:healthincluded@aol.com) or call 203-392-0983.

### **Department of Health and Human Services Office of Minority Health**

#### **Third National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health: A Blueprint for Change**

**The Gaylord National, 201 Waterfront Street, National Harbor, MD 20745**

**February 25-27, 2009**

For more information and to register, click <http://www.omhrc.gov/npasummit2009/>.

In 2006, the Office of Minority Health (OMH), U.S. Department of Health and Human Services, held a National Leadership Summit on Eliminating Racial and Ethnic Disparities in Health. It brought together nearly 2,000 leaders from the public and private sectors and marked 20 years since the

establishment of OMH. The Summit served as a significant turning point in national discussions on improving health and health care outcomes for racial and ethnic minorities in the United States. The National Partnership for Action to Eliminate Health Disparities (NPA) was launched by OMH in response to the energy and clarity of purpose among Summit leaders and participants. It focuses on five common themes: awareness of health disparities; leadership for addressing health disparities; patient-provider communication and interaction; cultural and linguistic competency; and coordination and utilization of research and data. Adapting these same themes, the NPA held *Regional Conversations* throughout the nation, where the collective voices of community leaders were heard, strategies were shared and actions were determined for implementation in their respective states and regions. Out of these conversations came the development, dissemination, and implementation of strategic objectives and tactical recommendations through two publications: a series of Regional Blueprints, which focus on needs and opportunities for collaboration in various sections of the country, and a National Strategy. The 2009 Summit is a continuation of our efforts to develop a national strategy and to move toward common language, from health disparities to health equity. Results of the Summit will become part of the National Blueprint for Action, which will guide OMH and its public and private partners. Together, experts, practitioners, leaders, stakeholders, and partners from both private and public sectors will begin to construct strategies and actions, shape policies, and foster the next generation of leaders to continue our mission. As part of OMH's broader initiative to eliminate racial and ethnic health disparities, this 2009 Summit's objectives and tracks are:

Track 1: Increase Awareness of Health Disparities

Track 2: Strengthen Leadership at All Levels

Track 3: Enhance Patient-Provider Communication

Track 4: Improve Cultural and Linguistic Competency in Delivering Health Services

Track 5: Coordinate and Utilize Research and Outcome Evaluations More Effectively

To reach these objectives, the Summit will: (1) build a renewed sense of leadership and partnerships across communities, (2) share success stories and methods, (3) demonstrate how model programs can be replicated or tailored for greater impact, and (4) create methods, tactics, and ideas that support more effective and efficient action.

**University of Georgia School of Public Health Global Symposium  
Social Determinants of Inequalities in Health II: Continuing the Global Conversation  
March 23-25, 2009**

Contact Dionne C. Godette, Scholars in Health Disparities Program alumna, for more information:  
Dionne C. Godette, Ph.D.

Assistant Professor  
Health Promotion & Behavior  
College of Public Health  
University of Georgia  
319 Ramsey Center  
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## Resources

### Publications

**AIDS Care, 21 (1), 94-102, 2009**

**Community-based research in AIDS-service organizations: what helps and what doesn't?.  
Flicker, Sarah, Wilson, Michael, Travers, Robb, Bereket, Tarik, McKay, Colleen, van der  
Meulen, Anna, Guta, Adrian, Cleverly, Shelley & Rourke, Sean B.**

Background. Community-based research (CBR) approaches have become commonplace in many North American HIV communities. In many large urban centers, AIDS-service organizations (ASOs) have become active research hubs, advocating for research dollars in community settings. While ASOs have historically integrated local knowledge into their prevention, care and advocacy

initiatives, many are now initiating or collaborating in research which addresses emerging issues encountered in practice with clients.

**Objectives.** To investigate barriers and facilitating factors for ASO engagement in CBR.

**Methods..** We conducted a survey (n=39) and one-on-one semi-structured telephone interviews (n=25) with executive directors and CBR coordinators from ASOs in Ontario, Canada. The survey queried four major areas of interest (organizational demographics, ASO CBR activities, potential barriers and facilitators for CBR engagement, and what roles stakeholders play in CBR initiatives). The interviews focused on exploring these issues in greater depth as well as understanding barriers and facilitating factors to people living with HIV/AIDS engaging in CBR.

