



# Kellogg Health Scholars

*Connecting Academe, Community, and Policy*

**In This Issue**

**KConnection**

**May 2010**

[Announcements](#)

**SOUNDING BOARD**

[Spotlight](#)

**Congratulations Kellogg Scholars and Fellows**

[E-Workshops](#)

**Ndidiamaka Amutah-Hardrick**, incoming Kellogg Health Scholar, will be inducted into Delta Omega, the public health honor society, Omega chapter on May 10th.

[Funding](#)

[Call For Submissions](#)

**Dr. Donna Almario Doebler**,

incoming Kellogg Health Scholar, successfully defended her dissertation on April 15. Her dissertation title: Understanding racial disparities in low birthweight in Pittsburgh, Pennsylvania: The role of area-level socioeconomic position and individual-level factors.

[Career Development](#)

**Dr. Michael A. Lindsey**, Community Health Scholars Program alumnus, has received tenure and promotion to the rank of Associate Professor in the School of Social Work at the University of Maryland, Baltimore.

[Conferences and Events](#)

[Resources](#)

[back to top](#)

**Quick Links**

**ANNOUNCEMENTS**

[Kellogg Health Scholars Program Website](#)

**Save the Date! The 2010 Kellogg Health Scholars Program Annual Meeting will be held June 9 through June 11 in Washington, DC.** The meeting agenda will be available shortly.

**About this newsletter...**

The **Kellogg Connection** is a monthly electronic newsletter that connects W.K. Kellogg programs: Kellogg Health Scholars, Scholars in Health Disparities, Community Health Scholars, Kellogg Fellows in Health Policy Research and H. Jack Geiger Congressional Health Policy Fellows.

**KConnection** is produced by the Kellogg Health Scholars Program, a program of the [Center for Advancing Health \(CFAH\)](#).

**Maria Briones-Jones**, Editor  
**Brandon Moore**, Production Manager

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

**Save the Date! Poverty & Race Research Action Council, Housing Mobility Conference, June 10-11, 2010.** Phil Tegeler, Executive Director of PPRAC writes:

Dear Kellogg Scholars, alumni and faculty,

I am writing to let you know about a national conference on housing mobility we are planning for **June 10-11** in Washington, DC. The conference will review recent research, examine program design issues from several current mobility programs, and explore the opportunities presented by new HUD programs that involve significant housing mobility elements (including the Transforming Rental Assistance program, the Sustainable Communities Initiative, the Choice Neighborhoods Initiative, and pending Section 8 voucher reforms). We also hope to look at health impact assessment in the context of the Section 8 program, and include a segment on fair housing enforcement and source of income discrimination.

An agenda is being developed but we are planning to schedule the housing and health sessions on Friday afternoon, June 11 - in the hope that many of you will be able to join us!

Thanks,  
Phil Tegeler

**You are invited to participate in the 8<sup>th</sup> Annual Health Disparities Summer Workshop, June 21-26, 2010.** Dr. Lovell Jones, Professor & Director, Center for Research on Minority Health (CRMH) and Kellogg Health Scholars Program, Multidisciplinary Track Site Director at the University of Texas, MD Anderson Cancer Center, invites you to participate in this workshop that will be held at The University of Texas M. D. Anderson Cancer Center, 1515 Holcombe Blvd., Houston, TX., Clark Clinic Bldg., Hickey Auditorium, 11th Floor, Rm. 11.1400. This is the 10th Anniversary of Congress mandating the creation of the Center for Research

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

#### **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 [mbjones@cfah.org](mailto:mbjones@cfah.org) or [healthscholars@cfah.org](mailto:healthscholars@cfah.org).

on Minority Health. You can find out more about this year's workshop at [www.mdanderson.org/crmh](http://www.mdanderson.org/crmh) or call Cynthia Clark at 713-563-4005 ([cyclark@mdanderson.org](mailto:cyclark@mdanderson.org)). Dr. Jones has offered to cover the costs of travel for KHSP scholars making presentations but Cynthia Clark needs to know **this week** if you would like to make a presentation at [cyclark@mdanderson.org](mailto:cyclark@mdanderson.org)

[back to top](#)

## SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet Kellogg Community Health Scholar alumnus, **Michael Lindsey, PhD, MSW, MPH...**

Dr. Michael Lindsey is currently an assistant professor at the School of Social Work at the University of Maryland, Baltimore (UMB). He recently received tenure and promotion to the rank of Associate Professor. Dr. Lindsey received his BA in Sociology at Morehouse College, an MPH at the University of Pittsburgh, an MSW at Howard University, and his doctorate in Social Work at University of Pittsburgh. He completed his post doctorate as a Kellogg Community Health Scholar at the Johns Hopkins University from 2002-2004.

Dr. Lindsey's research interests include mental health service delivery to depressed, African American youth, school mental health services research and practice, in-home service delivery to youth with serious emotional disturbances (SED) and their families, and social network influences on child and adolescent mental health services use.

While a scholar in the Community Health Scholars Program, Dr. Michael Lindsey was involved in projects addressing the mental health of African-American adolescent males. *Mental Health Needs Assessment for African-American Adolescent Males* worked with community settings. One focus was determining the feasibility of a multi-site intervention to address mental issue among African-American adolescent males. In a second project, *Determining the Feasibility of a Mental Health Intervention*, Dr. Lindsey worked with the steering committee to identify how to sustain the intervention in community settings, how to identify pilot sites in the community and what settings are most useful for systematic data collection. In Year 2, Dr. Lindsey worked on a randomized study testing out the psychoeducation intervention using a comparison group and with an adequate sample size to determine program efficacy.

Current activities: Dr. Lindsey is currently the Principal Investigator of two studies: (1) a NIH K-award to examine, through qualitative and quantitative methods, the proximal and distal determinants of school and community mental health service use among depressed, African American adolescents with the ultimate goal to develop a family-focused intervention; and (2) an evaluation study funded by the Department of Mental Hygiene in the State of Maryland to determine the impact of a family-based, in-home intervention for SED.

Dr. Lindsey says, "My postdoc experience in the CHSP not only allowed me to strengthen my ability to conduct community based participatory research, but it also helped me to identify a number of factors affecting the mental health service use of African American youth and their families. Several implications regarding my future services research and clinical practice emerged from this experience, including the need to: 1) engage consumers about what works best for them as a key strategy in service planning, and fostering access to and use of services; 2) pay attention to cultural and contextual factors, which might improve engagement and retention in services (e.g., youth and caregivers appreciated being able to inform the curriculum content and to share the common realities of youth and families in underserved communities that might impact service delivery); and 3) target engagement strategies in key places (e.g., schools and after school programs), where youth experience high need or where negative behaviors are likely to occur to improve access to care. As a result of my experience in the CHSP, I became a better mental health practitioner and a stronger mental health services research and intervention scholar."

[back to top](#)

## 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.

**To listen to the archived presentations and download materials**, visit the KHSP members area at <http://www.kellogghealthscholars.org/members/login.cfm>. For login and passcode information, please contact Brandon Moore ([bmoore@cfah.org](mailto:bmoore@cfah.org)) or Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)).

[back to top](#)

## FUNDING

### **Centers for Disease Control and Prevention**

#### **National Program to Eliminate Diabetes-Related Disparities in Vulnerable Populations (CDC-RFA-DP10-1001)**

**Deadline: May 12, 2010**

The purpose of the program is to reduce morbidity, premature mortality, and eliminate health disparities associated with diabetes. This will be done by funding organizations to mobilize community partners and assist them to effectively plan, develop, implement, and evaluate community-based interventions to reduce the risk factors that influence the disproportionate burden of diabetes in vulnerable populations borne by many communities in regions across the country. Announcement details at

<http://www07.grants.gov/search/search.do?&mode=VIEW&opId=52761>.

### **National Institutes of Health**

#### **Community Participation Research Targeting the Medically Underserved (R01) (PAR-08-075)**

**Deadline: May 14, 2010.**

Purpose. The ultimate goal of this Funding Opportunity Announcement (FOA) with a special review issued by the Office of Behavioral and Social Sciences Research (OBSSR), National Institutes of Health (NIH) is to solicit Research Project Grant (R01) applications that propose research on health promotion, disease prevention, and health disparities that is jointly conducted by communities and researchers and targets medically underserved areas (MUAs) and medically underserved populations (MUPs) as defined by the Department of Health and Human Services (DHHS) Health Resources and Services Administration (HRSA). Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-08-075.html>.

### **National Institutes of Health**

#### **NCMHD Advances in Health Disparities Research on Social Determinants of Health (R01)**

**RFA-MD-10-005**

**Deadline: May 17, 2010**

Purpose. The overarching goal of this FOA is to encourage groundbreaking research addressing the social determinants of health and health disparities. It demonstrates the NCMHD portfolio priority area of interest for ongoing research intervention and information dissemination on the social determinants of health through translational, and transdisciplinary research approaches. The intent of this funding opportunity is to intensify investigator-initiated research, to attract new investigators to the field, and to encourage transdisciplinary research that will advance health disparities science. Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-10-005.html>.

