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Send your ideas and comments to [scholars@cfah.org](mailto:scholars@cfah.org).

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

## SCHOLAR/FELLOW SOUNDING BOARD

Have you moved?

Have you found a new job?

Is there a research question you would like feedback on?

Any recent publications?

Do you have any experiences or advice to share?

Let us know! Email: [scholars@cfah.org](mailto:scholars@cfah.org)



### Congratulations to Kellogg Scholars and Fellows

**Dr. Lovell A. Jones**, Kellogg Health Scholars Program site director at the University of Texas M.D. Anderson Cancer Center, was featured on ABC News discussing health disparities in medical care, <http://abcnews.go.com/Video/playerIndex?id=4353874>.

**Dr. Scott Rhodes**, Community Health Scholars Program alumnus, has published a new chapter on CBPR: Hergenrather KC, Rhodes SD. Community-based participatory research: Applications for research in health and disability. In Kroll T (Ed.) Focus on Disability: Trends in Research and Application. Volume 2. NY: Nova Science. 2008; 59-87.

**Dr. Kalahn Taylor-Clark**, Multidisciplinary Track Kellogg Health Scholar, has recently accepted a position as Senior Associate within the Engelberg Center of Healthcare Reform at the Brookings Institution in Washington, DC. Dr. Taylor-Clark will be heading a core project within the Center regarding racial and ethnic healthcare inequalities.

**Dr. Stephen Thomas**, Kellogg Health Scholars Program-Multidisciplinary Track University of Pittsburgh site director, co-founded with Dr. Thomas LaVeist from the Johns Hopkins Bloomberg School of Public Health the Academy for Health Equity (AHE). AHE is a non-profit multidisciplinary organization dedicated to the elimination of health disparities through achievement of health equity. AHE will host its first conference on June 26-27, 2008, in Denver, CO. Details of the conference are provided under the Conference section below.

**Dr. Anita Wells**, Multidisciplinary Track Kellogg Health Scholar, will present her research on the mental health impact of the Iraq and Afghanistan wars on US veterans and their families to the International Sociological Association's first Forum of Sociology in Barcelona, Spain, in September.

**Dr. Natasha Williams**, H. Jack Geiger Congressional Health Policy Fellows Program alumna, recently joined Bailey & Glasser LLP as an associate attorney. Dr. Williams' practice will focus on healthcare, government affairs, and corporate compliance. Bailey & Glasser LLP focuses on litigation, corporate, health care and energy law.

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## ANNOUNCEMENTS

**Mark Your Calendar! The Kellogg Health Scholars Program Annual Networking Meeting** will be held May 19-21, 2008, at the Hotel Palomar, 2121 P Street, NW, Washington, DC. **Please RSVP to Barbara Krimgold**

[bkrimgold@cfah.org](mailto:bkrimgold@cfah.org)) or Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)) by Wednesday, April 16, if you are attending the meeting. Make your reservations at the Hotel Palomar on or before **Wednesday, April 16**, as well to avail of the discounted rate. To make an online reservation, please go to <http://www.hotelpalomar-dc.com/> and select "Reservations." Be sure to enter the letters KHS under "Rate Code" to avail of the discounted rate. To reserve by phone, call 877-866-3070 or 703-842-2770 and reference "Kellogg Health Scholars Program" to avail of the discounted rate.

**Mark Your Calendar! The Kellogg Fellows in Health Policy Research Program Annual Meeting** will be held June 9-10, 2008, at the Hotel Palomar, 2121 P Street, NW, Washington, DC. **Please RSVP to Barbara Krimgold** ([bkrimgold@cfah.org](mailto:bkrimgold@cfah.org)) or Marie Briones-Jones ([mbjones@cfah.org](mailto:mbjones@cfah.org)) by **Friday, April 25, if you are attending the meeting**. Make your reservation at the Hotel Palomar on or before **May 7**. To reserve a room, please call 877-866-3070 or 202-448-1800 and reference "Kellogg Fellows in Health Policy Research" to avail of the discounted rate.