**Results..** ASOs in Ontario are moderately supportive of CBR in their organizations. However, our survey and one-on-one interviews indicate that funding and organizational resources are both important barriers and facilitators to ASO involvement in CBR projects. Attaining access to research ethics boards and concerns that CBR results will not be acted upon also emerged as barriers to CBR, particularly once funds and organizational resources have been attained. Initiatives designed to enhance the skills of research team members emerged as another important facilitator.

**Conclusion.** Increasing emphasis from program funders on more rigorous evaluation and accountability, coupled with pull from increasingly empowered communities demanding much more active roles in setting research agendas, means that CBR is likely here to stay. Attending to barriers and facilitators will help with enhanced ASO engagement in CBR.

<http://www.informaworld.com/10.1080/09540120802032650>

### **Centers for Disease Control and Prevention (CDC)**

#### **[Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health](#)**

The Centers for Disease Control and Prevention published [Promoting Health Equity: A Resource to Help Communities Address Social Determinants of Health](#). This workbook was created to help new and existing partnerships address the social determinants of health inequities in order to work towards eliminating health disparities. It highlights lessons learned by communities and provides tools to develop, implement, and evaluate interventions that address these social determinants.

#### ***Ethn Dis* 2008;18(4):496-504**

#### **Using "Socially Assigned Race" to Probe *White* Advantages in Health Status**

**Jones CP, Truman BI, Elam-Evans LD, Jones CA, Jones CY, Jiles R, Rumisha SF, Perry GS**

<http://www.ishib.org/journal/18-4/ethn-18-04-496ab.pdf>

**Objectives:** We explore the relationships between socially assigned race ("How do other people usually classify you in this country?"), self-identified race/ethnicity, and excellent or very good general health status. We then take advantage of subgroups which are discordant on self-identified race/ethnicity and socially assigned race to examine whether being classified by others as White conveys an advantage in health status, even for those who do not self-identify as White. **Methods:** Analyses were conducted using pooled data from the eight states that used the Reactions to Race module of the 2004 Behavioral Risk Factor Surveillance System. **Results:** The agreement of socially assigned race with self-identified race/ethnicity varied across the racial/ethnic groups currently defined by the United States government. Included among those usually classified by others as White were 26.8% of those who self-identified as Hispanic, 47.6% of those who self-identified as American Indian, and 59.5% of those who self-identified with More than one race. Among those who self-identified as Hispanic, the age-, education-, and language-adjusted proportion reporting excellent or very good health was 8.7 percentage points higher for those socially assigned as White than for those socially assigned as Hispanic (P5.04); among those who self-identified as American Indian, that proportion was 15.4 percentage points higher for those socially assigned as White than for those socially assigned as American Indian (P5.05); and among those who self-identified with More than one race, that proportion was 23.6 percentage points higher for those socially assigned as White than for those socially assigned as Black (P,.01). On the other hand, no significant differences were found between those socially assigned as White who self-identified as White and those socially assigned as White who self-identified as Hispanic, as American Indian, or with More than one race. **Conclusions:** Being classified by others as White is associated with large and statistically significant advantages in health status, no matter how one self-identifies. (*Ethn Dis*. 2008;18:496-504)