### **National Institutes of Health**

#### **NCMHD Disparities Research and Education Advancing Mission (DREAM) Career Transition Award (K22)**

**RFA-MD-10-001****Deadline: May 24, 2010**

Purpose: This purpose of the NCMHD DREAM Career Transition Award (K22) is to facilitate the transition of early stage investigators working in health disparities or areas that address health disparity conditions and populations from the mentored stage of career development to the independent stage of investigator-initiated health disparities research. The program will provide an opportunity for investigators to develop solid research skills during the initial period of up to two years of study and research within the environment of the NIH Intramural Research Programs located at the NIH. The award may also include a follow-on period of up to three years of salary and mentored research support at the candidate's current institution or organization or an academic or research grantee institution of the candidate's choice. This period of extramural support will facilitate the transition to independence as a researcher in health disparities research. Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-10-001.html>.

**National Institutes of Health****Behavioral and Social Science Research on Understanding and Reducing Health Disparities (R01)  
(PAR-10-136)**

**Letters of Intent Receipt Date(s):** August 14, 2010, December 11, 2010, April 11, 2011, August 14, 2011, December 11, 2011, April 11, 2012, August 14, 2012, December 14, 2012, April 11, 2013

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

**Application Due Date(s):** September 14, 2010, January 11, 2011, May 11, 2011, September 14, 2011, January 11, 2012, May 11, 2012, September 14, 2012, January 14, 2013, May 11, 2013

Purpose. To encourage behavioral and social science research on the causes and solutions to health and disabilities disparities in the U. S. population. Health disparities between, on the one hand, racial/ethnic populations, lower socioeconomic classes, and rural residents and, on the other hand, the overall U.S. population are major public health concerns. Emphasis is placed on research in and among three broad areas of action: 1) public policy, 2) health care, and 3) disease/disability prevention. Particular attention is given to reducing "health gaps" among groups. Proposals that utilize an interdisciplinary approach, investigate multiple levels of analysis, incorporate a life-course perspective, and/or employ innovative methods such as system science or community-based participatory research are particularly encouraged. Announcement details at <http://grants.nih.gov/grants/guide/pa-files/PAR-10-136.html>.

**Department of Health and Human Services****The Partnership Newsletter**

<http://www.hhs.gov/fbci/Tools%20&%20Resources/Center%20Newsletter/042710.html>

The site features government funded grants. To sign up for this newsletter, go to above link and click on "Contact Us", then click on "Email Updates".

[back to top](#)

**CAREER DEVELOPMENT****American Public Health Association (APHA)****Call for Applications: 2011 APHA Public Health Fellowship in Government****Deadline: May 17, 2010**

On behalf of the American Public Health Association (APHA), it is my pleasure to announce the call for applications for the [2011 APHA Public Health Fellowship in Government](#). This is fourth year that APHA is offering this fellowship which has been described as an "amazing" and "phenomenal" experience by previous fellows. Candidates must have strong public health credentials and be interested in spending one year in Washington, D.C. working in a congressional office on legislative and policy issues related to health, the environment or other public health concerns. The fellowship will begin in January 2011 and continue through December 2011. The fellowship provides a unique learning experience and demonstrates the value and need for basing policy on sound science. Throughout the year, the fellow will gain a practical knowledge of government and how the public policy process works. Applications and

additional information are available at <http://www.apha.org/advocacy/fellowship/>.

The application, including a CV and three letters of recommendation, are due to APHA by **May 17, 2010**. All candidates:

1. must be APHA members ([membership information](#))
2. have five years experience as a public health professional beyond graduate or medical training
3. have a graduate degree in a public health or a related discipline.

Please forward this email to anyone who you believe may be eligible and interested. For more information, please feel free to contact me at [susan.polan@apha.org](mailto:susan.polan@apha.org) or (202)777-2510.

### **Baltimore City Department of Health Commissioner of Health**

Baltimore City Government is seeking a highly qualified, dynamic individual to lead the City's Health Department as Commissioner. The Baltimore City Health Department has a \$140 Million budget and in excess of 800 professional, paraprofessional, technical, administrative and service employees located throughout the metropolitan area and another 300 contractual and grant funded positions. The Commissioner is the principal health advisor to the Mayor and is responsible for the executive direction of the Health Department; the enforcement of City ordinances dealing with public health; and the development and implementation of a comprehensive health care system to serve, protect and promote the health of the citizens of Baltimore. The ideal candidate will work closely with the community and serve as architect, advocate and catalyst for policy development and change in the health and human services systems of Baltimore City. The Baltimore City Health Department serves a culturally diverse population of close to 650,000 residents. Programmatic work is primarily focused in such areas as environmental health, health promotion and disease prevention; maternal and infant care, child, adolescent, school and family health services, mental health including substance abuse and addictions services; and general nursing and health services for the aging.

Desirable Qualifications: Qualified candidates will have a minimum of five years of executive level management experience in diversified public health service programs or other public health work; knowledge of public health policy formulation, community health assessment and health planning; and excellent verbal and written communication skills. MD, RN or advanced degree in a public health field desirable. Residency requirements: Appointment to this position requires residency within Baltimore City. The individual must be a resident and registered voter of Baltimore City at the time of appointment or become so within 6 months of the date of appointment, as a condition of employment. Compensation: The Baltimore City Health Commissioner is an Executive Level III position with competitive salary commensurate with education and experience. The compensation package includes a full range of comprehensive benefits, including medical, dental, vision, deferred compensation, paid leave and retirement plan. The position will remain open until filled. Interested candidates should submit a cover memo and resume, which specifically addresses the applicant's relevant experience for this position; including size and composition of staff supervised, programs and systems responsible for; size of budgets and other significant factors to:

Ms. Gladys B. Gaskins

Director of Human Resources

Baltimore City Department of Human Resources

201 East Baltimore Street, Suite 300

Baltimore, Maryland 21202

[gladys.gaskins@baltimorecity.gov](mailto:gladys.gaskins@baltimorecity.gov)

TTY: 410 396-4930

### **California Breast Cancer Research Program (CBCRP) Community Initiatives Scientist**

**Deadline: May 13, 2010**

The California Breast Cancer Research Program (CBCRP) is looking for a scientist with experience in social, behavioral and/or community-based research to provide leadership overseeing a multi-million dollar portfolio in these fields. This is an existing position that was vacated through retirement. The Community Initiatives Scientist provides scientific management of all grants in the fields of public health, behavioral breast cancer research, etiology and prevention of breast cancer, and community-based participatory research. The incumbent has responsibility for CBCRP program development and planning in the areas of public health and social/behavioral research and prevention research, as well as for, scientific

aspects of peer review and award management. The Community Initiatives Scientist leads the Community Initiatives program that supports and expands community involvement in research and also leads the Program Evaluation program and coordinates strategic planning for the CBCRP Research Council. We are looking for someone with an advanced degree in public health sciences or a related field, strong research design expertise in a variety of research methodologies, and knowledge of breast cancer research and community-based participatory research. Experience working with communities and providing training/technical assistance, and previous management-level experience preferred. This position at two different levels (depending upon qualifications) with salary of \$60,800 - \$85,200 (midpoint) or \$66,900 - \$93,600 (midpoint) and excellent benefits. To view the full position description and application instructions, please visit our web site: [http://www.cbcpr.org/about/job\\_communityMgr.php](http://www.cbcpr.org/about/job_communityMgr.php) To learn more about the CBCRP, please visit: <http://www.cbcpr.org> <<http://www.cbcpr.org>>. Applications must be submitted through the UCOP Jobs website at: <https://jobs.ucop.edu/>.

**George Washington University, Department of Prevention and Community Health  
2 Openings - Assistant/Associate Professor, Department of Prevention and Community Health and Associate/Full Professor, Director of the Community-Oriented Primary Care (COPC) Track**

**Deadline: Review of applications will commence on May 15, 2010 until the positions is filled.**

The George Washington University Department of Prevention and Community Health is seeking individuals to serve as faculty members in its Community Oriented Primary Care (COPC) track and in the Department. These positions are full-time, tenure-accruing faculty appointments. Expertise in particular is sought in COPC, community medicine, family medicine, medical sociology, primary care medicine, community-based participatory research, health disparities, health care for the underserved, and/or immigrant health. Responsibilities may include: teaching graduate courses in the degree programs of the Department (MPH and DrPH); undertaking scholarship and obtaining external funding in the specific area of expertise; and advising graduate students. Participation in clinical activities in the GWU Medical Center and/or the District of Columbia community is encouraged. Opportunities exist for the appointed faculty to maintain a part-time clinical practice and to build a research portfolio utilizing affiliated community partners such the D.C. Department of Health, The GW Cancer Institute, Chartered Health Plan, and clinical practices such as Unity Health Care.

**(1) Assistant/Associate Professor, Department of Prevention and Community Health**

The Department of Prevention and Community Health is seeking individuals to serve in the department at the assistant or associate professor level, depending on applicant experience and qualifications. Basic qualifications: Applicants must possess expertise in COPC, community medicine, family medicine, medical sociology, primary care medicine, community-based participatory research, health disparities, health care for the underserved, and/or immigrant health. Applicants must have an earned doctoral degree or equivalent in public health, medicine, nursing, health sciences, social sciences or education and a strong commitment to working with underserved communities to improve their health. Preferred qualifications: Preference will be given to applicants who have research expertise in COPC or a related field and experience in a community setting (e.g. as a MD, physician assistant (PA), nurse practitioner (NP), and/or certified nurse midwife (CNM)). Applicants should have demonstrated record of mastery of COPC principles and applications, a record of successful teaching at the graduate level, and potential to obtain external research funding. Physician applicants should be board eligible or certified in a field relevant to primary care medicine such as general internal medicine, pediatrics, family medicine, or emergency medicine.

