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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 \(CFAH\)](#).

Production Team:  
Maria Briones-Jones,  
Deputy Director, KHSP  
National Program Office  
Brandon Moore,  
Director of New Media,  
CFAH

**SOUNDING BOARD****Congratulations Kellogg Scholars and Fellows**

Dr. Ndidi Amutah, Kellogg Health Scholar, has published: Edwards, L.V., Irving, S.M., Amutah, N.N, and Sydnor K.D. "Am I My Mother's Keeper? Children as Unexpected Sources of Social Support for Parents with HIV" *Journal of Black Studies* published online 11 April 2012. Also, Dr. Amutah will be starting a tenure-track faculty position in the Department of Health and Nutrition Sciences at Montclair State University, NJ, in September 2012. In this capacity she will teach in the BS and MPH program in the Community Health Education concentration.

Drs. Barbara Baquero and Briana Woods, Kellogg Health Scholars, have accepted tenure-track positions as assistant professors at the University of Iowa, College of Public Health in the Department of Community and Behavioral Health.

Stanley Bernard, Kellogg Fellows in Health Policy Research Program alumnus, successfully defended his dissertation, "The moderating effect of positive father engagement and accessibility on a school-based system of care intervention for mental health outcomes of children," on March 20, 2012. Congratulations, Dr. Bernard!

Dr. Lawrence Brown, Kellogg Health Scholar, announces that the Union Baptist Head Start and Morgan State University's School of Community Health and Policy were awarded the 2012 Maryland Innovation in Community-Academic Partnerships. The award was bestowed by the Maryland Chapter of the American Society of Public Administration. The honor highlights the intervention developed out of the Dr. Brown's CBPR project entitled *You're the Quarterback: Gameplan for Life*. The award will be given on May 8, 2012 at a luncheon and awards ceremony at the University of Baltimore.

Dr. Ronni Bowen, Community Health Scholars Program (CHSP) alumna, gave birth to twins on March 27. Everyone is doing well. Ronnie conveys that "Needless to say, I will miss the final Kellogg shin dig in DC. Please give my regards to everyone."

Dr. Phoenix Do, Kellogg Health Scholars Program (KHSP) alumna, recently published an article in *Social Science and Medicine*: Do P, Frank R, Finch BK. Does SES explain more of the black/white health gap than we thought? Revisiting our approach toward understanding racial disparities in health. *Social Science & Medicine* 74 (2012) 1385e1393. See [http://www.kellogghealthscholars.org/news/Do\\_etal\\_2012\\_SES\\_BlK\\_Wht\\_Health\\_Gap.pdf](http://www.kellogghealthscholars.org/news/Do_etal_2012_SES_BlK_Wht_Health_Gap.pdf).

Dr. Clarence "Lance" Gravlee, CHSP alumnus, was selected as the next Editor of *Medical Anthropology Quarterly*, the journal of the Society for Medical Anthropology. Dr. Gravlee's four-year term will begin in 2013.

Dr. Derek Griffith, CHSP alumnus, has accepted a new position as tenured Associate Professor of Medicine, Health and Society in the College of Arts and Sciences at Vanderbilt University. Dr. Griffith will direct the Center for Research on Men's Health Disparities and have appointments in the Departments of General Internal Medicine and Public Health, Human and Organizational Development and Sociology. He begins his new job on August 1, 2012.

Question?  
Have you moved?  
Have you found a new job?  
Is there a research question you would like feedback on?  
Any recent publications?  
Do you have any experience or advice to share?  
Let us know! Email: [healthscholars@cfah.org](mailto:healthscholars@cfah.org)

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

Dr. Lovell Jones, KHSP University of Texas, M.D. Anderson Cancer Center site director, was named the winner of the Ruth Kirschstein Diversity in Science Award by the American Society for Biochemistry and Molecular Biology for his dedication to increasing the pipeline of minority scholars. See [http://www.asbmb.org/asbmbtoday/asbmbtoday\\_article.aspx?id=16450#.T3x8dvbRKxU.email](http://www.asbmb.org/asbmbtoday/asbmbtoday_article.aspx?id=16450#.T3x8dvbRKxU.email).

Dr. Simona Kwon, CHSP alumna, has two publications in the following special theme issue: Volume 6, Issue 1, Spring 2012 of the journal *Progress in Community Health Partnerships* (PCHP) is a theme issue focused on Asian American, Native Hawaiian and Pacific Islander health, developed in partnership with the Asian & Pacific Islander American Health Forum. Dr. Kwon mentions "Thanks to funding from the WK Kellogg Foundation, the issue is entirely free and open access." To access the complete issue, go to <http://bit.ly/lk4Ooz> or <http://bit.ly/H3I7WG>. Dr. Kwon is first author on one article and senior author on a second article from this issue: "Developing the Community-Empowered Research Training Program: Building Research Capacity for Community-Initiated and Community-Driven Research," pp. 43-52 | DOI: 10.1353/cpr.2012.0010 and "Role of Federal Policy in Building Research Infrastructure Among Emerging Minorities: The Asian American Experience," pp. 83-93 | DOI: 10.1353/cpr.2012.0007.

Dr. Dawn Richardson, Kellogg Health Scholar, has accepted a position as Assistant Professor at the School of Community Health at Portland State University.

Dr. Kalahn Taylor-Clark, KHSP alumna, was interviewed by CFAH President and Founder Dr. Jessie Gruman on What's Engagement Now? Experts Discuss Emerging Challenges for the Prepared Patient Forum. See <http://bit.ly/HVdX9d>.

Dr. Karen Kim Yeary, CHSP alumna, received tenure with promotion to Associate Professor at the College of Public Health at the University of Arkansas for Medical Sciences.

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## ANNOUNCEMENTS

The 2012 KHSP Annual Meeting will be held June 6-8, 2012, at Hotel Palomar in Washington, DC.

Opportunity to disseminate your research findings -- The Center for Advancing Health's Health Behavior News Service (HBNS) is on the lookout for the latest research on health disparities and population health. HBNS looks to Kellogg Scholars (current and alums) and Fellows for original, health-related research such as randomized controlled trials, surveys and large pilot programs that bring attention to, explore causes of, and demonstrate interventions for health disparities. If a peer-reviewed journal has accepted your study for future publications, please email your manuscript or early draft to Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)) and Barbara Krimgold ([bkrimgold@cfah.org](mailto:bkrimgold@cfah.org)). Barbara and Marie will share it with Kelly Malcom, HBNS editor, to see if your study fits the news service niche.

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## SPOTLIGHT ON KELLOGG SCHOLARS NETWORK

Meet Kellogg Health Scholars Program alumna, Yvonne Owens Ferguson, PhD... Dr. Yvonne Owens Ferguson is a Public Health Analyst at the U.S. Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) Bureau of Health Professions (BHP). Dr. Ferguson works in the Division of Workforce and Performance Management where she supports the Bureau's program evaluation and performance measures efforts of over 40 health professions training

programs. Dr. Ferguson completed a PhD in Health Behavior and Health Education, with a certificate in International Development, at the University of North Carolina Gillings School of Global Public Health in 2006. She earned her MPH in the same department in 1999 and holds a BS in Biology from Spelman College.

Dr. Ferguson's primary research and policy interests focus on eliminating HIV/AIDS health disparities among people of African descent in sub-Saharan Africa and the United States. For her dissertation research, Dr. Ferguson conducted a process evaluation to assess nurses' implementation of an infant feeding counseling protocol delivered to HIV-infected mothers within the context of an HIV/AIDS clinical trial in Lilongwe, Malawi. As a 2008-2010 Kellogg Health Scholar-Community Track at the University of North Carolina Gillings School of Global Public Health, Dr. Ferguson partnered with Project GRACE, an NIH-funded community-based participatory research (CBPR) HIV/AIDS prevention study located in eastern North Carolina. For her Kellogg independent project, Dr. Ferguson worked with her community mentor and Project GRACE Steering Committee members to design, implement and evaluate a Photovoice and advocacy intervention for youth ages 10 to 14 and their caregivers entitled, "Making Healthy Change Happen (MHCH) for Me, My Family and Community". Based on Freirian theory and the social ecological framework, MHCH used Photovoice methods to empower youth and their caregivers to view community issues from a social determinants perspective, communicate effectively with their elected officials, and initiate policy-level change in their community to reduce HIV/AIDS-related risk behaviors. At the policy level, Dr. Ferguson serves as the representative for her Bureau on the HRSA-wide National HIV/AIDS Strategy Workgroup. In this role, she engages BHP project officers and grantees to implement the Strategy by integrating HIV/AIDS-related issues in their health professions training programs.

In response to the question, "What contribution has your Kellogg Health Scholars Program experience made to your policy career?" Dr. Ferguson responds, "My Kellogg experience was life and career changing. The mentorship I received from everyone involved in the program, from the Program staff and consultants to the community of scholars and mentors, was an experience like no other. I've been able to transfer many analytical skills I acquired as a Kellogg Health Scholar to my current federal health policy position. Specifically, through the training we received in preparation for the Capitol Hill visits, and speaking directly with U.S. Senators and Representatives, I understand how to effectively communicate public health issues to policy makers. The Kellogg experience has also had a profound impact on how I view policy because I always bring a community's perspective into every project."

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## ARCHIVED KHSP E-WORKSHOPS

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

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

To listen to the archived presentations and download materials, visit <http://bit.ly/f8TRa1>. For login and passcode information, please contact Brandon Moore at [bmoore@cfah.org](mailto:bmoore@cfah.org).

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## FUNDING

### Department of Housing and Urban Development

HUD's Office of Policy Development and Research has a new authority to accept unsolicited research proposals that address one of the following research priorities: (1) HUD demonstrations, (2) using housing as a platform for improving quality of life (including health), (3) the American Housing Survey data, or (4) housing technology. In accordance with statutory requirements, the research projects must be funded at least 50 percent by philanthropic entities and/or federal, state or local government agencies. Proposals may be submitted at any time and will be evaluated as they are received. See complete announcement at <http://bit.ly/IHeRsB>. Questions should be directed by email to [ResearchPartnerships@hud.gov](mailto:ResearchPartnerships@hud.gov), by telephone to Sarah Schaefer, Office of Policy Development at (202) 402-6846 (this number is not toll-free).

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## CALL FOR SUBMISSIONS

### Call for Consultation - UCL Institute of Health Equity

Tackling public health priorities through the social determinants of health

The Marmot Review 2012

Deadline: May 25, 2012

<http://bit.ly/IgSj2O>

The Institute of Health Equity (IHE) has developed an approach to interventions to improve public health through the social determinants of health (SDH). It is envisaged that the approach and the tools developed would aid Health and Wellbeing Boards (HWBs), their partners and service providers to identify, develop and enable the commissioning of health interventions which address the SDH and health inequalities. The approach and accompanying analysis are currently out for consultation. The consultation documents and the question reply sheet are available below. Please send your submissions back to Ilaria Geddes at [i.geddes@ucl.ac.uk](mailto:i.geddes@ucl.ac.uk) by the 25th May.