**Call for Presentation Abstracts for Kellogg Health Scholars and alumni for the 6<sup>th</sup> Annual Disparities in Health in America: Working Toward Social Justice Summer Workshop!** The deadline for receipt of application and abstract is **Wednesday, April 30, 2008** at 6:00 p.m. (CST). No submitted abstract will be accepted for presentation without a signed application form with fax date stamp or post mark of Wednesday, April 30, 2008 or earlier. In addition to signed copy, please send an electronic copy of your abstract in MS Word. **OVERVIEW:** This workshop should be of interest to physicians, nurses and other health care professionals; social workers; students, fellows and other health educators; community members; and civic and governmental leaders. **ORAL AND POSTER PRESENTATIONS:** Abstracts should address the special needs of racial and ethnic minorities and medically underserved populations and should reflect the results of scientific inquiry. **Focus:** 1) Basic, clinical, and behavioral research; 2) Community-based program research and evaluation; 3) Health services research; and 4) Health policy research. For more information regarding the summer workshop, please visit <http://www.mdanderson.org/departments/crmh/display.cfm?id=4241ba16-e078-480b-b8409de35b9ef532&method=displayfull&pn=fe9b4275-3144-42a6-ac8fefe85921d2d5>.

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

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

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## **SPOTLIGHT ON KELLOGG SCHOLARS NETWORK**

Meet Multidisciplinary Track Kellogg Health Scholar, **Kalahn Taylor-Clark, Ph.D.**

Dr. Kalahn Taylor-Clark, 2006 Multidisciplinary Track Kellogg Health Scholar at the Harvard School of Public Health, is interested in producing research that has direct policy relevance.

In doing so, Dr. Taylor-Clark has recently accepted a Senior Associate position at the Engelberg Center for Healthcare Reform in the Brookings Institution. Inspired by the recommendations laid out by the Institute of Medicine report, [Unequal Treatment](#), she will lead an RWJF funded initiative, which goes one step beyond research to begin addressing racial and ethnic healthcare equity issues. This initiative will help health plans, hospitals, and states to standardize racial and ethnic data collection, through both indirect estimation and direct data collection methods.

As a Kellogg Scholar, Dr. Taylor-Clark felt very fortunate to be exposed to experts in the field (through the yearly national conferences held by Kellogg) who are doing work 'on the ground.' She was given the tremendous opportunity to work with Dr. Brian Smedley, research director at The Opportunity Agenda, who helped to shape her interests outside of the Academy. Her work with The Opportunity Agenda highlighted her interest in bridging research and policy. In November 2006, Dr. Taylor-Clark led the research effort in conducting a public opinion poll in New York State to get a better understanding of residents' perspectives of impending hospital closures in the State. These data were used by advocacy and policy coalitions seeking to ensure that medically underserved communities were not disproportionately and adversely affected by closures. In 2007, Dr. Taylor-Clark was given the opportunity to lead a major research effort in Connecticut to assist the Connecticut Health Foundation in developing a 10-year agenda to address health inequalities in the State. For this, she led three research efforts, including: a media content analysis of news coverage on the issues, a state-wide representative public opinion poll on health inequalities, and a set of six focus groups to disentangle

Connecticut residents' views of health inequalities in their state. The results of this work were collated into a strategic planning report for the State's efforts.

Dr. Taylor-Clark looks forward to discussing her own individual research as well as her research partnership with The Opportunity Agenda at the May 19-21 Kellogg Health Scholars annual meeting. She will also be discussing her new work with the Brookings Institution at the June 9-10 Kellogg Fellows meeting for finishing Fellows and Fellow Alumni.

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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.

The first e-workshop, held on March 12, focused on "Academic Job Search." The workshop was facilitated by KHSP-Community Track site director Kim Sydnor, Ph.D., Assistant Professor, Morgan State University, School of Community Health and Policy, Behavioral Health Department. The panelists included: \* Olivia Carter-Pokras, Ph.D KHSP-Multidisciplinary Track Scientific Advisory Committee member, Associate Professor, University of Maryland, College Park, School of Public Health, Epidemiology and Biostatistics; \* Scott D. Rhodes, Ph.D, CHSP alumnus and CHSP-National Advisory Committee Member., Associate Professor, Department of Social Sciences and Health Policy; and Maya Angelou Research Center on Minority Health, Wake Forest University School of Medicine; and \* Kevin Robinson, Ph.D., CHSP alumnus, Assistant Professor of Social Work, Graduate School of Social Work and Social Research, Bryn Mawr College. KHSP-Multidisciplinary Track site director Stephen Thomas, Ph.D., FAAHB, Director, Center for Minority Health and Philip Hallen Professor of Community Health and Social Justice, Graduate School of Public Health, University of Pittsburgh was the discussant.

Access to archived e-workshops is **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. Login and passcode information are provided under a separate email. Please refer to that email before you access the archived presentations and download the materials. To listen to the March 12 archived presentation and download materials, click <http://www.cfah.org/workshops/login.asp>.