**(2) Associate/Full Professor, Director of the Community-Oriented Primary Care (COPC) Track**

The Department is seeking individuals to serve as the director of the Community-Oriented Primary Care (COPC) Track and to serve as a faculty member in the Department of Prevention and Community Health in the School of Public Health and Health Services at the associate or full professor level, depending on experience and qualifications. Basic qualifications: Applicants must possess expertise and scholarly accomplishments in COPC, community medicine, family medicine, social medicine, and/or primary care medicine. Applicants must have an earned doctoral degree or equivalent in public health, medicine, nursing, health sciences, social sciences or education; strong verbal and written English communication skills; evidence of leadership or leadership potential in their discipline; strong,

demonstrated commitment to primary care service to populations. Preferred qualifications: Preference will be given to applicants who have research expertise in COPC or a related field and experience in a community setting (e.g. as a MD, physician assistant (PA), nurse practitioner (NP), and/or certified nurse midwife (CNM)). Applicants should have demonstrated record of mastery of COPC principles and applications, a record of successful teaching at the graduate level, and a demonstrated track record of external research funding. Physician applicants should be board eligible or certified in a field relevant to primary care medicine such as general internal medicine, pediatrics, family medicine, or emergency medicine. Research experience and expertise in community-based participatory research is also preferred.

TO APPLY FOR THESE POSITIONS: Interested applicants should send the following documents: 1) current curriculum vitae; 2) statement of clinical, teaching and research experience; and 3) names and contact information of 3 references, to be addressed to:

Kerry Rogier

Department Manager

[sphker@gwumc.edu](mailto:sphker@gwumc.edu) (preferred)

2175 K Street, N.W. Suite 700

Washington, D.C. 20037

### **Lehman College, CUNY**

#### **Assistant Professor - Health Sciences (Tenure Track)**

**Job ID: 2500**

**Deadline: Open until filled with review of CVs to begin 3/17/10**

General Duties: Performs teaching, research, and guidance duties in area(s) of expertise as noted below. Shares responsibility for committee and department assignments, performing administrative, supervisory, and other functions as may be assigned. Full-Time. FLSA Exempt.

Campus Specific Information: Tenure-Track Faculty Position in BS/MSEd programs in Health N-12 Teacher and BS and MA programs in Health Education and Promotion. Anticipated start date is 8/25/2010. Minimum Qualifications: Ph.D. degree in area(s) of expertise, or equivalent as noted below. Also required are the ability to teach successfully, interest in productive scholarship or creative achievement, and ability to cooperate with others for the good of the institution.

Preferred Qualifications: Doctoral degree, research, and publications in health education and promotion or a related degree. Experience with online learning. Compensation: \$42,873 - \$74,133. Benefits: CUNY offers a comprehensive benefits package to employees and eligible dependents based on job title and classification. Employees are also offered pension and Tax-Deferred Savings Plans. Part-time employees must meet a weekly or semester work hour criteria to be eligible for health benefits. Health benefits are also extended to retirees who meet the eligibility criteria.

How to Apply: Send a letter of application and CV to:

Chair, Search Committee

Department of Health Sciences Gillet 431

Lehman College, CUNY

250 Bedford Park Boulevard West

Bronx, NY 10468-1589

### **Portland State University, School of Community Health in the College of Urban and Public Affairs**

#### **Assistant Faculty Position (Tenure-track)**

The School of Community Health in the College of Urban and Public Affairs at Portland State University is seeking applications for an assistant (tenure-track) faculty position beginning Fall 2011. Responsibilities of the position include research, teaching, and service. Candidates must have an earned doctorate (or be in the final stages of their degree) in public health or a related field. Candidates should have a teaching background, and a demonstrated promise to secure external funding. Candidates are encouraged to apply if they have research and teaching skills in one or more of the following areas: community health, program planning and evaluation, disease prevention, health care systems, health disparities, women's health, gerontology, and physical activity. Experience in community engagement and/or quantitative research skills is desirable. Research responsibilities include seeking external funding for research related to public health, conducting funded research projects and preparing manuscripts for scholarly publications. Collaborative work with faculty in the School of Community Health, and throughout the College and University, is encouraged. Opportunities

exist for partnerships with faculty at Oregon Health & Science University and Oregon State University, as well. Instructional responsibilities include teaching and advising at the undergraduate and graduate levels, with involvement in the Oregon Master of Public Health Program, and the College's doctoral programs in Urban Studies and Public Administration and Policy. The School of Community Health (<http://www.healthed.pdx.edu>) offers programs leading to degrees at both the undergraduate and graduate level. The School offers an MPH degree as part of the Oregon Master of Public Health program (OMPH): a collaborative effort with Oregon Health & Science University and Oregon State University. The OMPH is accredited by the Council on Education for Public Health, and ranked 2nd among community Health programs by U.S. News and World Report (2003). The School also offers MS/MA and BS/BA degrees, and participates in the College's Ph.D. programs. The School enrolls approximately 900 undergraduate and 100 graduate students, and has a core group of 15 faculty engaged in research in diverse areas such as food and nutrition, social inequality, welfare reform, suicide, aging, mass communication, hearing conservation, environmental health, obesity and physical activity. The School of Community Health also houses the Institute on Aging. The Institute conducts applied research related to the issues, policies, and programs that affect elders and their families and offers degrees and certificates in gerontology for undergraduate, masters and doctoral students. Recent research projects have focused on family care giving, health behaviors, social relationships, long-term care, housing, fitness and exercise, Alzheimer's disease, transportation, aging and health services delivery and policy, and research methods. The College of Urban and Public Affairs has approximately 70 full-time faculty. Other Schools in the College are the Mark O. Hatfield School of Government and the Nohad A. Toulan School of Urban Studies and Planning. Other research and service units include the Center for Urban Studies, the Executive Leadership Institute, the National Policy Consensus Center, and the Institute of Portland Metropolitan Studies. Portland State University is located in downtown Portland, the major urban center of Oregon. The University is centered on the tree-lined South Park Blocks, an extensive greenway through the center of town, and is surrounded by numerous cafes, pubs, and restaurants. Adjacent to the University is the Portland cultural district, home to the Portland Symphony, the Portland Center for the Performing Arts, the Portland Art Museum, and the Northwest Film Center. The variety of outdoor activities convenient to the city is unsurpassed. Hiking, mountain biking, skiing, windsurfing, and kayaking are popular outdoor activities. The rugged Cascade and Coast mountain ranges provide hundreds of miles of trails. The starting annual salary rate for this position will be dependent upon qualifications and experience, with an excellent benefits package including fully paid healthcare, a generous retirement package, and reduced tuition rates for employee, spouse or dependant at any of the Oregon University System schools. This is a nine-month appointment. Applicants should submit a letter of application containing a brief background statement including research and teaching interest, the names and contact information for four professional references (name, title, email, telephone, and mailing address), and a curriculum vitae to: Elizabeth Bull, Assistant to the Director, School of Community Health, Portland State University, PO Box 751, Portland, OR 97207-0751. Review of applications will begin September 1, 2010 and continue until finalists are identified. The anticipated start date is September 16, 2011. For further information regarding the application process, please email [bulle@pdx.edu](mailto:bulle@pdx.edu). For questions specific to the position please contact Dr. Stephanie Farquhar at [farquhar@pdx.edu](mailto:farquhar@pdx.edu).

**Public Health-Seattle & King County**  
**Chief, Assessment, Policy Development & Evaluation (APDE)**  
**Deadline: May 14, 2010**

The Assessment, Policy Development, and Evaluation (APDE) unit is a nationally recognized leader in community health assessment. APDE's primary role is to provide health assessment data and evaluation to inform planning, policy development, and action to improve the health of King County residents. The Chief of Assessment, Policy Development and Evaluation (APDE) provides leadership, vision and direction for the Unit. The Chief must be an innovative leader with strong management, strategic planning, public health expertise, and research skills. The incumbent is responsible for overseeing epidemiology, assessment, policy development, program planning, research and evaluation activities and coordinating and providing technical assistance with these activities throughout the Department.

Application Process: Persons interested in this position should submit the following information:



1. A letter of interest specifically addressing the qualifications mentioned in the announcement.
2. A current resume.
3. Salary history.

If you have questions regarding this announcement, please call Marissa Karras at 360-956-1336. This position will remain open until filled. In order to be considered for the first round of interviews please submit your application materials by May 14, 2010 to [marissa@karrasconsulting.net](mailto:marissa@karrasconsulting.net) or by fax to 360-956-1348. Please see the job announcement for further details. Samples of APDE reports can be found at: <http://www.kingcounty.gov/healthservices/health/data.aspx>

### **The Commonwealth Fund and the Australian Government Department of Health and Ageing**

#### **2011-12 Australian-American Health Policy Fellowship Open to Applicants**

**Deadline: August 15, 2010.**

[The Australian-American Health Policy Fellowship](http://www.commonwealthfund.org/fellowships/) offers a unique opportunity for outstanding, mid-career U.S. professionals-academics, government officials, clinical leaders, decision-makers in managed care and other private health care organizations, and journalists-to spend up to 10 months in Australia conducting research and working with leading Australian health policy experts on issues relevant to both countries. The Australian Government Department of Health and Ageing hopes to enrich health policy thinking as fellows study how Australia approaches health policy issues, share lessons learned from the United States, and develop an international perspective and network of contacts to facilitate exchange and collaboration that extends beyond the fellowship experience. The fellowship is structured around mutual areas of interest, such as health care quality and safety, the private/public mix of insurance and providers, fiscal sustainability of health systems, management and efficiency of health care delivery, health care workforce, and investment in preventive care strategies. Applicants' proposals should address one of the program's areas of interest and clearly demonstrate: the intention to combine research and practical experience; the relevance to both the United States and Australia; achievable outcomes, given the duration of the placement; and the potential to advance policy in Australia and the United States. U.S. citizenship is a requirement for eligibility. For further information on the 2011-12 Australian-American Health Policy Fellowships and to obtain an application, please see <http://www.commonwealthfund.org/fellowships/>. Please direct questions to Robin Osborn of The Commonwealth Fund (tel.: 212-606-3809; e-mail: [ro@cmwf.org](mailto:ro@cmwf.org)).