#### **Health Policy Plan. 2008 Jul;23(4):277-87.**

**Community action for preventing HIV in Cambodia: evaluation of a 3-year project.**

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The 'Community Action for Preventing HIV/AIDS Project' was implemented in four provinces in Cambodia (2001-04) to support a comprehensive set of HIV prevention efforts. Implementation was strictly monitored in terms of inputs, outputs and outcomes. We examine changes in these variables during the project period to assess the extent to which they were related to the project. Inputs and outputs were monitored regularly by supervision and quarterly project reports. Baseline and follow-up surveys were conducted on 10 target groups to measure changes in outcome indicators related to sexual risk behaviours, uses of HIV voluntary counselling and testing (VCT), self-reported sexually transmitted infections (STIs) and other indicators. The analyses use data from surveys and from project monitoring. Spending on HIV-related work at provincial level increased markedly, including investments in VCT, STI facilities and staff training. Yearly expenditure increased about 7-fold compared with years immediately preceding the project. VCT centres increased from 3 to 12, numbers of counsellors from 10 to 27, and numbers of client visits more than doubled. STI laboratory facilities increased from 0 to 6 with coverage of STI check-ups among sex workers increasing from 70% to 93% and a decline in men attending STI clinics. The survey results indicate significant changes in a number of major outcome indicators such as consistent condom use related to sex work (>80%), HIV testing and counselling after HIV tests, especially among police (42 to 72%,  $P < 0.001$ ) and brothel-based sex workers (48 to 89%,  $P < 0.001$ ). Self-reported STIs declined in most groups. Finally, the programmatic systems for planning, managing and monitoring implementation of activities at both central and provincial level, as well as technical guidelines, developed under the project have become the standard for the national programme. In conclusion, the project appears to have been comprehensive and a number of favourable changes in output and outcome indicators occurred. It seems likely that the project made a substantial contribution to these positive outcomes, though the extent is not clear. The project is likely to have powerful long-term effects through strengthening of capacity and establishment of systems for the national programme.

**J Adolesc Health. 2007 Jun;40(6):489-98**

**Partnership selection and formation: a case study of developing adolescent health community-researcher partnerships in fifteen U.S. communities.**

**Straub DM, Deeds BG, Willard N, Castor J, Peralta L, Francisco VT, Ellen J; Adolescent Trials Network for HIV/AIDS Interventions.**

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Full text <http://www.pubmedcentral.nih.gov/articlerender.fcgi?tool=pubmed&pubmedid=17531754>

**PURPOSE:** This study describes the partner selection process in 15 U.S. communities developing community-researcher partnerships for the Connect to Protect (C2P): Partnerships for Youth Prevention Interventions, an initiative of the Adolescent Trials Network for human immunodeficiency virus/acquired immune deficiency syndrome (HIV/AIDS) Interventions. **METHODS:** Each site generated an epidemiological profile of urban youth in their community, selected a focus population and geographic area of youth at risk for HIV, conducted a series of successive structured interviews, and engaged in a process of relationship-building efforts culminating in a collaborative network of community agencies. **RESULTS:** Sites chose as their primary target population young women who have sex with men ( $n = 8$  sites), young men who have sex with men ( $n = 6$ ), and intravenous drug users ( $n = 1$ ). Of 1162 agencies initially interviewed, 281 of 335 approached (84%) agreed to join the partnership (average 19/site). A diverse array of community agencies were represented in the final collaborative network; specific characteristics included: 93% served the sites' target population, 54% were predominantly youth oriented, 59% were located in the geographical area of focus, and 39% reported provision of HIV/STI (sexually transmitted infection) prevention services. Relationship-building activities, development of collaborative relationships, and lessons learned, including barriers and facilitators to partnership, are also described. **CONCLUSIONS:** Study findings address a major gap in the community partner research literature. Health researchers and policymakers need an effective partner selection framework whereby community-researcher partnerships can develop a solid foundation to address public health concerns.

**Journal of Health Care for the Poor and Underserved**

**[Persistent Disparities in Health Insurance Coverage: Hispanic Children, 1996 to 2005](#)**  
**[Strangers in a Strange Land: Health Care Experiences for Recent Latino Immigrants in Midwest Communities](#)**

The Journal of Health Care for the Poor and Underserved released two new reports, [Persistent Disparities in Health Insurance Coverage: Hispanic Children, 1996 to 2005](#) and [Strangers in a Strange Land: Health Care Experiences for Recent Latino Immigrants in Midwest Communities](#). The first report concludes that while the number of uninsured Hispanic children decreased from 1996-2005, Hispanic children still have a higher likelihood of being uninsured relative to non-Hispanic white children. The second report finds that Hispanic immigrants do not use or are unaware of local public health programs because of barriers to care, such as lack of health insurance and language barriers.

#### **National Council of La Raza (NCLR)**

##### **[A Burden No Child Should Bear: How the Health System is Failing Latino Children](#)**

The National Council of La Raza (NCLR) published [A Burden No Child Should Bear: How the Health System is Failing Latino Children](#). The author concludes that Hispanic children disproportionately suffer from preventable health conditions, because they are more likely to be uninsured and/or have limited access to health care. To improve these health disparities, the report suggests that policy makers address the health coverage gap.