### Call for Consultation - UCL Institute for Health Equity

Intervening in the social determinants of health to improve priority public health conditions and reduce health inequalities (Draft - For consultation)

Deadline: May 25, 2012

<http://bit.ly/IJDaDv>

The approach presented here demonstrates and provides rationale for a social determinants of health (SDH) approach to prevention of priority public health conditions (PPHCs) - specifically *alcohol misuse, obesity and smoking*.

It also provides evidence and exemplars of interventions which have been developed at local level.

#### Contents

1. Introduction
2. Context
3. The need for a SDH approach
4. The approach: developing interventions that address the SDH
  - 4.1 Alcohol misuse
  - 4.2 Obesity
  - 4.3 Smoking
5. Case studies
6. Issue arising from the approach
  - 6.1 Developing locally appropriate interventions
  - 6.2 Prioritising and selecting interventions
  - 6.3 Delivering interventions
7. Monitoring and indicators
8. Conclusions
9. Appendix 1: The SDH and proportionate universalism
10. Appendix 2: SDH Glossary

## 1. Appendix 3: Case Studies and Indicators

List of Case Studies (Section 11 of the Report) <http://bit.ly/InUB08>

Please send your submissions back to Ilaria Geddes at [i.geddes@ucl.ac.uk](mailto:i.geddes@ucl.ac.uk) by the 25th May.

Call for Abstracts - National Institute on Minority Health and Health Disparities/NIH  
2012 Summit on the Science of Eliminating Health Disparities  
Integrating Science, Policy and Practice: Building a Healthier Society  
Gaylord National Resort and Convention Center  
National Harbor, MD

October 31-November 3, 2012

Deadline: June 15, 2012 (5:00 p.m. Eastern)

The 2012 Summit on the Science of Eliminating Health Disparities is now accepting abstracts for program sessions. All abstracts must be submitted no later than 5:00 p.m. Eastern Time on June 15, 2012. The abstract submission website will be available within the next few days with more detailed information. You will receive a follow-up e-mail as soon as the site is available for abstract submissions.

The Summit is organized around the core principle of integrating science, policy, and practice, and offers a forum to advance scholarship and translate new knowledge into action.

**Presentation Categories:** Abstracts will be accepted in three categories: posters, oral presentations, and integrated panel presentations. Applicants may submit abstracts to more than one category, but each submission must be based on a separate research project. Additional information about each category is available below.

(a) Poster Presentations -- Word Limit: Please limit poster abstracts to 300 words.

(b) Oral Presentations -- Oral presentations will take place in a roundtable panel format. Each panel will have an assigned moderator in order to promote dialogue and stimulate discussion. Abstracts that are accepted for oral presentations will be presented as concurrent sessions. There is also the option of submitting an abstract in this category with the option to be considered for a poster presentation if the abstract is not accepted for oral presentation. Word Limit: Please limit oral presentation abstracts to 300 words.

(c) Integrated Panel Presentations -- Integrated panel presentations are designed to allow a group of presenters from diverse disciplines (i.e., Science, Practice, and Policy) to discuss health disparities and related findings on a similar theme.

Abstracts for this category should focus on science, practice, policy, and include a community component or discuss societal issues that influence health disparities. Word Limit: Please limit integrated panel presentation abstracts to 500 words. This should also include the presentation title for each panelist.

**Presentation Tracks:** Proposals, regardless of category, should also fall under one of three tracks:

Track 1: Translational and Transdisciplinary Research

These presentations should promote the integration of science, practice and policy.

- Science or research abstracts might include basic and applied, health services, patient-oriented, epidemiological, environmental, behavioral, and social sciences research related to health disparities.
- Policy-oriented abstracts delve into policies linked to health or healthcare, or other areas impacting health such as public, social, and economic policies.
- Practice abstracts examine public health practice related to community health, healthcare, or social services delivery, and education and training.

Applicants must clearly articulate how findings lead to new knowledge in science, practice, or policy interventions in health disparities. For example, policy abstracts should include the scientific evidence or practice concept that led to the policy. If the submission is a science abstract, then applicants should indicate how the science translates into either practice or policy.

**Themes:** The following themes fall under Track 1: Translational and Transdisciplinary Research

- Integrating Biological, Social, Behavioral and Environmental Determinants of Health
- Health Disparity Populations, Disease Conditions and Risk Factors
- Primary Prevention and Health

- Discrimination, Racism and Stress
- Healthcare Disparities and Quality Research
- Best Practices and Approaches for Community Engagement
- Health Information Technology
- Global Population Health

#### Track 2: Capacity-Building and Infrastructure

Abstracts submitted under Track 2: Capacity-Building and Infrastructure, will explore the challenges and opportunities associated with building capacity for research, public health and primary care practice, services delivery, training, and education. These presentations will also investigate the implementation and sustainability of infrastructure and economic development in disparate communities.

**Themes:**The following themes fall under Track 2: Capacity-Building and Infrastructure

- Multi-sectoral Capacity-Building
- Health Workforce
- Community Capacity-Building and Sustainable Economic Development
- Data and Research Evaluation

#### Track 3: Outreach, Partnerships, Collaborations, and Opportunities

Eliminating health disparities requires effective outreach, partnerships, and collaborations across federal agencies, academic institutions, foundations, non-profit and private organizations. Track 3:Outreach, Partnerships, Collaborations, and Opportunities, provides a venue for representatives from various agencies and organizations to showcase their innovative partnerships, outreach, and dissemination efforts, including successful collaborations on addressing health disparities.

**Themes:**The following themes fall under Track 3: Outreach, Partnerships, Collaborations, and Opportunities

- Public Public-Private Partnerships
- Community Partnerships
- Outreach Dissemination
- Global Health Networks

#### General Guidelines:

- Abstracts will be peer reviewed
- Authors must select the track and theme under which their abstracts should be considered. Abstracts may be submitted under only one Summit theme, and must be related to one or more of the topics listed under the selected theme.
- General selection criteria will be based on: (1) quality of abstract; (2) implications for health disparities research, policy, or practice, or its application; (3) new insights for health disparities research or its application; (4) clarity and completeness of abstract; and (5) relevance to specified theme.
- Applicants may submit abstracts to more than one category, but each submission must come from a distinct research project.
- All abstract submissions are final, no changes or modifications will be permitted.

Abstract Awards/Recognition:Abstracts will be considered for recognition in the following award categories: outstanding scientific poster, outstanding policy poster, outstanding public health practice poster, outstanding clinical practice poster, and outstanding community-based health disparities research or intervention poster. Early investigators, junior faculty, community researchers, and policy professionals are eligible for recognition. More details to come.

For additional inquiries, please contact [2012Summit@mail.nih.gov](mailto:2012Summit@mail.nih.gov).

Call for Presentations - Cross Cultural Health Care Conference  
3rd Cross Cultural Health Care Conference: Collaborative and  
Multidisciplinary Interventions

Ala Moana Hotel

Honolulu, Hawaii

February 8-9, 2013

Deadline: June 30, 2012

<http://bit.ly/HrHICR>



#### Invitation to Submit Abstracts

REQUIREMENTS: Research topic must have a cultural aspect / theme and address the objectives of the conference which are:

- Assess the potential challenges healthcare practitioners and researchers face when working with diverse populations
- Identify the strengths and limitations of existing tools and measures that assess cultural competency / humility; and
- Develop opportunities to collaborate with researchers and / or practitioners across disciplines who share an interest in cross-cultural healthcare.

Oral presentations will be limited to 30 minutes; 10 minutes for student presentations. Submit abstract of no longer than 250 words; Include: your name; job / position title, (for students, identify level or program year, e.g., master's, doctoral, MS-1, PGY-1); name of your organization, (for students, include major, specialty, e.g., psychology, public health, surgery); presentation title; e-mail address and contact phone number. All those selected will be required to register for the conference at the appropriate rate (professional or student).

Deadline for Submissions: June 30, 2012

Notification of Selection by: August 31, 2012

Send abstract (Word or PDF file) to [mariachu@hawaii.edu](mailto:mariachu@hawaii.edu)

#### Call for Video Entries - Doctors for Global Health

Doctors for Global Health 2012 Video Contest: "Challenging Scarcity: Health Justice for all"

Deadline: July 10, 2012

Doctors for Global Health (DGH) is conducting its first ever video contest: "Challenging Scarcity: Health Justice for all." We are inviting individuals and/or groups to submit an original and creative video exploring their vision of scarcity today in support and in celebration of health justice. At DGH, we defend that health begins where we live, work, and play, and therefore that "Health Justice" can be defined in the widest sense, recognizing that there are numerous socio-economic factors (social determinants of health) responsible for health inequities across the globe. Pick up your camera and join the health justice challenge now! Video submissions can be in any style or genre of video, including, but not limited to, narrative, experimental, film art/video art, documentary, music, and animation. The winning videos will be shown at the Doctors for Global Health 17th General Assembly in Boston on August 11th, and all entries will be posted online at [dghonline.org](http://dghonline.org) and on our facebook page. Criteria for evaluation: Entries will be evaluated on the basis of creativity; how well they express and connect to the values and theme of "Challenging Scarcity: Health Justice for all"; and finally, the production value and artistic merit of the videos themselves. Rules for Participation -- Duration: Videos should be no longer than 5 minutes. Videos can be produced by teams, but should be made up of no more than 4 people. Submitting a video includes a release for DGH to use that video in outreach materials, our website, etc.

Prizes! First prize: Free participation in this year's DGH general assembly in Boston, coming August. Opportunity to participate in a documentary of Doctors for Global Health work on the field.

Other prizes include a selection of fair-trade handicrafts and relevant literature on global health. All entries will be posted online at [dghonline.org](http://dghonline.org) and on our facebook page. In this sense, all submissions are winners! A selection of the entries that best follow the evaluation criteria will be featured at the Doctors for Global Health 17th General Assembly in Boston on August 11th. How to submit your video?

Submit your video by providing its URL in the entry form by July 10, 2012 (for example by posting to YouTube and sending us the link!) Entries are judged by a panel of expert professionals selected by Doctors for Global Health. Entry Deadlines: All entries should be submitted by July 10, 2012. For any further questions, feel free to contact

[dghinquiries@gmail.com](mailto:dghinquiries@gmail.com). Terms and Conditions: Participation constitutes entrant's full and unconditional agreement to and acceptance of these rules. The contest commences at 12 a.m. Eastern Time on April 8th, 2012, and ends at 11:59 p.m. Eastern Time on July 10th, 2012. The contest is sponsored by Doctors for Global Health, PO Box 1761, Decatur, GA 30031, USA. Eligibility: All submissions must be completely original and 5 minutes or less to qualify. Applicants are allowed to submit up to three entries. Entry is open to all persons, especially students. DGH board members are not eligible to participate. Winners: A jury panel organized by Doctors for Global Health will select three

finalists from all qualifying contest submissions by July 25th, 2012. Finalists will be notified by July 26th by e-mail or by telephone if finalist does not have an e-mail address. After this, the contest will continue on our facebook page, where the video with most likes will receive the first prize (facebook voting period from July 26th until 11:59pm Eastern Time on August 3rd 2012. All decisions by Doctors for Global Health in regard to this contest are final. Submitting an entry constitutes permission for Doctors for Global Health to screen your video and use for publicity/outreach purposes.