### **The New York Academy of Medicine**

#### **The 9<sup>th</sup> International Conference on Urban Health -- *Good Governance for Healthy Cities* New York, NY**

**October 27 - 29, 2010**

#### **The New York Academy of Medicine**

Scholarship Application Process Deadline: May 31, 2010

Scholarship Application Process: Scholarships will be awarded to cover some or all of expenses (including travel, registration, hotel stay, and per diem, or some portion thereof) for select ICUH 2010 participants. ICUH 2010 organizers will consider scholarship applications from **abstract applicants ONLY**. If interested in applying for scholarship, please be sure to fill out the special scholarship application section of your abstract submission. Although you may submit two abstracts, you may only apply for scholarship once. When submitting your abstract through the online process, please be sure to indicate which portion of your expenses you would like covered. Also be prepared to answer the following two questions:

1. Briefly describe your urban health experience.
2. How would attending ICUH 2010 benefit your research or other urban health related activities?

In addition please provide a reference with email address that we may contact regarding your application. Although all scholarship applications will be considered, please note that funds are limited and ICUH 2010 organizers will make every effort to fund as many applicants as possible.

Deadline for Application: Monday, May 31, 2010. No scholarship applications will be accepted past this deadline. Notice of Decision: Friday, July 2, 2010 - Friday, September 10, 2010. All individuals who submit an abstract or application will be notified of our decision on a rolling basis between, Friday, July 2, 2010, and Friday, September 10, 2010 via email.

**University of Rochester Medical Center, Department of Community and Preventive Medicine, Division of Social and Behavioral Medicine  
Associate or Full Professor (Tenure-track)**

The Division of Social and Behavioral Medicine within the Department of Community and Preventive Medicine at the University of Rochester Medical Center is seeking to recruit tenure-track faculty at the level of Associate or Full Professor. Candidates with demonstrated research interest in the areas of health promotion, applied or dissemination research are encouraged to apply. Of particular interest are individuals with research experience in behavior change in such areas as maternal child health, nutrition or physical activity, tobacco, alcohol and other substance use or abuse. Successful candidates are expected to make significant contributions to scholarship in their fields, attract extramural support, demonstrate excellence in teaching, and expand partnerships within the university and the community. All applicants must hold a doctoral degree in a field of social or behavioral science with a strong emphasis on research design and statistical methods with an established record of publications in peer-reviewed journals and a demonstrated ability to secure extramural funding. For more information about the Department of Community and Preventive Medicine, please visit [www.urmc.rochester.edu/cpm](http://www.urmc.rochester.edu/cpm). The University of Rochester is an equal opportunity employer. Women and minority candidates are encouraged to apply. Interested individuals should submit a letter of application, curriculum vitae, and the names and contact information for three references to

Ann Dozier, PhD, Chief  
Division of Social and Behavioral Medicine  
Department of Community and Preventive Medicine  
University of Rochester Medical Center  
601 Elmwood Avenue, Box 644  
Rochester, NY 14642  
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[back to top](#)

## CALL FOR SUBMISSIONS

**Call for Research Proposals -- WHO Scientific Resource Group on Equity Analysis and Research, Global Forum for Health Research, People's Health Movement  
Advancing Health Equity Through Research and Practice - Identifying What Works to Reduce Health Inequities**

**Deadline: May 23, 2010**

The [WHO Scientific Resource Group on Equity Analysis and Research](#) together with the [Global Forum for Health Research](#) and [People's Health Movement](#) announce a call for research proposals from civil society organizations (CSOs) on the theme: 'Advancing health equity through research and practice - identifying what works to reduce health inequities'. Deadline for receipt of entries is 23 May 2010. CSOs interested in evaluating the interventions they implemented and their impacts both on health outcomes and on health equity are invited to submit research proposals. The interventions (including policies, programmes, etc) to be evaluated need to address social, economic and political determinants of health. Submission of proposals dealing with interventions and research projects already in progress is strongly encouraged.

A description of the call is provided via the following link: :

<http://www.globalforumhealth.org/Media-Publications/Archive-news/Call-for-research-proposals-from-civil-society-organizations-CSOs>.

**Call for Posters - National Association of Community Health Centers  
Health Center Research & Innovations at the 2010 Community Health Institute & Expo  
Dallas, TX**

**September 12-14, 2010**

**Deadline: May 29, 2010**

With over 2000 attendees, the Community Health Institute & Expo (CHI) is the ideal place to showcase your research activities and findings, or disseminate an innovative best practice that has improved care or reduced costs. Presenting a poster at the CHI will provide you with a forum to share your work, find other centers with similar needs and interest, deliberate over

new ideas, and facilitate the creation of new partnerships. For more information on posters, abstract guidelines, selection process, and presentations, please go to: <http://www.nachc.com/community-health-institute2.cfm>. *HURRY! Abstract Deadline is May 29th! Accepted poster submitters will be notified of decisions by July 1.* For more information on poster presentations, email Michelle Proser, NACHC Director of Research, at [mproser@nachc.com](mailto:mproser@nachc.com). For more information on the Community Health Institute and Expo, to <http://www.nachc.com/community-health-institute2.cfm>.

**Call for Abstracts, Workshops and Special Sessions - The New York Academy of Medicine**

**The 9th International Conference on Urban Health: Good Governance for Healthy Cities  
New York, NY**

**October 27 - 29, 2010**

**Deadline: May 31, 2010 (23:59 EDT)**

To submit: <http://www.abstractserver.com/icuh2010/>

Conference Theme: This year's theme, Good Governance for Healthy Cities, was chosen to showcase the importance of governance in creating healthy cities and improving the health of urban populations, as well as the social and public health policies that are required to address these issues. Cities are becoming larger, more diverse and complex and involve multiple sectors that advance their views and contest space. Healthy urban governance involves transparent, inclusive and accountable approaches to address common concerns and pressing problems. The conference will address governance in a number of ways: how governments can develop and implement policy that improves the health of all urban residents and reduces urban inequities; how non-health sectors that determine urban social environments might come together to impact and improve health; and how government, civil society and business can combine to conduct health impact assessments and promote health in all policies. The conference invites presentations of original studies, analyses, evaluations and best practices in a multitude of sectors: health services, violence and security, transportation and injuries, housing and infrastructure, urban planning, neighborhoods and the urban environment, reproductive and maternal child health, the social determinants of health, substance use and homeless populations, and still others. By holding this conference in New York, NY, one of the leading cities in the world, we intend to foster international research and policy exchanges to collectively improve the understanding of the common health and social risks faced by urban residents and communities and to influence the development of effective public health interventions across the globe. Perspectives and lessons from different countries can be valuable to share, and New York City's experience shows that North-South exchanges can lead to effective, inclusive, and comprehensive policies to improve urban health. Therefore we encourage academics, professionals, members of non-profit organizations, policymakers, community members, and individuals from the private sector of diverse backgrounds and disciplines to submit an abstract for the conference.

Please refer to the instructions and more specific sub-themes below to identify a potential track for your paper, workshop, or other special session.

What is urban health and why cities?

Urban Health is a multidisciplinary and multisectoral approach to promoting public and individual health in the urban setting. Public, private and non-governmental sectors all contribute to urban health including: public health, urban planning, social work, education, engineering, architecture, law, media, food and agriculture, community development, environmental protection, transportation, economics, to mention a few. In other words, improving urban health relies on the partnerships of many stakeholders.

The field of Urban Health is rooted in the World Health Organization Ottawa Charter for Health Promotion (1986), whereby "health promotion is not just the responsibility of the health sector, but goes beyond healthy life-styles to well-being." Urban health has developed as important changes in patterns of disease and disability have been noted in urban populations, encouraging health professionals to expand their vision to include social, economic, and environmental determinants of health. Such issues have been magnified in our rapidly urbanizing world. Today nearly 50% of the world's population lives in urban settings, and by 2030 almost 60% of humanity will live in cities. Much of that population lives in less wealthy nations, and in areas of urban poverty, or slums. The proportion of urban residents who are significantly economically disadvantaged is expected to grow in the next 50 years. The growth of cities in lower and middle income countries has outstripped the corresponding growth in infrastructures, security, and food, water, and sanitation availability, resulting in the "dual

epidemiological burden" of chronic and infectious diseases. Cities, researchers have discovered, can both foster and harm good health. For example, high population densities and slums can harbor and export disease, and urban sprawl can increase social isolation, negatively impact the environment and reduce physical activity. Healthy cities, however, can create opportunities for health promotion and may confer an "urban health advantage" on citizens by increasing their physical activity, fostering more social interaction, and centralizing health resources.

#### Abstract, Workshop, and Special Session Application Process

The 9th International Conference on Urban Health now invites abstract, workshop, and special session submissions for consideration in the conference program.