#### **PolicyLink**

##### **[Promoting Healthy Public Policy through Community-Based Participatory Research: Ten Case Studies](#)**

This publication explains how grassroots organizations are collaborating with researchers at universities and health departments to document problems, craft innovative solutions, and fight for new laws and policies. [The report](#) looks at inspiring examples from around the country: how studies of bus exhaust emissions in Harlem helped lead to stricter air quality standards and a cleaner bus fleet in New York City; how surveys of residents in rural Indiana led to an indoor smoking ordinance and an initiative to build walking trails; and how youth-led research of the dismal conditions in South Los Angeles schools resulted in \$250 million for school renovations in low-income neighborhoods. Produced in conjunction with the [University of California, Berkeley School of Public Health](#) and the [W.K. Kellogg Foundation](#), the report offers valuable lessons for community groups that want to use research as a springboard for action.

#### **PolicyLink**

##### **[Grocery Store Attraction Strategies: A Resource Guide for Community Activists and Local Governments](#)**

Research has shown that in many low-income neighborhoods, nutritious food isn't readily available in local stores-many neighborhoods lack supermarkets and corner stores often tend to stock mostly junk food, liquor, and cigarettes. [Grocery Store Attraction Strategies: A Resource Guide for Community Activists and Local Governments](#) provides nuts-and-bolts information to help communities bring in grocery stores, build them, or prod local shops to sell more fresh food. The report, produced with [Bay Area Local Support Initiatives Corporation \(LISC\)](#), details the steps to develop a neighborhood strategy, marshal broad support, finance a project, and approach grocery retailers.

#### **Soc Sci Med. 2008 Dec 12**

##### **The efficacy of a network intervention to reduce HIV risk behaviors among drug users and risk partners in Chiang Mai, Thailand and Philadelphia, USA.**

**Latkin CA, Donnell D, Metzger D, Sherman S, Aramrattna A, Davis-Vogel A, Quan VM, Gandham S, Vongchak T, Perdue T, Celentano DD.**

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This HIV Prevention Trials Network study assessed the efficacy of a network-oriented peer education intervention promoting HIV risk reduction among injection drug users and their drug and sexual network members in Chiang Mai, Thailand and Philadelphia, USA. The study was designed to test impact on HIV infection, but the infection rate was low and the study was terminated early. This paper reports efficacy on outcomes of self-reported HIV risk behaviors. We enrolled 414 networks with 1123 participants. The experimental intervention consisted of six small group peer educator training sessions and two booster sessions delivered to the network index only. All participants in both arms received individual HIV counseling and testing. Follow-up visits occurred every six months for up to 30 months. There were 10 HIV seroconversions, 5 in each arm. The number of participants reporting injection risk behaviors dropped dramatically between baseline and follow-up in both arms at both sites. Index members in the intervention arm engaged in more

conversations about HIV risk following the intervention compared to control indexes. There was no evidence of change in sexual risk as a result of the intervention. Reductions in injection risk behaviors were observed: 37%, 20%, and 26% reduction in odds of sharing cottons, rinse water and cookers, respectively, and 24% reduction in using a syringe after someone else. Analysis of the individual sites suggested a pattern of reductions in injection risk behaviors in the Philadelphia site. In both sites, the intervention resulted in injection drug users engaging in the community role of discussing reduction in HIV injection risk behaviors. The intervention did not result in overall reductions in self-reported sexual risk behaviors, and although reductions in injection risk behaviors were observed, the overall efficacy in reducing risk was not established.

### **The Commonwealth Fund**

#### **[Racial Disparities in Access to Long-Term Care: The Illusive Pursuit of Equity](#)**

The Commonwealth Fund released a new report, [Racial Disparities in Access to Long-Term Care: The Illusive Pursuit of Equity](#). The study concludes that African Americans tend to live in lower-quality nursing homes compared with whites, who have increasingly turned towards private, assisted-living facilities. According to the researchers, this represents an increasing separation of long-term chronic care and nursing home care—as well as a further division along racial lines.