**Prizes:** Finalists will receive a selection of fair-trade handicrafts and relevant literature on global health. One "facebook favorite" winner will also receive registration paid for you to the Boston GA, and the opportunity to participate in a documentary of Doctors for Global Health work on the field. The finalists will also receive the opportunity and screening of video during the DGH General Assembly on August 11th, 2012. **Conduct:** By participating, you agree to be bound by these rules. Decisions by the judges are final and binding in all respects. Doctors for Global Health reserves the right at its discretion to disqualify any individual it finds to be tampering with the entry process, either in person or by electronic submission; to be acting in violation of the Official Rules; or to be acting in a disruptive manner, or with intent to annoy, abuse, threaten, or harass any other person.

Call for Papers and Products -- CES4Health.info, the journal Progress in Community Health Partnerships (PCHP), CES4Health.info & Albert Einstein College of Medicine

"Maximizing Community Contributions, Benefits, and Outcomes in Clinical & Translational Research." Deadline: August 6, 2012

For details, visit <http://bit.ly/z71SfP>.

Call for Submissions, Comments and Subscription Requests - Association of American Medical Colleges and Patient-Centered Outcomes Research Institute

The Association of American Medical Colleges (AAMC) is committed to working with medical schools, teaching hospitals, researchers, clinicians, the new Patient-Centered Outcomes Research Institute (PCORI), as well as NIH, AHRQ and other federal agencies, to facilitate real advances in patient-and population-centered outcomes research. To help inform the community on activities and initiatives in this exciting field, they have started a new e-newsletter that will be issued monthly, or whenever developments warrant. They welcome submissions, comments and subscription requests, which should be directed to [PCORI@AAMC.ORG](mailto:PCORI@AAMC.ORG).

Call for Reviewers - **Journal of Behavioral Health Services & Research**

The *Journal of Behavioral Health Services & Research* (JBHS&R) is seeking manuscript reviewers with expertise in all areas of alcohol, drug abuse, and mental health, as well as the following areas:

- Implementation Science: Translation issues in prevention, treatment, & behavioral health services research
- Co-Occurring Disorders
- Health Disparities in Behavioral Health Services
- Consumer-Focused Services
- Community-Based Participatory Research
- Evidence-Based Practice in Behavioral Health Services
- Mental Health Services Delivery in Non-Traditional Settings
- Informatics in Behavioral Health Services
- Integrating Mental Health Services With Primary Care
- Quality Improvement Initiatives within State, Community, and/or Institutional Settings (i.e., evaluation of projects that attempt to improve care)

If you would like to be a reviewer, please visit

<http://jbhsr.fmhi.usf.edu/reviewerguidelines.html> to submit your top five areas of expertise or send to [jbhsr@fmhi.usf.edu](mailto:jbhsr@fmhi.usf.edu). For additional questions, please contact Bruce Lubotsky Levin, DrPH, MPH, JBHS&R Editor-in-Chief, at [levin@usf.edu](mailto:levin@usf.edu).

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CAREER DEVELOPMENT



Arizona State University, Southwest Interdisciplinary Research Center  
Post-Doctoral Fellowship in Culturally-Grounded Health Disparities  
Research

Applications are invited for a post-doctoral fellowship beginning Fall, 2012, with the Southwest Interdisciplinary Research Center (SIRC). Depending on performance, the fellowship may be had for up to 2 years. The goal of the fellowship is to enhance the research skills of the next generation of health disparities scholars. SIRC an exploratory center of excellence in minority health and health disparities research funded in part by the National Institute on Minority Health and Health Disparities (NIMHD) of the National Institutes of Health (NIH). SIRC is a vibrant research center with a well-established research infrastructure and a highly productive set of nationally and internationally known investigators who conduct multi-disciplinary, community-based research on health disparities among populations of the Southwest in the areas of substance use, HIV/AIDS, mental health and obesity. It focuses on culturally-grounded prevention research and culturally responsive and resiliency-focused treatment and services research to better understand how drug use, HIV/AIDS, mental health, and obesity are related to ethnic, gender, developmental, geographic, acculturation and other social identity variables. SIRC includes experts from nine ASU disciplines, other U.S. universities and over 20 local community and global research partners.

Minimum Qualifications: All candidates must have an earned doctorate within the past five years in social work, sociology, psychology, public health, nursing or a related field; a strong interest in and commitment to pursuing health disparities research focused on substance use, HIV/AIDS mental health, and/or obesity; an interest in intervention research, a publication record commensurate with stage of career development, and a research agenda that has the potential for external funding.

Desirable characteristics: Familiarity with ethnic cultures of the Southwest, an interest in theory and research methods development related to health disparities research, experience conducting health disparities research, bilingual in English and Spanish or English and an American Indian language.

Training Opportunities: Ample opportunities exist for training in culturally competent intervention research, cultural adaptation, advanced research and statistical methods, collaboration with community agencies, publishing and presenting research findings, and research proposal development. The fellow will utilize an existing longitudinal dataset with information on youth substance use, acculturation, cultural identity, parenting, and related variables. The dataset includes 873 youth and 468 Mexican American parents who were surveyed three times. The fellow will be assigned substantive and methodological mentors. The fellow will be also exposed to other center-based research activities based on interest and need.

Salary is commensurate with qualifications. Applications will be reviewed beginning July 1st, 2012. Candidates must submit a letter of interest, CV, names and addresses of three professional references, a statement of research agenda, and two samples of written/published material to:

Ms. Gwen Johnson,  
Business Operations Manager  
Southwest Interdisciplinary Research Center (SIRC)  
School of Social Work - College of Public Programs  
411 N. Central Avenue, Suite 720, MC 4320, Phoenix, AZ 85004-0693  
602-496-0700 - 602-496-0956 fax  
www.sirc.asu.edu

***Excelencia*** in Education, Washington, DC  
Program Director

*Excelencia* in Education seeks to fill the new position of Program Director to accelerate Latino

student success in higher education. The Program Director will be responsible for managing, a

new, national multi-site initiative while coordinating other campus focused projects as part of

*Excelencia's* senior team. The Program Director will serve as the primary liaison for site directors, initiative management partners and *Excelencia's* senior team. Establishing standards of operation, meeting *Excelencia* milestones and supporting sites will be the key focus of activities. Travel will comprise approximately 40% of the work.

#### Program Director Qualifications

- \* Ambitious self-starter with a collaborative professional style. He or she will have exceptional interpersonal skills and dedication to mission.
- \* Outstanding organizational skills will be necessary including superior communications, planning, and performance management
- \* Knowledge of current issues in higher education and Latino student success.
- \* Politically astute, able to work with diverse and sometimes competing interests of senior executives, community leaders and funders across the country.
- \* Minimum of an earned undergraduate degree plus 5 years of professional experience, with advanced education and training in relevant fields highly encouraged.

*If this is your background and you share a passion for accelerating Latino student success in higher education, we want to speak with you.*

Compensation/ Benefits: *Excelencia* in Education offers a highly competitive compensation plan commensurate with the qualifications and experience of the individual selected. This senior level position will be provided with generous and comprehensive benefits including health insurance, and self-directed retirement plan.

How to Apply: Individuals representative of our diverse nation are encouraged to explore this opportunity. For consideration, please e-mail your cover letter, resume, three references and 1-5 page writing sample (preferably MS Word attachments) along with salary history as soon as possible to:

Giovanni Hernandez, [gghernandez@keepersonline.net](mailto:gghernandez@keepersonline.net).

*Excelencia* in Education's mission is to accelerate higher education success for Latino students

by linking research, policy and practice. A national not-for-profit organization in Washington,

D.C., *Excelencia* is building a network of results-oriented educators, professionals and policymakers, to address the U.S. economy's need for a highly educated workforce.

To learn more visit: [www.EdExcelencia.org](http://www.EdExcelencia.org)

#### Health Leads

Project Director, New York

Health Leads is seeking a talented and experienced manager to develop and oversee the New York Program Team. This role will supervise, support, recruit and develop a dynamic team of direct service staff, currently three full-time Program Managers who in turn oversee 170 undergraduate volunteers, with significant growth expected in next few years. A confident and practiced manager will be pivotal in creating the team culture necessary to connect families to resources in the community. The Program Director will also collaborate with the Executive Director to set program targets and strategy as well as develop and implement standard programmatic practices, trainings and policies with the national program staff. Health Leads is projected to work with 7,500 families by the end of the year, with 1,174 of those clients coming from our New York programs and the Program Director will play critical role in reaching these ambitious goals during this period of rapid growth. This is a full-time position located in New York City and reports directly to the New York Executive Director. For more details, or to apply, please visit our careers page (<https://careers-healthleads.icims.com/jobs/>)!

Hannah Nichols, Talent Manager

Health Leads National

Phone - 617-861-8249

Fax - 888-745-4992

Healthy CUNY

Seeks a postdoctoral research fellow

Deadline: May 11, 2012

Healthy CUNY, a comprehensive initiative designed to improve the health and reduce health inequalities among City University of New York students, faculty and staff seeks a postdoctoral research fellow for the 2012-13 academic year. The fellow will be responsible for preparing a profile of existing information on the health of CUNY students and campus-based health and wellness services, preparing articles and reports for publication, assisting in evaluation of existing Healthy CUNY programs and policies, and helping to prepare funding proposals. Healthy CUNY is sponsored by the CUNY School of Public Health at Hunter College and the CUNY Chancellor's Office. CUNY enrolls 260,000 degree students and 230,000 non-degree students and employs about 40,000 faculty and staff on its 23 campuses throughout New York City. Healthy CUNY seeks to develop new models for promoting the well-being of diverse urban college

students and engaging college students in promoting health equity on their campuses and in their communities and workplaces. Its current programmatic and policy activities focus on tobacco, food and physical activity, mental health and the reduction of health-related barriers to academic achievement. Qualifications included completion of a doctoral degree in public health, health education, psychology or a related field by July 1, 2012; strong research and writing skills; and at least three years professional experience working with diverse urban young adults in health or educational programs. Salary \$50-55,000 commensurate with experience for one year with some options for extension. Please send curriculum vitae, letter of interest, and names and contact information of three references to Patti Lamberson, Healthy CUNY Coordinator at [plambers@hunter.cuny.edu](mailto:plambers@hunter.cuny.edu) by May 11, 2012. Expected start date July to September 2012.