Abstracts: The conference will consist of multiple concurrent oral sessions, poster presentations, and oral-poster sessions. Oral poster sessions will be organized around to be determined themes and will allow researchers to present their findings to an open audience. To be considered for a session at the conference you are required to submit a detailed abstract of 150-300 words. Individual authors may not submit more than 2 abstracts. Abstracts must not have been previously published. Abstracts should be clear, concise and written in English. The English must be well written and should be checked by someone well versed in English writing. Please include all co-authors on your research and indicate who will be the presenting author. In addition, be sure to fill out appropriate contact information for yourself, including a valid email address. In submitting your abstract please choose your preferred type of session (oral, poster, or oral-poster) and a topic area from the list below:

#### **1. Governance, Partnerships, and Urban Health Policy**

1. Local Governments and Health Development
2. Innovative Urban Partnerships for Health
3. Health Impact Assessments
4. Health in All Policies (HIAP)
5. Community Approaches to Urban Health
6. Links between National and Local Governments to Address Local Issues.
7. Civil Society and Government to Address Health Inequities
8. Governance: Public Private Partnerships to Address Determinants of Health
9. Innovative Methods and Measurements
10. Other

#### **2. Reproductive, Maternal, Newborn, Child, and Adolescent Health**

1. Service delivery
2. Family planning
3. Integration of Reproductive Health and HIV/AIDS Services
4. Sexual Health of Youth
5. Supply and Demand Creation
6. Innovations in Financing
7. Innovative Methods and Measurements
8. Other

#### **3. Aging and Health in Urban Settings**

1. Planning and Policies for Age-friendly Cities
2. Economic and Social Determinants of Healthy Aging
3. Addressing Disability in Urban Settings
4. Other

#### **4. Global Urbanization Processes and Prospects**

1. Climate Change, Urban Health, and Sustainable Development
2. Urbanization and Health in the Developing World
3. Urban Poor Funds, Micro-finance approaches, and Public-Private Partnerships
4. Demography: Migration, Fertility, Mortality, Drivers of Urbanization
5. Other

#### **5. Urban Health Disparities**

1. Drivers of Slum Formation
2. Neighborhood-Level Influences on Health
3. Residential Segregation and Health
4. Serial Displacement and Health
5. Areas of Concentrated Disadvantage and Health
6. Other

#### **6. Drug use, Mental Health, and the Urban Environment**

1. Substance Use and Mental Health

2. Substance Use and Disease Linkages
3. Other

**7. Urban Physical Environment and Health**

1. Housing and Health
2. Transportation and Health
3. Road Safety: Injuries, Road Traffic.
4. Water, Sanitation, and Solid Waste
5. Noise
6. Indoor and Outdoor Air Pollution
7. Land Tenure and Housing Security
8. Innovative Methods and Measurements
9. Other

**8. Food Security and Nutrition**

1. Obesity and Overweight
2. Urban Food Deserts
3. Urban Agriculture
4. Urban Food Policy
5. Food Availability
6. Other

**9. Urban Social Environment and Health**

1. Social Capital and Social Networks and Health
2. Education and Health Linkages
3. Violence and Urban Security
4. Innovative Methods and Measurements
5. Other

**10. Diseases in Urban Settings**

1. HIV/AIDS, Tuberculosis, and Malaria
2. Other Communicable Diseases
3. Non-communicable Diseases
4. Innovative Methods and Measurements
5. Other

**11. Urban Health Metrics**

1. Mapping, GIS, Remote Sensing
2. Health Information Systems at the Local Level
3. Census and Surveys - methods
4. Standardization of Instruments and Methods
5. Other

**12. Other**

You must create an account in the system to submit abstracts. After an abstract has been created, modifications can be made until the abstract submission deadline (May 31, 2010). No modifications can be made once the abstract has been submitted. To modify a submitted abstract please contact the ICUH 2010 abstract team at [icuh2010@abstractserver.com](mailto:icuh2010@abstractserver.com)

Note: If you created an account for ICUH 2009 or ICUH 2008, you do not need to create a new account. You can retrieve your user name and password, click on lost/forgotten password from the login page.

- Abstract category: The abstract category is the general heading under which your abstract will be reviewed and later published if accepted. You must choose one abstract category which best describes the subject of your abstract.
- Abstract title: The abstract title must indicate the nature of the investigation with no abbreviations or author/ institution names
- Abstract body: The text of the abstract should briefly state the objective, methods, result and conclusion of the study.
  - o The abstract body must not exceed 300 words.
  - o Do not include any personal author information in the abstract body.
  - o Do not include any grant names or references in your abstract body
  - o Authors can modify the abstract when it is in "draft" status only. Proof read your abstract carefully before final submission.
- Authors: All authors must be entered in the appropriate fields within the system's author function.
- Preview: Always check the final abstract with the system's preview function before final submission, and edit or replace as necessary. It is the author's responsibility to submit a

correct abstract. Any errors in spelling, grammar or scientific fact will be reproduced as typed by the author.

· Submission: Choose a preferred presentation type with the system's submission function and fill out the appropriate sections of the disclosure agreement.

Following complete submission, your abstract will undergo a rigorous blind review process. If your abstract is accepted, please note that conference organizers may choose to set your presentation in a session that was not your original topic area. In addition, due to time constraints, your preferred type of session may not be selected; for example, you may have selected oral presentation, but conference organizers will have selected a poster presentation for you. In this case, you may not appeal this decision, but if an oral session opens up, you will be automatically selected for that session. Organizers will duly notify you in time to prepare for the conference. If you have any questions regarding your abstract submission, please contact the ICUH 2010 abstract team at [icuh2010@abstractserver.com](mailto:icuh2010@abstractserver.com)

Workshops: The conference will include participant initiated workshops, training activities and other sessions on topics related to urban health. Workshops will be scheduled for before the conference as special registration pre-conference workshops and during the conference. In submitting your workshop proposal, please choose whether you would like to be considered for a pre-conference workshop or for a concurrent workshop. Pre-conference workshops would take place on Monday, October 25, and Tuesday, October 26, 2010 and will face fewer time constraints, but workshop organizers will be charged a fee for their space and any audio-visual requirements they may have. Concurrent workshops will be free but applications will be rigorously reviewed to select only the most relevant sessions to fit within the normal conference program. Those interested should submit their proposals through this sub-theme detailing the title of the activity, nature of activity, names of speakers, sub-topics to be covered, and number of people expected. Please include a 300 word abstract detailing the nature of your workshop.

Special Sessions: For special closed meetings, roundtables, or panels that you would like to organize, please submit an application detailing title of the activity, 300-word abstract detailing nature of your activity, names of speakers and participants, sub-topics to be covered, and expected number of participants, if any. Following receipt of applications in this area, organizers will work closely with applicants to arrange for these sessions.

Deadline for Submissions: Monday, May 31, 2010. The abstract submission process will close for all session types at 11:59 PM, Monday, May 31, 2010. No abstracts will be accepted past this deadline.

Notice of Decision: Friday, July 2, 2010. All individuals who submit an abstract or application will be notified of our decision by Friday, July 2, 2010, via email.

Call for Abstracts - 2010 Academy for Health Equity Conference  
Achieving Health Equity in the Era of Healthcare Reform  
Marriott Denver South at Park Meadows  
Littleton, CO

August 18-20, 2010

Deadline, May 31, 2010 (11:59 p.m. Eastern)

CALL FOR ABSTRACTS

We invite submission of abstracts for the 2010 Academy for Health Equity Conference, "Achieving Health Equity in the Era of Healthcare Reform," August 18-20, 2010 at the Marriott Denver South at Park Meadows, Littleton, CO. All abstracts are due by Monday, May 31, 2010 at 11:59 p.m. Eastern time. Authors are encouraged to submit abstracts on topics related to the conference theme, as well as current and emerging issues related to health disparities and health equity. More information about the abstract submission process can be found at:

<https://cmt.research.microsoft.com/AHEC2010/Default.aspx>.

Instructions: Authors should indicate if they would like their abstract considered for oral or poster presentation or both. To facilitate the review process, authors should choose an appropriate subject area and identify keywords for the abstract. Authors will copy and paste their abstract to the appropriate section as well as upload a .doc, .docx, or .pdf file with the title, authors, abstract, keywords, and learning objectives. Files are limited to 5000 characters total, including title, authors, abstract, keywords, and learning objectives.

Call for Qualified Mentors and Mentees - American

**Psychological Association Office on AIDS  
APA Mentorship Program  
Deadline: June 1, 2010**

The American Psychological Association Office on AIDS is seeking qualified mentors and mentees to participate in a 2-year \*Cyber Mentor

Program<<http://www.apa.org/pi/aids/programs/cyber/index.aspx>>

\*-a distance-learning, mentorship program designed to prepare doctoral-level behavioral and social scientists for careers as independent researchers in the area of HIV/AIDS and communities of color. This program, funded by the National Institute of Mental Health (NIMH), uses state-of-the-art distance-learning technologies (e.g., webcasts, online classrooms, etc.) to assist mentees in achieving three major goals:

- Create and implement a career development plan focused on building the capacity to conduct independent research in the area of HIV/AIDS and communities of color.
- Conceptualize, draft, and submit a high-quality research application to an appropriate National Institutes of Health (NIH) funding mechanism.
- Establish a mutually supportive network of professional colleagues with common research interests.