### **WHO European Healthy Cities Health Impact Assessment Subnetwork**

#### **Internet Resources for Health Impact Assessment**

<http://politiquespubliques.inspq.qc.ca/url.php?i=1758&f=News&l=En>

The WHO European Healthy Cities Health Impact Assessment Subnetwork produced this list of Internet resources for health impact assessment (HIA). Gathering information and evidence on the potential effects on health is one of the major components of HIA. This resource provides links to numerous evidence-based web sites that have various research reports and reviews relating to the wider determinants of health interventions and their appropriateness and effectiveness. This paper is divided into four sections: web sites for HIA case studies, web sites for evidence-based information, literature reviews on specific subject areas and links to other types of impact assessment. [www.euro.who.int/Document/Hcp/Net\\_Resources\\_HIA.pdf](http://www.euro.who.int/Document/Hcp/Net_Resources_HIA.pdf)

### **Web site**

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

##### **Office of Behavioral and Social Sciences Research New Web Site**

A redesigned and enhanced Web site for scientists, advocacy groups, the media and the general public, providing key information on behavioral and social science research and activities at NIH, is now online at <http://obssr.od.nih.gov>. The site, which features a new appearance, format and architecture, was launched by the Office of Behavioral and Social Sciences Research, in the Office of the Director at the National Institutes of Health.

The site contains more readily accessible and searchable information on funding opportunity announcements, key scientific areas, a calendar of news and events and video casts of the BSSR Lecture Series. "The new Web site allows the office to communicate with researchers, advocacy groups, media, and the general public about critical research and training opportunities, lectures and news," said Acting Director Christine A. Bachrach, Ph.D. "Our new site enhances our ability to communicate activities that support our mission of stimulating and coordinating behavioral and social science research across NIH." In addition to a new look and feel, including a newly designed OBSSR logo, the Web site has improved navigation and has significant new content areas. Visitors can quickly navigate to the Office's scientific areas of concentration: Biopsychosocial Interactions; Genes, Behavior and Environment; Health and Behavior; Methodology; Social and Cultural Factors in Health; Translation. Another addition is the From the Director column, which highlights critical issues and developments in the behavioral and social science fields.

The home page also highlights upcoming talks in the BSSR Lecture Series and news about the Office, such as the recent, first trans-NIH retreat for behavioral and social scientists.

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

##### **RePORT (Research Portfolio Online Reporting Tool)**

<http://cts.vresp.com/c/?NIHOfficeofCommunica/73353dfa1b/f28ffccb51/9ffa11ef4b>

For many months, NIH has been explaining to you the new Research, Condition, and Disease

Categorization (RCDC) system and how it will change the way NIH reports the research it funds. RCDC is part of a wider NIH effort to enhance public accessibility to reports, data, and analyses of NIH research activities. NIH recently launched a new website called RePORT (the Research Portfolio Online Reporting Tool, <http://cts.vresp.com/c/?NIHOfficeofCommunica/73353dfa1b/f28ffccb51/9ffa11ef4b>). RePORT gives the public a single access point to quickly and easily find data, including information on NIH expenditures and the results of NIH-supported research. RCDC results will show the amount NIH funded in each of the same 215 categories it has historically reported to Congress and the public. The results will be accessible through the RePORT website. Each category will provide detailed information, including "for the first time" a complete list of all NIH-funded projects included in that category. The RCDC results tables will be one of six features within the RePORT site. Other features include the Extramural Data Book, and in 2009, NIH will add a new, enhanced version of CRISP-on-the-Web. This new tool, called Reporter (RePORT Expenditures and Results) will include RCDC categories and project listings. Reporter will enable the public to search for NIH-funded research information and find information associated with funded projects, including budget information and links to publications and patents.

### **Others**

#### **Kaiser Family Foundation**

##### **Today's Topics in Health Disparities: Are Health Disparities Back on the National Agenda? Examining the Impact of a New Administration and Congress**

At this webcast, health policy experts discussed how the new Administration and Congress can prioritize efforts to eliminate racial and ethnic disparities in health and health care. To view: [http://www.kaisernetwork.org/health\\_cast/hcast\\_index.cfm?display=detail&hc=3080](http://www.kaisernetwork.org/health_cast/hcast_index.cfm?display=detail&hc=3080).

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