Memorial Sloan-Kettering Cancer Center, Center for Immigrant Health and Cancer Disparities

Faculty Position in Immigrant Health and Cancer Disparities

Memorial Sloan-Kettering Cancer Center is seeking a faculty member to be a part of a growing team of health economists and health services researchers across the MSKCC academic campus. The Immigrant Health and Cancer Disparities Service at Memorial Sloan-Kettering Cancer Center works to identify the causes of health and cancer disparities among underserved populations and to develop solutions to alleviate them. We use a multidisciplinary, community-engaged approach to understand and address disparities at the local, national, and global levels. We conduct research, provide services to people in need, and train others to recognize and address these issues. We are also working to develop a research infrastructure that enables and encourages the equitable participation of the underserved in clinical trials and other research activities. Candidates at the Assistant and Associate levels will be considered based on the credentials and experience of the successful candidate. The prospective faculty member will have an interest in the area of comparative effectiveness of health disparities interventions. A background and record of publication in comparative effectiveness, health disparities, or a related area, is highly desirable. Applicants can be specialists in any number of disciplines ranging from health services research to health economics, with an MD or PhD degree. Joint appointments with other departments can be structured based on the candidate's needs and interests. For physicians wishing to continue patient care, joint appointments with clinical departments are possible. Prior research in cancer is not required. Memorial Sloan-Kettering Cancer Center is a large academic medical center on the Upper East Side of Manhattan at the nexus of several large research institutions including Weill Cornell Medical College, Rockefeller University and the New York Presbyterian Hospital network. MSKCC is an equal opportunity employer with excellent compensation and benefits packages. Please send electronic versions of a cover letter, a statement of current and future research interests, a Curriculum Vitae, one or two relevant publications, and the names and contact information of three individuals who can serve as references. To inquire or apply, please contact the office of:

Dr. Lisa Diamond

Center for Immigrant Health and Cancer Disparities Memorial Sloan-Kettering Cancer Center

300 East 66rd Street- 15th floor

New York, NY 10065

[Diamondl@mskcc.org](mailto:Diamondl@mskcc.org)

National Center for Health Statistics

Chief, Statistical Research and Survey Design Staff

Deadline: May16, 2012

The Centers for Disease Control and Prevention's (CDC) National Center for Health Statistics (NCHS) is part of the Department of Health and Human Services (HHS) and is the principal health statistics agency in the United States. Its mission is to provide statistical information to guide actions and policies to improve the health of the American people. NCHS is a unique public resource for health information and a critical element of public health and health policy. NCHS is seeking exceptional candidates for the Chief of the Statistical Research and Survey Design Staff (SRSDS) in its Office of Research and Methodology (ORM). SRSDS, which contains the largest group of research statisticians in NCHS, conducts statistical research relevant to NCHS and elsewhere and provides

technical assistance primarily to the various programs within NCHS but also outside of NCHS. Recent areas of work by SRSDS include the redesign of NCHS surveys, methods for modeling and analyzing survey data, small-area estimation, combining information from multiple data sources, quality control, statistical disclosure limitation and protection of confidentiality, handling missing data, and statistical computing. ORM has two staffs in addition to SRSDS: the Questionnaire Design and Research Laboratory, which conducts research and technical assistance in the areas of questionnaire design and testing; and the Research Data Center, which provides researchers with secure access to NCHS' restricted-access data as well as technical assistance, while protecting the confidentiality of the respondents and records. Collaboration between staffs within ORM is encouraged.

Position overview

- Lead a program of statistical research, particularly relevant to NCHS, but also to CDC, HHS, and/or the Federal statistical system.
- Lead a program of technical assistance and collaboration, particularly for other programs within NCHS, but also for programs outside of NCHS.
- Conduct individual research, technical assistance, and collaboration. Present and publish results of such work.
- Establish and maintain collaborative partnerships with outside researchers and professional associations.
- Supervise a staff of roughly 10-20 statisticians.
- Together with other leaders within ORM, participate in considering issues and developing programs relevant to ORM and NCHS as a whole.

Recruitment for this position is being conducted via three separate mechanisms. Those interested are invited to apply under the mechanism(s) for which they are eligible.

Title 5, General Schedule, Public Jobs: Open to all U.S. Citizens,

<http://www.usajobs.gov/GetJob/ViewDetails/313037100>

Title 5, General Schedule, Status Candidates: Open to U.S. Citizens who are current or former federal employees, <http://www.usajobs.gov/GetJob/ViewDetails/313039800>

Title 42(g): Open to all U.S. Citizens or legal permanent residents with work authorizations, [http://www.cdc.gov/nchs/about/chief\\_srsds.htm](http://www.cdc.gov/nchs/about/chief_srsds.htm)

For further information, contact Peter Meyer, Assistant Director of ORM, at [pmeyer1@cdc.gov](mailto:pmeyer1@cdc.gov) or (301) 458-4375.

Oregon Health Authority-Public Health, Portland, Oregon  
Principal Executive/Manager F (Chronic Disease Prevention Section Manager)

Job Code: OHA12-0110

Salary: \$5,756.00 - \$8,490.00 Monthly; \$69,072.00 - \$101,880.00 Annually

Job Type: Permanent

OHA12-0110

\*This is an open recruitment until further notice and the hiring manager may choose to close it at any time. The first review of applications will occur on March 26, 2012 and applications will continue to be reviewed every two weeks until the recruitment is closed. If interested, apply now. The Oregon Health Authority (OHA) is a state agency dedicated to helping people and communities achieve optimum physical, mental and social well-being through partnerships, prevention and access to quality, affordable health care. We are absolutely committed to ongoing innovation in the delivery of services, and to recruiting, developing and retaining dedicated employees. This employment opportunity is with the Public Health Division (PHD)/Health Promotion and Chronic Disease Prevention (HPCDP), which is part of the Oregon Health Authority (OHA). There is one permanent, full-time position located in Portland (800 NE Oregon Street). This position is management service and is not represented by a union. This recruitment announcement will be used to establish a list of qualified candidates to fill the current vacancy and may be used to fill future vacancies as they occur. Please be aware that due to the economic downturn and subsequent state budget short-fall these positions will be required to take furloughs in the biennium 2011-2013.

Duties & Responsibilities: -Leadership and strategic direction

-Direct all HPCDP staff in program planning, implementation, and evaluation activities, coalition and advisory group work, training and technical assistance, awarding of grant funding, monitoring of grantees and contractors, and other program activities done in conjunction with community groups, institutions, and agencies. Supervise HPCDP

management staff providing guidance and consultation on program priorities, policy development, budget, and personnel issues.

- Determine the priorities and focus of program activities, the mix of programs' resources to be allocated to populations at risk, and the state, regional, and local agencies responsible for outreach and services to those populations. Negotiate contracts and funding formulas for local health departments and other community-based organizations to carry out program activities at the state and local level.

- Establish and direct implementation of program priorities, guide the acquisition of resources to facilitate those priorities, including preparing funding proposals, and ensure that program activities efficiently implement those priorities. Direct preparation and maintenance of the programs' biennial budgets by determining priorities and advocating to higher officials for additional resources, when needed.

- State-wide policy and program development

- Lead coordination of state-wide interagency, multi-disciplinary task forces and work groups on public health initiatives related to health promotion and chronic disease prevention for the purposes of policy, rule, program, or special report development. Develop recommendations for agency heads and legislators regarding policies and programs to effectively reduce the burden of chronic diseases in the state.

- Provide consultation, along with accurate and timely information, for agency administrators and staff, health care providers, legislators, the press, and the public on public health issues related to health promotion and prevention of chronic diseases. Assure scientific content is current for all programs and scientific/technical sections of all program documents and materials.

- Agency representation

- Represent the agency in regional and national activities and on task forces related to chronic disease prevention programs and public policy development.

- Organizational development and staffing

- Recruit, interview, and select new staff directly or approve/disapprove recommendations from program managers; hear and resolve employee grievances, and determine need for and initiate disciplinary action to ensure adequate and competent staffing of section.

- Other duties as assigned.

WORKING CONDITIONS: Travel (both in-state and out-of-state) to attend meetings, conferences, and make presentations. Use of microcomputers/video display terminals, short time lines on many projects, attendance at evening meetings. You must have a valid driver's license with an acceptable driving record. If not, you must be able to provide an alternate method of transportation.

Qualifications & Desired Attributes:

MINIMUM QUALIFICATIONS -- Your application materials, including your answers to the 'Supplemental Questions' will be reviewed to determine if you meet the minimum qualifications and how you meet the desired attributes for the position to which you have applied. Your answers to the supplemental questions must be reflected in the work experience section of your application. Four years of management experience in a public or private organization which included responsibility for ALL of the following: a) development of program rules and policies, b) development of long- and short-range goals and plans, c) program evaluation, and d) budget preparation.

OR

Three years of management experience in a public or private organization which included responsibility for ALL of the following: a) development of program rules and policies, b) development of long- and short-range goals and plans, c) program evaluation, and d) budget preparation; AND 45-48 quarter hours (30-32 semester hours) of graduate level coursework in management. In the "Work Experience" section on your application, you must clearly describe your experience in each of the a), b), c), d) areas listed. Failure to provide this information may result in eliminating your application from further consideration.

DESIRED ATTRIBUTES -- PHD, MD, DrPH, or DSc in a health-related science, or demonstrated knowledge of chronic disease public health and prevention-related programs by being a Principal Investigator on a successful, federally funded chronic disease grant. Public health leadership and management experience. Experience developing and implementing policy, systems and environmental change related to tobacco use and other chronic conditions at the national, state and/or local level. A clear understanding of the role of public health and its intersection with the health care delivery system in the context of ongoing health systems transformation efforts in Oregon. Experience developing and implementing effective partnership strategies for



achieving policy, systems and environmental change. Qualified applicants whose background most closely matches the minimum qualifications and desired attributes will be invited for an interview.

Additional Information:

ATTACH THE FOLLOWING TO YOUR E-RECRUIT APPLICATION -- A resume or curriculum vitae (as a separate document) that clearly describes your experience, skills and/or knowledge related to the requirements of the position and demonstrates that you meet the minimum qualifications as listed above. And, a cover letter (as a separate document, not to exceed three pages) that clearly addresses the desired attributes listed below. If you do not respond to each of the desired attributes, you may not be offered an interview. Qualified applicants whose background most closely matches the desired attributes will be invited to interview. Please save your cover letter as Cover Letter OHA12-0110.