Want to be a \*Mentor? \*Application information is here:

<http://www.apa.org/pi/aids/programs/cyber/mentor.aspx>

Want to be a \*Mentee? \*Application information is here:

<http://www.apa.org/pi/aids/programs/cyber/mentee.aspx>

The deadline for application materials is June 1, 2010. For further information, please contact the \*APA Office on AIDS, [OfficeOnAIDS@apa.org](mailto:OfficeOnAIDS@apa.org) (202-336-6042).

Call for Papers - Public Health Report (PHR)

Supplement of Social Determinants of Health and Data System

Deadline: June 1, 2010

The journal Public Health Reports (PHR) is inviting papers for a Supplement of Social Determinants of Health and Data Systems. The Guest Editors for this Supplement are Drs. Kathleen McDavid Harrison and Hazel D. Dean. Dr. Harrison is Associate Director for Health Equity and Dr. Dean is Deputy Director, both with the National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention at the Centers for Disease Control and Prevention. The Editors seek manuscripts that advance the scientific knowledge and public health research, practice, and policy on data systems related to addressing social determinants of health (SDH). Manuscripts may be analytic or descriptive in format and may propose models for new/enhanced data systems, evaluate existing data systems, or use data from current systems to illustrate how gaps can be addressed. Manuscripts may examine policy, program, disease surveillance, or other appropriate data systems and novel ways to use them to monitor indicators of health equity. Manuscripts addressing the following broad range of topics will be sought:

- \* Studies focusing on developing and identifying key metrics that might be used to better measure and monitor the impact of SDH;
- \* Studies that are multidisciplinary; that analyze or compare rather than merely describe; and that are not limited to one measure of social determinants or health outcomes, one age group, or one population subgroup;
- \* Mathematical models of social determinants of human immunodeficiency virus, viral hepatitis, sexually transmitted diseases, and tuberculosis outcomes;
- \* Studies that examine or use SDH analytic methods (e.g., individual-level, multilevel, and mixed-level analyses) that take into account the uniqueness of the data being used;
- \* Evidence of linkage with policy or other constituencies that influence equity outcomes;
- \* Application of innovative analytic methods for studying and monitoring influences on health equity;
- \* Analyses to support the design and evaluation of policies, services, and interventions that enhance equity in health;
- \* Analyses or meta-analyses of available data on legal and health policies; and
- \* Use of evidence toward enhanced public accountability in and social action for health equity.

Manuscript requirements: Articles in PHR are typically 3,000-4,000 words in length. All manuscripts will be reviewed by the PHR Special Editorial Committee (SEC) for this Supplement. The SEC determines which manuscripts are sent for external peer review and which manuscripts are published in the Supplement. Deadline for submission: June 1, 2010. The anticipated publication date for the PHR Supplement is Fall 2011. Submit manuscripts to: [manuscripts@publichealthreports.org](mailto:manuscripts@publichealthreports.org). Please include: "Attention Social Determinants of Health and Data Systems" in the subject line of the e-mail. If you have any questions about this Supplement, please contact Dr. Hazel Dean (404-639-8000; [HDean@cdc.gov](mailto:HDean@cdc.gov)). If you

have any questions about PHR, please contact the Acting Editor, Laurence Reed, at 513-636-0257; [Laurence.Reed@cchmc.org](mailto:Laurence.Reed@cchmc.org). Public Health Reports is a peer-reviewed journal of the U.S. Public Health Service and the U.S. Surgeon General. It is published in collaboration with the Association of Schools of Public Health. PHR is the oldest journal of public health in the U.S. and has published since 1878. The journal is widely distributed internationally, and is indexed by MEDLINE/Index Medicus, Current Contents, EMBASE/Excerpta Medica, Pais International, and LexisNexis. More information on the journal, including author guidelines, is available at [www.publichealthreports.org](http://www.publichealthreports.org).

Call for Papers -- Special Issue of *American Journal of Community Psychology*  
**Advances in Bridging Research and Practice Using The Interactive System Framework for Dissemination and Implementation**

Guest Editors: **Abraham Wandersman, Paul Flaspohler, Catherine Lesesne, and Richard Puddy**

AJCP Senior Associate Editor for this issue: **Emilie P. Smith, PhD**

Deadline: August 15, 2010

If we are to achieve better outcomes in public health, education, and other social arenas, it is essential to: 1) integrate research to practice models with community-centered models (practice-centered models); and 2) bring funders, researchers/evaluators, and practitioners together in a partnership for results. AJCP published a special issue in June 2008 that introduced the Interactive Systems Framework for Dissemination and Implementation (ISF) (Wandersman et al, 2008) which established such a foundation to bridge research and practice. Since the publication of the special issue, the ISF has received increasing attention in the dissemination/implementation (D/I) field and among translation researchers from a broad spectrum of disciplines, e.g. public health, education, evaluation, and treatment. Some major advances of the proposed special issue (to the original 2008 issue) are to: 1) show how the ISF can be applied at different stages of the life of an innovation, (e.g., funding cycle-- proposal, planning the initiative, implementing the initiative, and evaluating the initiative); 2) apply the ISF to diverse arenas such as treatment, education and prevention; 3) demonstrate concurrent or proactive use of the ISF; and 4) describe research and evaluation of the framework that has emerged. The special issue will provide a scholarly forum to:

- Disseminate *innovative applications* of ISF-inspired D/I efforts with more depth and reflection on the framework.
- Present *research/evaluation* of the framework, its three main system components in action, the interaction between the systems, or the contextual features that surround the ISF.
- *Expand multi-disciplinary interest* in research and application of the ISF by seeking contributions from a wide variety of fields and include generalizability to treatment, education, and prevention.

The guest editors believe a framework is only as good as its application and testing (i.e. research and action). The special issue will call for papers that deepen our understanding of the ISF in action and its strengths as a framework to guide D/I across multiple fields. 2008 Special Issue Citation: Wandersman, A., Flaspohler, P., & Saul, J. (2008). Illuminating the Interactive Systems Framework for Dissemination and Implementation. *American Journal of Community Psychology*, 41(3-4).

Additional background: This special issue is extremely timely and relevant to the work of community psychologists and allied disciplines vested in conducting community research and designing programs, policies, and practices that create or sustain effective community action. The challenge facing many change agents (practitioners and researchers alike) is how to use the best available evidence to inform and mobilize communities and systems to optimize the benefit of the programs, policies, and practices as they are delivered. It is crucial to have a framework that can be illuminated and enhanced by the unique and common perspectives of funders, researchers, and practitioners. The special issue offers a timely opportunity to highlight application and innovation in the use of the ISF; to assess the framework via application and evaluation; and to encourage multi-disciplinary dialogue about the framework. The 2008 issue on the ISF has been widely disseminated and helped establish an important place for community psychology in the highly significant arena of bridging research and practice. This is evidenced by its introduction at the 2009 NIH Conference on the Science of Dissemination and Implementation; invited workshop sessions at the 2010 CDC/AEA Evaluation Institute, the 2008 Annual Convention of the American Psychological Association, the 2008 and 2009 Society for Prevention Research Conferences; its presentation at a highly



attended CDC Evaluation Forum; and its invited presentation globally in universities in Japan, Brazil, and New Zealand.

Submission Process: Potential authors should submit a 1000 word proposal, including a description of the proposed work's relevance to and implications for system change efforts facilitated or informed by the ISF. Following initial review by the Guest Editors for the Special Issue, invitations will be extended for full online manuscript submission, subject to peer review. We encourage submissions from a diverse range of authors, i.e., researchers, community practitioners and partners, policy makers, and students. We particularly encourage manuscripts that address one or more of the following:

- Disseminate *innovative applications* of ISF-inspired D/I efforts with more depth and reflection on the framework.
- Present *research/evaluation* of the framework, its three main system components in action, the interaction between the systems, or the contextual features that surround the ISF .
- *Expand multi-disciplinary interest* in research and application of the ISF by seeking contributions from a wide variety of fields and include generalizability to treatment, education, and prevention.

Examples of potential submissions include but are not limited to: Evaluation of the ISF as applied to prevention initiatives (e.g., teen pregnancy prevention, violence prevention, preventive clinical services); advances in training and technical assistance approaches; innovative approaches to synthesis and translation; application of the ISF to other domains (e.g., mental health treatment, health and wellness).

Submissions should be in English and proposals should clearly state the type of article proposed. We hope to include a range of types of articles, as described in the new *AJCP* Instructions for Authors available on the online submission portal ([www.edmgr.com/ajcp](http://www.edmgr.com/ajcp)), including: original articles, mixed methods research, first person accounts, advancing science, or empirical reviews. Please see the new Instructions for Authors (use the link at the top of the page on the portal) for complete descriptions of these manuscript types.