1. Describe your public health leadership and management experience.
2. Describe how your work has contributed to policy, systems and environmental change related to tobacco use and other chronic conditions at the national, state and/or local level. What changes did you seek to implement, how did you work to achieve the desired outcomes and what were the results?
3. Describe your perspective on the role of public health and its intersection with the health care delivery system in the context of ongoing health systems transformation efforts in Oregon.
4. Describe what you consider the most effective partnership strategies for achieving policy, systems and environmental change. Give specific examples of your experience developing and working through these types of partnerships to achieve your desired goals.

If you need assistance to participate in the application process, you are encouraged to call 503-945-5698 (voice) or 503-945-6214 (TTY) between 8:00 a.m. and 5:00 p.m. (Pacific Time) Monday through Friday. If you are offered employment, the offer will be contingent upon the outcome of an abuse check, criminal records check and driving records check, and the information shall be shared with the OHA, Office of Human Resources (OHR). Any criminal or founded abuse history will be reviewed and could result in the withdrawal of the offer or termination of employment. OHA will communicate with all applicants by e-mail. To apply, follow the "Apply" link above and complete the Oregon employment application online. All application materials must be received by the closing date and time posted on the announcement. A resume (text or attachment) will not replace the work experience section of the application. For help with applying online, please contact 1-877-204-4442.

**IMPORTANT NOTICE - Email Addresses Required.** The state of Oregon requires all applications have a valid email address. If you do not currently have an email address and do not know where to go to get one please refer to our Applicant E-Recruit FAQ's web page. Click on the link below to go directly to question #14 to view several internet providers where you can get a free e-mail account. The state of Oregon does not endorse any particular provider. Applicant E-Recruit FAQ's: If you need assistance with adding attachments to your profile or to a specific job posting please go to Adding and Removing Attachments to a Profile and Job Posting for further instructions. This quick help guide can also be found on the State Jobs Page by clicking in the Applicant E-Recruit FAQ's then click on Applicant Profile Maintenance.

University of Washington, Seattle, School of Social Work  
Quantitative Methodologist/Statistician, Partners for Our Children  
Seeking a Quantitative Methodologist/Statistician to Join Partners for Our Children, School of Social Work, University of Washington, Seattle. We are seeking a skilled, experienced, and creative quantitative methodologist/statistician to participate as a member of a multidisciplinary Research Team focused on issues relevant to the child welfare system in the state of Washington and the well-being of vulnerable children and their families. Within the context of the team, the successful candidate will conduct and document a wide variety of statistical analyses, from simple descriptives to multivariate multilevel modeling. In a typical month, this might include the use of multiple regression, exploratory factor analysis, survival analysis, logistic regression, structural equation modeling, and longitudinal

growth modeling techniques. The preferred candidate will have a doctoral degree in statistics, biostatistics, epidemiology, social work, psychology, sociology, public health, prevention science and/or related field, and extensive and relevant experience carrying



out data analyses of increasing complexity in social science, behavioral or public health research. A high degree of knowledge about longitudinal research methods, evaluation research, and statistical analyses is a must, as is experience and knowledge about working with data generated through a variety of research designs, including randomized controlled and quasi experimental trials. Experience solving applied problems related to non-normally distributed data, multilevel data, missing data, and other advanced data issues is a necessity. Partners for Our Children (POC), is a research, practice, and policy center that was formed and is maintained through an ongoing collaboration of the Washington State Department of Social and Health Services, the University of Washington School of Social Work, and private sector funding. We exist to share our findings, exchange ideas and provide a neutral space where every member of the child welfare community can speak freely and frankly about critical issues affecting children. We work with a range of public and private entities to improve the wellbeing of the children in our state. For more information, see <http://www.partnersforourchildren.org/who/employment> or contact J. Mark Eddy, Ph.D., Director of Research, [jmarke@uw.edu](mailto:jmarke@uw.edu). The UW Requisition number is 83075, and the position is open until filled.

Vanderbilt University, The Institute for Medicine and Public Health, Vanderbilt Epidemiology Center, Nashville, TN  
Tenure-track or Tenured Faculty Positions in Epidemiology  
Applications are being accepted for multiple faculty positions at the rank of Assistant, Associate, or Full Professor at Vanderbilt Epidemiology Center ([www.mc.vanderbilt.edu/epidemiology](http://www.mc.vanderbilt.edu/epidemiology)), Institute of Medicine and Public Health. Currently, more than 50 epidemiologists at Vanderbilt are conducting multiple clinical and population-based studies, including three large cohort studies in the U.S. and abroad with survey data and biological samples from approximately 225,000 study participants. Areas of ongoing research include diet and nutrition, environmental exposures, genetic and other biomarkers for disease risk and progression, health behaviors, reproductive epidemiology, and racial disparities in health outcomes. The center is particularly interested in expanding its research and training programs in epidemiology of cardiovascular diseases and diabetes. Candidates should have a doctorate in epidemiology or a related field with additional training or experience in epidemiologic research. Successful candidates are expected to develop and sustain an independent research program in chronic disease epidemiology. Exciting opportunities exist to work on cohort consortium projects and collaborate with existing faculty on multiple ongoing research projects in epidemiology.  
To apply, email a cover letter - including a brief summary of research experience and interests - and curriculum vitae to [mary.j.daly@vanderbilt.edu](mailto:mary.j.daly@vanderbilt.edu). The cover letter salutation line should be directed to: Dr. Wei Zheng, c/o Mary Jo Daly, 2525 West End Ave., 8<sup>th</sup> floor, Vanderbilt University Medical Center, Nashville TN 37203-1738.

Wake Forest, Winston-Salem, North Carolina  
Post-doctoral Position

**Job Description:** The primary purpose of this 2-year post-doctoral/Research Fellow position will allow the Research Fellow to participate in the ongoing community-based participatory research (CBPR) activities currently being implemented with Dr. Rhodes as PI. This position will focus on 4 overarching areas: CBPR, intervention research, and quantitative and qualitative research by contributing to the projects currently underway and future funded grants.

**Research and Project Activities-**The Research Fellow will be responsible for writing behavioral, scientific manuscripts for peer review, as a lead author and as a coauthor on several manuscripts related to Latino health, CBPR, HIV, lay health advisors, and relevant topics based on data from ongoing CBPR projects. As part of the preparation for these manuscripts the Research Fellow will be conducting quantitative and qualitative analyses independently and in conjunction with study team leadership, particularly Dr. Rhodes. The Research Fellow also will work with project staff and community partners to design future studies.

**CBPR-**The Research Fellow will be an integral member of our CBPR partnership. Research Fellow will attend and take an active role all CBPR partnership meetings that this partnership is currently conducting. These biweekly meetings include members of the CBPR partnership who serve on various study-related teams. Because the Research Fellow's work will overlap teams, the Research Fellow will have a permanent place on

the agenda to work with partnership members on the various tasks of his postdoctoral training, and he or she will schedule supplemental meetings as needed. In addition to participating in the research activities, the Research Fellow may participate in supplemental training activities, including:

- Complete CITI certification for human subjects research;
- Complete Undoing Racism Training sponsored by The Partnership Project in Greensboro, NC;
- Audit Research Grant Preparation course sponsored by Wake Forest Clinical and Population Translational Science Graduate Program (CPTS) 741;
- Participate in NIHMD Translational Health Disparities Course;
- Apply to Participate in OBSSR: Training in Randomized Clinical Trials; and
- Identify and attend beneficial symposiums and workshops offered at Wake Forest and other local universities.

Travel-The Research Fellow will have some conference and meeting travel.

To apply provide cover letter and CV to: Scott D. Rhodes, Ph.D.; e-mail:

[srhodes@wakehealth.edu](mailto:srhodes@wakehealth.edu). Also requires application through Wake Forest Human Resources (job opening ID 15655). Questions: 336-713-5080.

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## CONFERENCES AND EVENTS

Black Caucus of Public Health Workers (BCHW) and Society for the Analysis of African American Public Health Issues (SAAPHI)  
2012 BCHW/SAAPHI Pre-conference Meeting at the American Public Health Association Annual Meeting

Meeting Theme: Health Disparities Across the Lifespan: Addressing Gender-Specific Health Inequities Among the African Diaspora  
San Francisco, CA

October 27, 2012 (8:00 a.m.-5:30 p.m.)

The Black Caucus of Public Health Workers (BCHW) and the Society for the Analysis of African American Public Health Issues (SAAPHI) would like to cordially invite you to participate in the 2012 BCHW/SAAPHI pre-conference meeting. BCHW and SAAPHI, affiliates of the American Public Health Association (APHA), are national public health organizations comprising researchers, physicians and health advocates dedicated to improving the overall health of African Americans. Both organizations promote and utilize scientific research to inform scientific knowledge, program development and policy decisions. The theme of the 2012 meeting is: "Health Disparities Across the Lifespan: Addressing Gender-Specific Health Inequities Among the African Diaspora", which will take place on October

27, 2012 from 8:00 to 5:30pm in San Francisco, CA in collaboration with APHA's annual meeting. Research on the health disparities that affect African-American men and women will be presented along with theories and frameworks that view people of Color in the context of their social environment in which social behavior, cultural, historical, political, and economic forces influence health and disease. Registration for the conference will open June 1, 2012.

Breast Cancer Action

Free Webinar on Inequities in Breast Cancer: What's Race Got to Do With It?

May 15, 2012 (2:00 p.m. PST) or May 16, 2012 (11:00 a.m. PST)

Why are white women more likely to develop breast cancer, yet African American, Latina and Samoan women are more likely to die from the disease? Why do women of color tend to develop more aggressive breast cancers at earlier ages than white women? Why are we seeing the sharpest rise in breast cancer rates in Japanese women in Los Angeles? Race and ethnicity play a huge role in the answers to these questions because so often where we live, work and play is tightly bound to our racial make-up. Please join us for this important

[http://org2.democracynaction.org/dia/track.jsp?](http://org2.democracynaction.org/dia/track.jsp?v=2&c=ti0Re2k2ZSMXhZ8LFcnyOkQkPAGCOZFs)

[v=2&c=ti0Re2k2ZSMXhZ8LFcnyOkQkPAGCOZFs](http://org2.democracynaction.org/dia/track.jsp?v=2&c=ti0Re2k2ZSMXhZ8LFcnyOkQkPAGCOZFs)) free webinar: Inequities in Breast

Cancer: What's Race Got to Do With It?, where we will examine the racial and socio-economic factors that influence the health of individuals and communities. Inequities in breast cancer risk and outcomes vary among different racial and ethnic communities and are well documented. In our efforts to address and end this disease, health activists, practitioners, and legislators must focus on the social and economic context in which the disease arises. As a society, we can affect and potentially avoid these unjust inequities in breast cancer.

Join us on Tuesday, May 15 at 2pm PST/5pm EST

(<http://org2.democracynaction.org/dia/track.jsp?v=2&c=yEENOYF%2Bjhtx43%2FOsYLfdEQkPAGCOZFs>)

or Wednesday, May 16 at 11am PST/2pm EST

(<http://org2.democracynaction.org/dia/track.jsp?v=2&c=%2Br15BKilLzcQWNiPelc9kkQkPAGCOZFs>)

for this free one-hour webinar to learn about what you can do to help achieve health equity - the highest level of health - for everyone!

Register for Tuesday, May 15th at 2pm PST/5pm EST,

<http://org2.democracynaction.org/dia/track.jsp?v=2&c=NP%2BESrihz4SbbibJXLUBRUQkPAGCOZFs>

Register for Wednesday, May 16th at 11am PST/2pm EST,

<http://org2.democracynaction.org/dia/track.jsp?v=2&c=OYbr%2F%2F3f%2FuyIhhNpiEfkM0QkPAGCOZFs>

For your convenience, we are offering the webinar at two different times. Click on the links above to register for the time and day that works for you.

Center for Research & Education on Gender and Sexuality

2012 Summer Institute: Race, Sex, and Equity Deadline: May 15, 2012

The 11th annual Summer Institute will explore the concepts of race, sex, and equity through critical analysis of race, gender, sexuality, age, and disability. This year's program will feature preeminent sexuality research scholars, sexual rights advocates, and program implementers whose research and advocacy work challenges conventional paradigms around sexuality and racial equity. And visit our facebook page <https://www.facebook.com/events/284775651590369/>

Columbia University

Epidemiology and Population Health Summer Institute

New York City

June 4-29, 2012 (Courses are one week long)

Deadline: May 15, 2012

For those interested in methodological and substantive short courses related to population health and social determinants of health, including courses on multilevel modeling, lifecourse epidemiology, ethics, social epidemiology, place and health, and others, the Epidemiology and Population Health Summer Institute at Columbia (EPIC) is extending registration for June 2012 courses until May 15. Follow this link to learn more and register: <https://www.cuepisummer.org/>. EPIC invites investigators and scholars from the health and social sciences, public health practitioners, clinicians, and industry professionals interested in population health to register for one or more of our focused courses. \*Courses are one week long and all are offered in New York City.\*

Intercultural Cancer Council

The 12<sup>th</sup> Biennial Symposium on Minorities, the Medically Underserved & Health Equity

Hilton Americas Houston

Houston, TX

June 27-July 1, 2012

Considered the "grand-dad" of all health disparities meetings, the 25th Anniversary of the Biennial Symposium on Minorities, the Medically Underserved & Health Equity

<<http://iccnetwork.us1.list-manage.com/track/click?u=daadd9a6b4036ef872a8d6bbd&id=ecce732167&e=927560e2fa>>

will again bring together thought leaders from a wide range of professions as well as community leaders from all walks of life to not only discuss the problems generated by health disparities, but to walk away with practical solutions to addressing the problems. The Biennial also features the 10th Annual Disparities in Health in America: Working Towards Social Justice Summer Workshop <<http://iccnetwork.us1.list-manage.com/track/click?u=daadd9a6b4036ef872a8d6bbd&id=123eb481c6&e=927560e2fa>>

, a special training program for undergraduate & graduate students to earn academic credit. This session starts before the Symposium on June 26. The Biennial Symposium is a great opportunity

for you to share your work and expertise in health disparities at the national and international level. We are pleased to offer financial assistance for students and trainees to attend. More information about the Biennial and the Summer Workshop can be found online at <http://iccnetwork.us1.list-manage2.com/track/click?u=daadd9a6b4036ef872a8d6bbd&id=053bf7d221&e=927560e2fa>.

National Center for Health Statistics  
2012 National Conference on Health Statistics  
Renaissance Washington DC Downtown Hotel,  
999 Ninth Street NW, Washington, DC 20001  
August 6-8, 2012

To register or learn about the conference, please visit:  
<http://wwwdev.cdc.gov/nchs/events/2012nchs/index.htm>.

Joint Center for Political and Economic Studies Health Policy Institute  
Place Matters: Models of Action, Innovation & Collaboration  
National Health Equity Conference  
Renaissance Hotel  
999 Ninth Street, NW  
Washington, DC  
September 5, 2012  
For more information, please contact [HPI@jointcenter.org](mailto:HPI@jointcenter.org).

UCL Department of Epidemiology and Public Health, International  
Institute for Society and Health  
Health and Society Summer School: Social Determinants of Health  
London, UK  
July 9-13, 2012

*Applications are now open for the five-day Health and Society Summer School: Social Determinants of Health* <http://bit.ly/HISdG>

".....The course is multi-disciplinary and covers topics including social stratification, work, gender, ethnicity, social-biological translation, life course epidemiology, mental health, oral health, disability, inequality and human rights, Russian mortality crisis, tackling health inequalities, public health ethics, politics of health and equity, and globalization and health.

The non-residential summer school is designed for two types of participant:

- \* those who already work in the field of public health and want to refresh their knowledge of population health with a focus on social determinants,
- \* those who are considering a career in public health or related research such as social epidemiology and health policy (national and global).

Professor Sir Michael Marmot, former chair of the WHO Commission on Social Determinants of Health, and of the Marmot Review in England, will open the summer school with a presentation on the social determinants of health and close the week with a lecture and discussion on national and international policy development. The programme will be presented by experts in the field through lectures, workshops, and group discussions. A particular feature of the course is the opportunity for participants to explore their interests through discussion with leading researchers and with participants from a range of disciplines.

There are two evening events:

Dr David Stuckler from the University of Cambridge will give a lecture on:

*"Economic crises and population health: from the Great Depression to the current crisis"*

Professor Peter Piot, Director of the London School of Hygiene & Tropical Medicine, and Professor of Global Health will give a lecture on: *"AIDS: between science and politics"*

Contact [catherine.conroy@ucl.ac.uk](mailto:catherine.conroy@ucl.ac.uk) for further information. Dr Ruth Bell, Summer School Director.

Save the Date! Joint Center for Political and Economic Studies Health Policy Institute  
Place Matters: Models of Action, Innovation & Collaboration  
National Health Equity Conference  
Renaissance Hotel  
Washington, DC  
September 5, 2012  
Featuring: Angela Glover Blackwell, Founder and Chief Executive Officer, Policy Link;

and Geoffrey Canada, President and CEO, Harlem Children's Zone. For more information contact [HPI@jointcenter.org](mailto:HPI@jointcenter.org).

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## RESOURCES

### Publications

Agency for Healthcare Research and Quality  
US National Healthcare Disparities Report

<http://1.usa.gov/lIP3UJ>

".....the *National Healthcare Quality Report* (NHQR) and the *National Healthcare Disparities Report* (NHDR). These reports measure trends in effectiveness of care, patient safety, timeliness of care, patient centeredness, and efficiency of care. New this year are chapters on care coordination, health system infrastructure. The reports present, in chart form, the latest available findings on quality of and access to health care.

The *National Healthcare Quality Report* tracks the health care system through quality measures, such as the percentage of heart attack patients who received recommended care when they reached the hospital or the percentage of children who received recommended vaccinations. The *National Healthcare Disparities Report* summarizes health care quality and access among various racial, ethnic, and income groups and other priority populations, such as residents of rural areas and people with disabilities.....

### Content

Highlights From the National Healthcare Quality and Disparities Report

Chapter 1. Introduction and Methods

Chapter 2. Effectiveness

Cancer

Cardiovascular Disease

Chronic Kidney Disease

Diabetes

HIV and AIDS

Maternal and Child Health

Mental Health and Substance Abuse

Musculoskeletal Diseases

Respiratory Diseases

Lifestyle Modification

Functional Status Preservation and Rehabilitation

Supportive and Palliative Care

Chapter 3. Patient Safety

Chapter 4. Timeliness

Chapter 5. Patient Centeredness

Chapter 6. Care Coordination

Chapter 7. Efficiency

Chapter 8. Health Systems Infrastructure

Chapter 9. Access to Health Care

Chapter 10. Priority Populations

Racial and Ethnic Minorities

Low-Income Groups

Residents of Rural Areas

Individuals With Disabilities or Special Health Care Needs

Lesbian, Gay, Bisexual, and Transgender Populations

Appendixes

Data Sources

Detailed Methods

Measure Specifications

Data Tables

AHRQ Publication No. 12-0006 Current as of March 2012

Agency for Healthcare Research and Quality  
National Healthcare Quality Report

<http://1.usa.gov/l8AL2V>

Content:

Highlights From the National Healthcare Quality and Disparities Report

Chapter 1. Introduction and Methods

Chapter 2. Effectiveness

Cancer

Cardiovascular Disease

Chronic Kidney Disease

Diabetes

HIV and AIDS

Maternal and Child Health

Mental Health and Substance Abuse

Musculoskeletal Diseases

Respiratory Diseases

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Chapter 3. Patient Safety

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AHRQ Publication No. 12-0005 Current as of March 2012

CES4Health.info!

The Fact Sheet Series on Consumer & Community Participation in Health & Medical Research

<http://bit.ly/H7nWKE>

The Fact Sheet Series on Consumer & Community Participation in Health & Medical Research contains 22 concise documents which guide researchers, consumers and community members on the 'how and why' of implementing consumer and community participation in health and medical research. Each fact sheet covers a specific topic and offers practical advice, tips, and suggestions about what to consider. The plain language used in the fact sheets ensures they are suitable for researchers, consumers and community members, who may have a wide-range of experiences and are seeking to both increase their knowledge and/or develop plans to implement consumer and community participation in their research.

Institute for Alternative Futures, Disparities Reducing Advances Project

***State of the Health Equity Movement, 2011 Update***

[www.altfutures.org/draproject](http://www.altfutures.org/draproject)

The [Disparities Reducing Advances Project](http://www.altfutures.org/draproject) (DRA Project) led by the Institute for Alternative Futures has released the *State of the Health Equity Movement, 2011 Update*. This set of reports brings attention to the often unnoticed but growing trend of policy decisions, administrative actions, and community efforts seeking health equity -- fair access to health resources and a fair distribution of health outcomes. In the United States, awareness of health inequalities and commitment to pursue health equity are both increasing, despite the worst economic conditions in 80 years. Economic conditions threaten to worsen the unfair distribution of health outcomes. Yet efforts and specific recommendations for health equity continue to grow. The *2011 Update* reports provide a convenient resource that identifies 159 different health equity activities and 79 sets of recommendations from local, state, national, and international reports.

The *2011 Update* notes that many of the recommendations focus on:

- Early childhood investment
- Education
- Active living, housing, transportation, and the environment



- Healthy eating and behaviors
- Employment
- Law enforcement/criminal justice
- Health care
- Community and interagency collaboration

This breadth of areas reflects the growth in "Health in All Policies" thinking and analysis among community groups and governments at all levels, calling for each sector to contribute to the quality of the nation's health. The *2011 Update* also identifies the following recurring strategic themes across activities and recommendations:

- Increasing awareness of health inequities and the social determinants of health
- Advocacy and leadership for health equity and social justice
- Emphasizing community empowerment
- Increasing collaborative partnerships with all sectors
- The need to coordinate and utilize research and outcome evaluations more effectively

The *State of the Health Equity Movement, 2011 Update* consists of Part A: Overview, Part B: Catalog of Activities, and Part C: Compendium of Recommendations. All three reports and other DRA Project publications are available at [www.altfutures.org/draproject](http://www.altfutures.org/draproject).