Proposals are due by email to any of the Guest Editors by August 15, 2010. Authors will be contacted about the status of their proposal by September 15th, 2010, and final online submissions will be due December 15, 2010. Reviews and editorial decisions will be made by the end of January 2011. Please send proposal submissions or inquiries to the Special Issue Guest Editors and share this call for proposals with interested colleagues. Please submit to any of the Guest Editors:

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Professor

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[WANDERAH@mailbox.sc.edu](mailto:WANDERAH@mailbox.sc.edu)

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[back to top](#)

## CONFERENCES AND EVENTS

### **National Academy for State Health**

#### **Web Event: Parent Partnerships to Support Early Child Health and Development: Lessons for the ABCD Initiative**

**May 12, 2:00-3:30 pm (EDT)**

[Register for this event here](#)

This NASHP webinar will focus on building and supporting parent partnerships with states to support programs and services for young children. Participants will learn about a three-part framework for building parent partnerships, why each level of engagement is critical to efforts to improve care coordination and services for young children, and how states engaged in these initiatives can incorporate parent partnerships into their work. This webinar is part of NASHP's Assuring Better Child Health and Development (ABCD) program sponsored by The Commonwealth Fund. The speakers include:

- Nilofer Ahsan,, Associate, Center for the Study of Social Policy
- Lisa Schaffran, Associate Director, Rhode Island Parent Information Network
- Deborah Garneau, Chief, Office of Special Health Care Needs, Division of Community, Family Health & Equity, Rhode Island Department of Health
- Gina Robinson, Program Administrator, Colorado Department of Healthcare Policy
- Megan Marx, Project Coordinator, Family-to-Family Health Information Network, Family Voices Colorado

University of North Carolina at Chapel Hill Program for Ethnicity, Culture, and Health Outcomes (ECHO)

16th Annual Summer Public Health Research Institute and Videoconference on Minority Health

**June 8, 2010**

The University of North Carolina School of Social Work, Tate-Turner-Kuralt Auditorium  
For more information and to register: [click here](#).

### **Community-Campus Partnerships for Health**

#### **CES4Health.info: Publishing Diverse Products of Community-Engaged Scholarship June 16, 2010 (3:30-5:00 p.m. Eastern)**

Register Today for June 16 CPH Conference Call, "CES4Health.info: Publishing Diverse Products of Community-Engaged Scholarship." The call, from 3:30-5 pm ET, is free for those dialing in from Canada and the US. On the call, you'll learn about [www.ces4health.info](http://www.ces4health.info), an exciting new outlet for publishing and disseminating training curricula, educational videos, policy reports, online toolkits and other diverse products of community-engaged scholarship! The call will cover how to submit and search for products, how products are reviewed, and how to apply to be a reviewer. Register today at

<https://catalysttools.washington.edu/webq/survey/ccphuw/100955>

### **2010 Academy for Health Equity Conference**

#### **Achieving Health Equity in the Era of Healthcare Reform,"**

**Marriott Denver South at Park Meadows**

**10345 Park Meadows Drive**

**Littleton, CO 80124**

**August 18 - 20, 2010**

Registration website: <http://academyfortheequity2010.eventbrite.com>

Become a fan of the Academy for Health Equity on Facebook -

<http://www.facebook.com/?ref=home#!/pages/Academy-for-Health-Equity/109277189091158>

The overarching theme of the conference is "Achieving Health Equity in the Era of Health Care Reform." The meeting is critical to developing the knowledge-base for those engaged in health disparity activities by facilitating trans-disciplinary exchanges of the latest research and practical applications by:

\*increasing the capacity of researchers, practitioners, policymakers and communities to address complex health systems change, delivery of services, new models of medical care and public health, policies that facilitate access to health, and new methods of measurement for preventable diseases in underserved, poorly served and never served populations;  
\*promoting the application of evidence-based, theory-driven findings of disease prevention and health promotion for the elimination racial and ethnic health disparities;  
\*identifying gaps in knowledge and data of the broad spectrum of causal factors of health disparities and bringing together inter-disciplinary, trans-disciplinary and community-based approaches to achieve equity in health;  
\*exploring effective trans-disciplinary approaches to identify and address the social determinants of health related to health disparities; and,  
\*applying the latest theories, principles, programs, and practices to improving health literacy, cultural competency, and health communications programs to promote health and prevent disease among individuals living in communities characterized by poverty and health disparities.

**National Legal Aid and Defender Association (NLADA)  
Spatial Inequity and Municipal Underbounding: Strategies for Positive Change  
Moore County Community Center  
Moore County, NC**

June 17-19, 2010

On June 17, in Moore County, North Carolina, the National Legal Aid and Defender Association (NLADA) is co-sponsoring a meeting on spatial inequality with a special focus on municipal underbounding. The purpose of the conference is to raise awareness, mobilize, and strategize bringing together members from three critical populations--community stakeholders, the legal aid community, and researchers.

Join us for an in depth discussion of the following topics:

- Effective Legal Strategies
- Using maps to identify disparity
- Case studies in municipal underbounding
- How to take the next step
- Keeping the community together through the work
- Opportunities for new research

Who Should Attend: If you are examining spatial inequality and seeking to develop approaches that will work in your communities, the communities you represent or those you study, join us for a skills building, strategy development meeting. We are looking to expand the capacity of the legal aid community to engage these issues. Across the country, from Aberdeen, North Carolina to Modesto, California, the march of city growth has bypassed hundreds of low-income neighborhoods. These neighborhoods exist next to or just outside of established towns and cities. They are dense like the towns and cities they adjoin (and where many of their residents also work and shop), but are also very different in a number of important ways. Because their homes are not legally within municipal boundaries, residents are not allowed to vote in municipal elections nor are they served by municipal water and sewer systems and police and fire services. These neighborhoods often lack well paved roads, sidewalks, streetlights, curbs and gutters. At night, they are darker. In the rain, they are muddier and often flood. And for all of these reasons, health and safety risks can be much greater. These neighborhoods have been mapped out of the privileges of inclusion within towns and cities. Instead, they are left with only county governance and rural service standards, which are inadequate to create the kinds of healthy and safety conditions residents of neighboring towns and cities know and take for granted. Contact: Camille Holmes Wood at [c.wood@nlada.org](mailto:c.wood@nlada.org) for more information. Limited travel stipends are available.

[back to top](#)

## RESOURCES

### Publications

Agency for Healthcare Research and Quality

U.S. Department of Health and Human Services

AHRQ Publication No. 10-0004 March 2010 [www.ahrq.gov/qual/qrd09.htm](http://www.ahrq.gov/qual/qrd09.htm)

Full Report (PDF 302p. - 5.7MB) at: <http://www.ahrq.gov/qual/nhdr09/nhdr09.pdf>

"Examining health care disparities is an integral part of improving health care quality. Health care disparities are the differences or gaps in care experienced by one population compared with another population. As the National Healthcare Quality Report (NHQR) shows, Americans too often do not receive care that they need or they receive care that causes harm. The National Healthcare Disparities Report (NHDR) shows that some Americans receive worse care than other Americans. Within the scope of health care delivery, these disparities may be due to differences in access to care, provider biases, poor provider-patient communication, poor health literacy, or other factors. The purpose of the NHDR, as mandated by Congress, is to identify the differences or gaps where some populations receive poor or worse care than others and to track how these gaps are changing over time. Although the emphasis is on disparities related to race and socioeconomic status, the reporting mandate indicates an expectation that the Agency for Healthcare Research and Quality (AHRQ) will examine health care disparities across broadly defined priority populations. These include ethnic minorities and other groups or categories of individuals experiencing disparate and inadequate health care. The NHDR and NHQR use the same measures, which are categorized across four dimensions of quality: effectiveness, patient safety, timeliness, and patient centeredness. This year's report focuses on the state of health care disparities for a group of core measures that represent the most important and scientifically credible measures of health care quality for the Nation, as selected by the Department of Health and Human Services (HHS) Interagency Work Group. By focusing on core measures, the 2009 report provides a more readily understandable summary and explanation of the key results derived from the data.

Three key themes emerge in the 2009 NHDR:

- Disparities are common and uninsurance is an important contributor
- Many disparities are not decreasing.
- Some disparities merit particular attention, especially care for cancer, heart failure, and pneumonia."

Content:

Highlights

1. Introduction and Methods

2. Effectiveness.

Cancer

Diabetes.

End Stage Renal Disease (ESRD)

Heart Disease .

HIV and AIDS Maternal and Child Health.

Mental Health and Substance Abuse.

Respiratory Diseases.

Lifestyle Modification .

Functional Status Preservation and Rehabilitation

Supportive and Palliative Care

3. Patient Safety

4. Timeliness

5. Patient Centeredness

6. Efficiency .

Appendixes:

Data Sources . . . . .  
[www.ahrq.gov/qual/qrd09/datasources/index.html](http://www.ahrq.gov/qual/qrd09/datasources/index.html)

Detailed Methods . . . . .  
[www.ahrq.gov/qual/qrd09/methods/index.html](http://www.ahrq.gov/qual/qrd09/methods/index.html)

Measure Specifications . . . . .  
[www.ahrq.gov/qual/qrd09/measurespec/index.html](http://www.ahrq.gov/qual/qrd09/measurespec/index.html)

Data Tables . . . . .

[www.ahrq.gov/qual/qdr09/index.html](http://www.ahrq.gov/qual/qdr09/index.html)

Community-Campus Partnerships for Health  
Community Approaches to Mobilizing Partnerships and Service-Learning  
Guide Provides Step-by-Step Approach to Service-Learning! In the guide, *Community Approaches to Mobilizing Partnerships and Service-Learning*, Lorece Edwards and colleagues describe student, faculty and community partner roles, include sample policies and procedures, provide guidance for the reflection component of service-learning, and answer frequently asked questions. The guide is available through CES4Health.info, a new mechanism for peer-reviewed publication and dissemination of diverse products of community-engaged scholarship that come in forms other than journal articles. To access the guide and other products published through CES4Health.info, submit a product, or apply to become a peer reviewer, visit [www.CES4Health.info](http://www.CES4Health.info)

Engelberg Center for Health Care Reform, Brookings Institution  
Defining a Business Case for Measuring and Addressing Disparities in Health Care: Evidence from King County  
<http://www.healthqualityalliance.org/userfiles/KingCo%20issue%20brief%20032410%281%29.pdf> Making the business case for measuring and improving quality by addressing racial/ethnic health disparities has been challenging due to the lack of data demonstrating how these disparities directly affect health care costs and worker outcomes, such as productivity and absenteeism. A new issue brief illustrates how King County, WA was able to obtain and link race and ethnicity data with claims data to determine the quality of care employees receive, as well as whether inequalities in health care directly affect outcomes and indirect costs.