John Hopkins University Press' ***Progress in Community Health Partnerships*** (PCHP) and the Asian & Pacific Islander American Health Forum (APIAHF)

Special Issue focused on Asian American, Native Hawaiian and Pacific Islander Health

The John Hopkins University Press' *Progress in Community Health Partnerships* (PCHP), in collaboration with the Asian & Pacific Islander American Health Forum (APIAHF), released the first ever special journal issue focused on Asian American, Native Hawaiian and Pacific Islander (AA and NHPI) health featuring leading community-based participatory research initiatives across our nation.

"PCHP's special issue elevates AA and NHPI community health needs to the national public health arena, highlighting community-driven approaches, strategies and lessons learned in conducting research that garners community respect, trust and encourages participation," said Kathy Lim Ko, APIAHF President and CEO. "As we celebrate National Minority Health month over the coming weeks, we hope that policy makers, public health officials and researchers will rely on this special issue and corresponding research approaches." AA and NHPI communities are incredibly diverse and experience a number of health and health care related disparities, including high rates of chronic diseases like cancer and Hepatitis B, high rates of uninsurance and barriers to accessing preventive care. To further the progress made in incorporating a disparities- and health equity-focused agenda across federal and state health programs, it is critical to enhance the current understanding of community and population health and health needs and develop an associated community-centered research infrastructure to document these needs and evaluate the effectiveness of community interventions. "The lack of community trust in researchers and public health research initiated by or in partnership with AA and NHPI communities has made it difficult to assess community health needs, develop community relevant interventions and ensure adequate resource allocation for medically underserved communities," said Winston Tseng, APIAHF Senior Policy Associate. "The practices and research highlighted in this month's journal demonstrate that community-based participatory research is essential to ensuring AA and NHPI communities participate in research, and creating an AA and NHPI public health evidence base that can be used to eliminate disparities and meet the health needs of our communities."

This special issue was supported by APIAHF's Health Through Action program via support from the W. K. Kellogg Foundation. APIAHF's Winston Tseng and Won Kim Cook and J. Keawe'aimoku Kaholokula, University of Hawaii, and Sela Panapasa, University of Michigan Institute for Social Research, served as guest editors for the special issue. Select articles in the issue include: *Asian American Health Research: What Community Agencies on the Front Line Need to Know; Improving Asian American, Native Hawaiian and Pacific Islander Health: National Organizations Leading Community Research Initiatives and Community-Based Participatory Research Approach to Evidence-Based Research: Lessons From the Pacific Islander American Health*

Study. [Read the AA and NHPI special issue here.](#)

### **Progress in Community Health Partnerships**

Theme issue focused on Asian American, Native Hawaiian and Pacific Islander Health

Volume 6, Issue 1, Spring 2012

<http://bit.ly/lk4Ooz>

Volume 6, Issue 1, Spring 2012, of the journal Progress in Community Health Partnerships (PCHP) is a theme issue focused on Asian American, Native Hawaiian and Pacific Islander health, developed in partnership with the Asian & Pacific Islander American Health Forum. Thanks to funding from the WK Kellogg Foundation, the issue is entirely free and open access.

National Cancer Institute, Division of Cancer Control Population Sciences

"The Science of Research on Racial/Ethnic Discrimination and Health"

<http://healthservices.cancer.gov/areas/disparities/supplement.html>

The National Cancer Institute's Division of Cancer Control and Population Sciences is pleased to announce the publication of "The Science of Research on Racial/Ethnic Discrimination and Health," a supplement to the American Journal of Public Health (May 2012; 102(5):930-1034). The theme issue aims to highlight the need for and state of empirical research on racial/ethnic discrimination and its association with the health and health care received by racial/ethnic minority populations. The issue's themed section opens with an article that reviews current measures, research approaches, data resources, and results of research on race/ethnicity-based health care discrimination. Subsequent articles center on issues of measurement, implicit bias, perception of discrimination and institutional racism. Several of the articles were written by presenters from a 2011 conference that examined the research and research methods used for investigating the role of racial/ethnic discrimination in health.

This theme issue illustrates the state of the field, describes current methodology, identifies research gaps and suggests areas that should be considered for future research. The issue will serve as a valuable resource for researchers in this topic area and will help position researchers, policy makers, and professionals at all levels of health care to address the effects of discrimination in the evolving health care environment. The full text of the articles may be accessed free of charge at

<http://healthservices.cancer.gov/areas/disparities/supplement.html>. After May 1, 2012, a single printed copy of the issue may be ordered online from the NCI Publications Locator (<https://cissecure.nci.nih.gov/ncipubs/home.aspx?js=1>).

Migration Policy Institute (MPI)

Three New MPI Reports Chart Black Immigrants' Flows from Africa and the Caribbean, Demographics and Well-Being in the United States

Black immigrants from Africa represented the fastest-growing segment of the foreign-born population in the United States between 2000 and 2010. Overall, the Black immigrant population has more than doubled over the past 20 years, with 1.7 million immigrants from the Caribbean and about 1.1 million from Africa living in the United States. A trio of reports released by the Migration Policy Institute (MPI) examines the demographics of Black immigrants from the Caribbean and Africa, focusing in particular on the young children of those immigrant families. Today, about 813,000 children under the age of 10 have parents who are Black immigrants from the Caribbean or Africa - accounting for nearly 12 percent of all young Black children in the United States. "This is a rapidly growing, understudied, strikingly diverse population. These flows range from highly educated, English-speaking entrants to newcomers who arrive with few years of schooling and limited English skills and whose children face great integration challenges," said MPI Senior Vice President Michael Fix. Fix is leading a research initiative by MPI's National Center on Immigrant Integration Policy that aims to address gaps in knowledge about the well-being and development of young children (birth to age 10) in Black immigrant families. The initiative, which will offer perspectives on infant and child health, parenting practices, school readiness and early school success, is supported through a grant from the Foundation for Child Development.

(1) In [Changing Demography and Circumstances for Young Black Children in African and Caribbean Immigrant Families](#), sociologist Donald J. Hernandez of Hunter College and the City University of New York finds that the children of Black

immigrants generally fall in the middle of multiple well-being indicators, faring less well than Asian and White children but better than the children of native-born Blacks and Hispanic children. The Hernandez report finds that children of Black immigrants:

- Are less likely than their Hispanic peers to have parents who are unauthorized and more likely to have parents who are U.S. citizens, facilitating access to public benefits and services and, in some cases, their pace of integration.
- Typically have at least one parent who speaks English fluently, in contrast to the children of Hispanic immigrants. Their parents also have higher college graduation rates than Black children with native-born parents or Hispanic children regardless of parental birthplace. Despite relatively high parental educational attainment, English proficiency and employment, children in Black immigrant families are twice as likely to live in poverty as White or Asian children, though they are less likely to live in poverty than native-born Black and Hispanic children.
- Have the second-highest rate of pre-kindergarten enrollment of any major nativity/race-ethnicity group, after the children of Asian natives.

(2) A second MPI report, [Diverse Streams: African Migration to the United States](#), examines the rapidly growing Black African immigrant population - which grew by about 200 percent during the 1980s and 1990s and by 100 percent during the 2000s. The report, by MPI's Randy Capps, Kristen McCabe and Michael Fix, finds African immigrants generally fare well on integration indicators, with college completion rates that greatly exceed those for most other immigrant groups and U.S. natives. Despite higher levels of human capital, high employment rates and strong English skills, African immigrants' earnings lag those of the native born though they are on par with those of other immigrants. Recency of arrival, difficulty in gaining recognition for home-country academic and professional credentials and labor market discrimination may explain the underemployment of highly skilled African immigrants, the report finds.

(3) The third report, [A Demographic Profile of Black Caribbean Immigrants in the United States](#), examines the relatively recent history of migration from the Caribbean, which began largely after changes to U.S. immigration law in 1965. The report, by sociologist Kevin J.A. Thomas of Pennsylvania State University, finds that despite relatively low educational attainment, English-speaking Black Caribbean immigrants earn more than Black African immigrants. This earnings gap may be explained in part by the fact that Caribbean immigrants tend to have been in the United States for longer.

For more on the Young Children in Black Immigrant Families research initiative or to download the reports, visit: [www.migrationpolicy.org/cbi](http://www.migrationpolicy.org/cbi).

Substance Abuse & Mental Health Services Administration  
[Mental Health, United States, 2010](#)

[Mental Health, United States, 2010](#), the latest in a series of publications issued biannually by SAMHSA since 1980, provides in-depth information regarding the current status of the mental health field. This publication is the only available comprehensive source of national-level statistical information on trends in both private- and public-sector behavioral health services, costs, and clients. Drawing on over 40 different data sources, this publication also includes state-level data and information about special populations such as children, military families, nursing home residents, and incarcerated individuals. The report is organized into three sections:

- People: The mental health status of the U.S. population and prevalence of mental illness
- Providers: Providers and settings for mental health services, types of mental health services, and rates of utilization
- Payers: Expenditures and sources of funding for mental health services

[Get Mental Health, United States, 2010](#)

World Health Organization, Geneva - 2011, The Commission on Social Determinants of Health Knowledge Networks

Improving Equity in Health by Addressing Social Determinants

**Edited by:** Jennifer H Lee and Ritu Sadana

<http://bit.ly/JnYFv6>

This recently published book highlights actions to improve health equity based on

findings from the nine global Knowledge Networks that were established during the WHO Commission on Social Determinants of Health. Their task was to synthesize existing evidence and identify effective and appropriate actions to improve health equity in nine thematic areas:

- globalization;
- gender;
- social exclusion;
- early child development;
- urban settings;
- employment conditions;
- health systems;
- public health programs; and
- measurement and evidence.

The evidence reinforces the fundamental impact of social determinants on health outcomes and in creating health inequities.

"... the Commission was designed to marshal this existing knowledge about what can be done to promote health equity and by so doing to focus global attention on the challenges of achieving greater health equity within and between countries."

"Across the knowledge networks, there are common actions that were identified as key to reducing inequities in health related to social determinants: increase universal access to public education, establish a minimum living wage, improve social protection, and reduce discrimination based on gender, race, ethnicity, etc."

"A rigorous understanding of the distribution of health outcomes and opportunities across socioeconomic groups is an essential tool for policy-makers to appropriately and effectively tailor interventions that address patterns of health inequity."

"Effective action to address the social determinants of health requires us all to rethink dominant understandings of the way in which population health is improved and health inequities reduced."

The chapters communicate that in order to address the underlying causes of health inequities, multiple and sustained action across sectors are required and provide recommendations for doing so...The report by the Commission on Social Determinants of Health represents a watershed moment in public health. It marks the first systematic and truly comprehensive attempt to draw together data and evidence on social determinants that is pluralistic and diverse methodologically, empirically and theoretically. It is a rallying cry for political action in support of the action against those elements which do so much damage to human health, and it is an important signpost for action political and scientific...Recently, WHO convened a global conference in Rio de Janeiro, Brazil to build support for the implementation of action on social determinants of health. The conference provided a global platform for dialogue on how to implement the recommendations from the Commission's report on all socioeconomic groups and at rate of improvement that increases at each step down the socioeconomic ladder... At the conclusion of the conference, 125 participating Member States adopted the Rio Political Declaration on Social Determinants of Health pledging to work towards reducing health inequities by taking action across five core areas related to the evidence synthesized across this book:

- 1) Adopt better governance for health and development;
- 2) Promote participation in policy-making and implementation;
- 4) Strengthen global governance and collaboration; and
- 5) Monitor progress and increase accountability (WHO, 2011).

The evidence compels action and the momentum generated by the Rio Declaration confirms that it is imperative for all to act to reduce health inequities..."

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#### *Preface*

1. Strengthening efforts to improve health equity, *Ritu Sadana, Sarah Simpson, Jennie Popay, Daniel Albrecht, Ahmad Reza Hosseinpour and Tord Kjellstrom*
2. Globalization: the global marketplace and social determinants of health, *Ted Schrecker and Ronald Labonté*
3. Gender inequity in health, *Gita Sen and Pirooska Östlin*
4. Social exclusion and health inequalities: definitions, policies and actions, *Jennie Popay, Sarah Escorel, Mario Hernández, Heidi B. Johnston, Jane Mathieson and Laetitia Rispel*
5. Early child development: a powerful equalizer, *Arjumand Siddiqi, Emily Hertzman, Lori G. Irwin and Clyde Hertzman*

6. Urban settings: our cities, our health, our future, *Jostacio Lapitan, Jennifer H. Lee and Tord Kjellstrom*
7. Employment and working conditions as health determinants, *Joan Benach and Carles Muntaner with the EMCONET*
8. Challenging inequity through health systems, *Lucy Gilson, Jane Doherty and Rene Loewenson*
9. Reducing health inequities through public health programmes, *Erik Blas and Anand Sivasankara Kurup*
10. Measuring the social determinants of health: theoretical and empirical challenges, *Josiane Bonnefoy, Antony Morgan, Emma Doohan, Jennie Popay, Johan Mackenbach and Michael P. Kelly*
11. The way forward: acting on the evidence and filling knowledge gaps, *Jennifer H. Lee and Ritu Sadana*

### Website

Research for Organizing  
A Toolkit for Participatory Action Research  
<http://www.researchfororganizing.org/>

Research for Organizing is A Toolkit for Participatory Action Research from the Community Development Project in New York City. As explained on the toolkit website, "the toolkit is designed for organizations and individuals that want to use participatory action research (PAR) to support their work towards social justice. PAR helps us to analyze and document the problems that we see in our communities; allows us to generate data and evidence that strengthens our social justice work and ensures that we are the experts about the issues that face our communities. In this toolkit you will find case studies, workshops, worksheets and templates that you can download and tailor to meet your needs."

The National Association of County and City Health Officials  
Roots of Health Inequity: Free Web-Based Course  
<http://naccho.createsend3.com/t/j-l-flrwk-blhurkuk-w/> The National Association of County and City Health Officials launched Roots of Health Inequity, the first comprehensive web-based curriculum about the root causes of health inequity. Go to [www.rootsofhealthinequity.org](http://www.rootsofhealthinequity.org) for a free course and learning collaborative about concepts and strategies for taking action on health inequities. Based on a social justice framework, Roots of Health Inequity includes five course units featuring interactive presentations and case studies, readings, videos, audio, and group-directed discussions. Use Roots of Health Inequity to orient staff and students, inform strategic planning processes, and develop an organizational culture committed to tackling health inequities. Build a community of peers committed to tackling the root causes of health inequity.

- \* Examine and discuss critical concepts in the field of health equity.
- \* Meet, learn, and strategize with colleagues within your organization and across the country.
- \* Hear from well-known practitioners and educators in the field.
- \* Access free syllabi, resources, and presentations for school-based courses.
- \* Earn Continuing Education (CE) credits for the first unit "Where Do We Start?" (<<http://naccho.createsend3.com/t/j-l-flrwk-blhurkuk-yu/>>). A wealth of research has documented the deep connection between lived experience, social injustice, and inequities in rates of illness and death among different populations. Health status is lower, death rates are higher, and life spans are shorter among communities that face systemic social injustices. In the face of staggering and rising levels of social and economic inequality not seen since the Great Depression, health inequities can only grow more entrenched. Meaningful responses to these complex issues include equipping the workforce with new approaches and the support of a community of peers ready to act. Roots of Health Inequity attempts to do just that.



## Others

National Cancer Institute, Division of Cancer Control and Population Sciences, Surveillance Research Program and Applied Research Program

New Release of HD\*Calc Version 1.2.1

<http://seer.cancer.gov/hdcalc/>. The Health Disparities Calculator (HD\*Calc) is a statistical software program that generates multiple summary measures for evaluating and monitoring health disparities. Data such as cancer rates, survival, and stage at diagnosis, which are categorized by groups such as ethnicity, race, socioeconomic status, and geographic areas, can be used with HD\*Calc to generate 11 absolute and relative summary measures of disparity. Its use is not limited to the cancer domain. HD\*Calc can be used either as an extension of SEER\*Stat, which allows users to import Surveillance, Epidemiology and End Results (SEER) data, or on its own with other population-based health data, such as from the National Health Interview Survey, California Health Interview Survey, Tobacco Use Supplement to the Current Population Survey, and National Health and Nutrition Examination Survey. New features:

- \* The SEER\*Stat dictionary file now allows users importing data from SEER\*Stat to select variable types (i.e., time, disparity, stratification).
- \* Users can now specify more than one Disparity variable (which HD\*Calc will combine).
- \* Data are exportable to the Joinpoint Regression Program, allowing users to compute confidence intervals and test for significance in trends.

HD\*Calc is located on the SEER Web site at <http://seer.cancer.gov/hdcalc/>. This work is supported by the Surveillance Research Program and Applied Research Program within the Division of Cancer Control and Population Sciences at the National Cancer Institute.

National Cancer Institute and the Substance Abuse and Mental Health Services Administration

Research-tested Intervention Program

Research-tested Intervention Programs (RTIPs) is a searchable database of cancer control interventions and program materials and is designed to provide program planners and public health practitioners easy and immediate access to research-tested materials. Sponsored by the National Cancer Institute (NCI) and the Substance Abuse and Mental Health Services Administration (SAMHSA), the online directory provides a review of programs available for use in a community or clinical setting. More information can be found at <http://bit.ly/JzLROj>.

Southern Jamaica Plain Health Center

Project on Racial Healing in Boston's Jamaica Plain Neighborhood

<http://youtu.be/QtDfajOTayM>

For the last two years, I have been humbled to bear witness to an incredible youth racial healing project in Boston's Jamaica Plain neighborhood. As an approach to improving community health, the Southern Jamaica Plain Health Center brought together 16 youth, half of whom identify as white and half of whom identify as people of color, to participate in a year-long racial healing and reconciliation process. Through readings, racial affinity groups, workshops, healing circles and speak outs, the youth are challenged to move beyond purely intellectual conversations about race and racism and are supported by each other and a team of community organizers and social workers, to experience the feelings that come up when we talk about racism and understand the ways it shapes our existence. The youth invited a camera to follow some of their activities, community teachings, and an emotional speak out activity. I am thrilled to share with you this video documenting part of their process and their call to action: <http://youtu.be/QtDfajOTayM>. Please take 15mins to watch this video and allow yourself to have, and even express, the feelings that come up. That is their charge to us. Racial healing is the work required for and by each of us so we can live into our full humanity. "Racial (<http://search.twitter.com/search?q=%23racialequity>) equity is about the system, racial healing is about the individual. This is what America Healing is about." - Rinku Sen, Applied Research Center (<http://www.arc.org/>). Please share this video widely! And check out the WK Kellogg Foundation's racial healing efforts (<http://www.wkkf.org/what-we-support/racial-equity/special-report-on-racial-healing.aspx>).

Nashira Baril, MPH

Co-Director, Center for Health Equity and Social Justice



A Center of Excellence in the Elimination of Disparities  
Boston Public Health Commission

UH Graduate College of Social Work Announces Partnership with MD  
Anderson  
Center for Health Equity and Evaluation Research (CHEER) to Open  
Doors at UH

The University of Houston (UH) will soon open its doors to the Center for Health Equity & Evaluation Research (CHEER), a new joint venture between the UH Graduate College of Social Work (GCSW) and the University of Texas MD Anderson Cancer Center Division of Cancer Prevention and Population Sciences. CHEER will expand to conduct research at both MD Anderson and the newly opened center at UH GCSW. CHEER is a comprehensive health disparities research, education and training center. Its researchers and staff conduct interdisciplinary research and collaborate with diverse communities and other institutions in the medical center. CHEER's research focus is health disparities across the disease spectrum and how factors like culture, behavior, access to health care and genetics may contribute to an increased risk of cancer and other diseases among certain groups. According to CHEER director Lovell A. Jones, there has been extensive research on health disparities, but the data are not resulting in enough progress in the community. For example African-American babies are more than twice as likely as white babies to die in the first year of life, and African-American women are more likely than white women to die from breast cancer. The MD Anderson Center for Research on Minority Health (CRMH), established in 2000, will be relocated to the UH campus as part of CHEER to merge the resources of a large academic university with a top-ranked cancer center. It will also house the Intercultural Cancer Council (ICC), the largest multicultural health policy group in the United States, and the Health Disparities Education, Awareness, Research & Training (HDEART) consortium. For more details, click on: <http://www.uh.edu/news-events/stories/2012/may/050112CHEER.php>.

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## ABOUT THIS NEWSLETTER

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

To SUBSCRIBE/UNSUBSCRIBE to Kellogg Connection, please e-mail [healthscholars@cfah.org](mailto:healthscholars@cfah.org) stating the e-mail address you would like added/removed.

The Kellogg Health Scholars Program is a program of the Center for Advancing Health (CFAH). Since its founding in 1992, The Center for Advancing Health (CFAH) has worked to translate complex scientific evidence into information, policies and programs that will ensure that each person can make good decisions about their health and interact effectively with their health care providers. 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 us at [info@cfah.org](mailto:info@cfah.org), call us at (202) 387-2829 or visit our website at [www.cfah.org](http://www.cfah.org).

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