Engelberg Center for Health Care Reform, Brookings Institution  
Indirect Estimation of Race and Ethnicity: An Interim Strategy to Measure Population Level Health Care Disparities  
<http://www.healthqualityalliance.org/userfiles/RAND%20issue%20brief%20031810%281%29.pdf>  
Far more data - including race and ethnicity information - must be collected from key health care stakeholders in order to address disparities and prioritize quality improvement efforts. A new issue brief describes how indirect estimation methods represent a promising short-term strategy for assessing population-level racial/ethnic health care disparities, and addresses some of the important questions and concerns regarding the use of these new methodologies.

Families USA - 2 Publications  
Reducing Racial and Ethnic Health Disparities: Key Health Equity Provisions  
<http://www.familiesusa.org/assets/pdfs/health-reform/reducing-racial-disparities-2010.pdf>  
What Will the New Health Reform Law Do in the First Year? (Fact Sheet)  
<http://www.familiesusa.org/assets/pdfs/health-reform/reform-in-the-first-year.pdf>  
Families USA's latest issue brief, [Reducing Racial and Ethnic Health Disparities: Key Health Equity Provisions](#), discusses how health reform will improve language access and cultural competence, support community health centers, strengthen the federal Office of Minority Health, increase workforce diversity, and reauthorize the Indian Health Care Improvement Act. Families USA also released a fact sheet, [What Will the New Health Reform Law Do in the First Year?](#), which provides information on provisions that will be implemented early.

Health Care Reform and Primary Care - The Growing Importance of the Community Health Center  
Posted by **NEJM** ( <http://healthcarereform.nejm.org/?author=9> ) - April 28th, 2010 · Printer-friendly ( <http://healthcarereform.nejm.org/?p=3377#printpreview> )  
Eli Y. Adashi, M.D., H. Jack Geiger, M.D., and Michael D. Fine, M.D.  
see: <http://healthcarereform.nejm.org/?p=3377#more-3377>

Racial/Ethnic Differences in Early-Life Risk Factors for Childhood Obesity  
**Elsie M. Taveras, MD, MPH, Matthew W. Gillman, MD, SM, Ken Kleinman, ScD, Janet W. Rich-Edwards, MPH, ScD, Sheryl L. Rifas-Shiman, MPH** . *Pediatrics*.2010; 0: 200921001-20092100.  
Pediatricsrecently published [Racial/Ethnic Differences in Early-Life Risk Factors for Childhood](#)

[Obesity](#), which examines how race, ethnicity, and culture influence the understanding of cancer diagnosis and treatment plan among patients. The authors suggest that black and Hispanic children's higher prevalence of early-life risk factors for childhood obesity may help to explain racial and ethnic disparities in rates of childhood obesity. [Subscription required]. Article abstract: <http://pediatrics.aappublications.org/cgi/content/abstract/peds.2009-2100v1>.

What's the Use of Race?

Modern Governance and the Biology of Difference

Edited by Ian Whitmarsh and David S. Jones

Publication Date: 30 May 2010

Price: \$22.95 / 7 x 9 / 48 pages / 7 illustrations

ISBN: 978-0-262-51424-8

<http://mitpress.mit.edu>

The post-civil rights era perspective of many scientists and scholars was that race was nothing more than a social construction. Recently, however, the relevance of race as a social, legal, and medical category has been reinvigorated by science, especially by discoveries in genetics. Although in 2000 the Human Genome Project reported that humans shared 99.9 percent of their genetic code, scientists soon began to argue that the degree of variation was actually greater than this, and that this variation maps naturally onto conventional categories of race. In the context of this rejuvenated biology of race, the contributors to *What's the Use of Race?* (MIT Press / \$22.00 paperback original / 30 May 2010) investigate whether race can be a category of analysis without reinforcing it as a basis for discrimination. Can policies that aim to alleviate inequality inadvertently increase it by reifying race differences? The essays focus on contemporary questions at the cutting edge of genetics and governance, examining them from the perspectives of law, science, and medicine. The book follows the use of race in three domains of governance: ruling, knowing, and caring. Contributors first examine the use of race and genetics in the courtroom, law enforcement, and scientific oversight; then explore the ways that race becomes, implicitly or explicitly, part of the genomic science that attempts to address human diversity; and finally investigate how race is used to understand and act on inequities in health and disease. Answering these questions is essential for setting policies for biology and citizenship in the twenty-first century.

Contributors: Richard Ashcroft, Richard S. Cooper, Kjell A. Doksum, George T. H. Ellison, Steven Epstein, Joan H. Fujimura, Amy Hinterberger, Angela C. Jenks, David S. Jones, Jonathan Kahn, Jay S. Kaufman, Nancy Krieger, Paul Martin, Pilar N. Ossorio, Simon Outram, Ramya Rajagopalan, Dorothy Roberts, Pamela Sankar, Andrew Smart, Richard Tutton, Ian Whitmarsh

About the Editors: Ian Whitmarsh is Assistant Professor in the Department of Anthropology, History, and Social Medicine at the University of California, San Francisco. David S. Jones is Associate Professor of History and Culture of Science and Technology at MIT.

## Others

### **Asian & Pacific Islander American Health Forum**

#### **Health Care Reform Resource Center**

Visit the Health Care Resource Center: [www.apiahf.org/hcr](http://www.apiahf.org/hcr)

The Asian & Pacific Islander American Health Forum's [Health Care Reform Resource Center](#) sheds light on how the over 2,400 pages of health care reform legislation affects Asian American, Native Hawaiian and Pacific Islander communities. This Resource Center includes:

- The Impact of Health Care Reform: An assessment of how health care reform improves access, affordability, and quality of health care for our communities, as well as what improvements we still need.
- Health Care Reform Implementation Timeline: Breaks down by year when key health care reform provisions for our communities will take effect.
- Frequently Asked Questions (FAQs): Answers common questions related to health care reform legislation.

APIAHF will continue to update the [Resource Center](#) with additional analyses of health care reform as it affects different segments of our communities. Please continue to check the [Health Care Reform Resource Center](#) for new information, and feel free to email us at [hcr@apiahf.org](mailto:hcr@apiahf.org) with suggestions, comments or questions. Also, if you missed APIAHF's webinar on "How Health Care Reform Will Impact Asian American, Native Hawaiian, and Pacific Islander Communities," please visit the [Resource Center page](#) or view it here:

[www.youtube.com/watch?v=1TQg2kRs6s8](http://www.youtube.com/watch?v=1TQg2kRs6s8).

Community-Campus Partnerships for Health  
CCPH Database of Faculty Mentors and Portfolio Reviewers  
Each faculty entry in the database has demographic and biographical information, career planning advice and tips for preparing a strong portfolio. Search the database and/or apply to be listed at <http://www.facultydatabase.info/>.

DiversityRX and Agency for Healthcare Research and Quality  
Webinar: NCQA Multicultural Health Care Standards and Distinction Program  
<http://www.diversityrxconference.org/Your-Voice/Webinars/Webinar-6-NCQA-Standards/184/>  
DiversityRx and **AHRQ** released a new webinar, [NCQA Multicultural Health Care Standards and Distinction Program](#), which features representatives from the National Committee for Quality Assurance (NCQA). They review the process of developing viable goals and standards that guide organizations on improving cultural and linguistic services and reducing health disparities.

Engelberg Center for Health Care Reform, Brookings Institution  
Charting a Course for Health Care Quality Improvement Data-Driven Strategies for Eliminating Health Disparities Archived Webcast  
[Learn more and watch the archived Webcast](#)

The Engelberg Center for Health Care Reform recently hosted a national conference to begin addressing health care quality issues faced by vulnerable communities. The event, "Charting a Course for Health Care Quality Improvement: Data-Driven Strategies for Eliminating Health Disparities," brought together key stakeholders to identify best practices for collecting and reporting race, ethnicity, and primary language data, as well as to determine practical, consensus-driven steps to measure and use these data to improve quality of care. Surgeon General Regina M. Benjamin delivered keynote remarks at the event.

Prevention Institute  
Tools for Health Equity and Prevention  
<http://www.preventioninstitute.org/tools/focus-area-tools/health-equity-toolkit.html>  
With the recent passage of health reform (HR 4872), our nation has made an historic investment in prevention and wellness to support coordinated efforts to achieve equitable health and safety outcomes. This investment comes on the heels of ARRA funds to support Communities Putting Prevention to Work. As groups across the country galvanize efforts to improve health, [Prevention Institute is pleased to announce the launch of the \*Health Equity and Prevention Primer \(HEPP\)\*](#). The primer packages a number of our effective tools for community-based prevention--like the *Two Steps to Prevention* framework, *The Spectrum of Prevention* and *Collaboration Multiplier*--along with research and case examples from across the country, into an easy-to-access, online training format. Informed by national leaders in health equity, public health department staff and supported by the Robert Wood Johnson Foundation, the Primer provides a rich array of resources to support learning, exploration and implementation. Continuing education credits are available for each hour of self-directed training.

[back to top](#)