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## FUNDING

### **Bill & Melinda Gates Foundation**

#### **Grant Challenges Exploration (first funding round)**

**Register intent to submit proposal deadline: May 15, 2008**

**Grant Proposal Deadline: May 30, 2008**

The Bill & Melinda Gates Foundation announced today that beginning March 31, 2008, it will accept grant proposals for the first funding round of Grand Challenges Explorations, a new \$100 million initiative to help scientists across the globe pursue ideas that have never before been tested for solving major health problems. The four topics for the first funding round were also announced. Initial grants through the Explorations initiative will be \$100,000 each, and projects showing success will have the opportunity to receive additional funding of \$1 million or more. The initiative will use an agile, accelerated grant-making process--applications will be two pages, and preliminary data are not required. The foundation will select and award grants within approximately three months from the proposal submission deadline of May 30, 2008. "Breakthrough ideas can come from anywhere, and we hope this new process will encourage a broad range of scientists from around the world to bring their ideas to the table," said Dr. Tachi Yamada, president of the Gates Foundation's Global Health Program. "We're especially interested in reaching people who work outside the field of global health, innovators in the developing world, and young investigators." Grand Challenges Explorations is an expansion of the Grand Challenges in Global Health initiative, which was launched in 2003 to spur the discovery of new technologies to improve global health. The Explorations initiative focuses on research areas where creative, unorthodox thinking is most urgently needed. Topics for First Funding Round -- The first funding round of Grand Challenges Explorations will consider proposals in four topic areas: \*Creating new ways to protect against infectious diseases: Untried or unproven approaches

to protect against infectious diseases, including harnessing natural or synthetic immune responses, or eliminating the need for an effective immune response. \*Creating drugs or delivery systems that limit the emergence of resistance: Innovative ideas for discovering or delivering drugs that are less likely to lose effectiveness because of resistance developing in the disease-causing agent. \*Creating new ways to prevent or cure HIV infection: Innovative ideas for HIV prevention or treatment methods that fall outside current research on vaccines, antiretroviral drugs, and other biomedical and behavior-change strategies. \*Exploring the basis for latency in TB: Unconventional approaches to understanding latent TB infection, with the goal of discovering new ways to identify and eliminate latent infection, and break the cycle of TB transmission. Grant proposals for the first Explorations funding round will be accepted online at [www.gcgh.org/explorations](http://www.gcgh.org/explorations) from March 31 through May 30, 2008; applicants must register intent to submit a proposal by May 15, 2008. Once the first Explorations funding round is complete, the foundation will announce subsequent funding rounds. Topics may vary over time, to cover a range of priorities in global health research. Full descriptions of the initial topic areas and application instructions are available at [www.gcgh.org/explorations](http://www.gcgh.org/explorations).

**Centers for Disease Control and Prevention  
Elimination of Health Disparities through Translation Research (R18)  
(RFA-CD-08-001)**

**Deadline: May 2, 2008**

Purpose. This funding opportunity announcement (FOA) encourages applicants to submit research grant applications that accelerate the translation of research findings into public health practice through implementation, dissemination, and diffusion research within health disparity populations. Mechanism of Support. This FOA will use the Research Demonstration and Dissemination Projects (R18) award mechanism. "Proposed health disparity translation research studies should identify one or more of the following: 1) factors that inhibit or facilitate the translation of evidence-based public health interventions, policies, recommendations, etc.; 2) methods and tools for the successful translation of evidence-based programs, practices, or policies that retain fidelity, and achieve positive outcomes for target populations; and 3) optimal strategies to enhance the widespread adoption and institutionalization of effective public health intervention programs, including the adaptability of interventions to other and larger health disparity populations. Applicants should focus on the translation of existing evidenced-based programs, practices, policies, recommendations, tools, and/or strategies and are encouraged to use existing resources of proven effective interventions such as "The Guide to Community Preventive Services (The Community Guide)" and the "Guide to Clinical Preventive Services". Wherever possible, studies that are interdisciplinary and include collaborations with traditional and non-traditional stakeholders that serve health disparity populations as a primary component of their mission are encouraged." "The CDC intends to commit approximately \$4.5 million in total cost dollars in FY2008 to fund approximately 9 applications. The average award amount will be approximately \$350,000-\$450,000 including direct and indirect costs per 12 month budget period (e.g., direct and indirect costs). An applicant may request a project period of up to 3 years. An applicant may request up to \$450,000 including direct and indirect costs for each budget year. The approximate range for total project period (3 years) is \$1,050,000 to \$1,350,000 including direct and indirect costs. The anticipated start date for new awards is September 2008. All estimated funding amounts are subject to availability of funds." Announcement details at <http://grants.nih.gov/grants/guide/rfa-files/RFA-CD-08-001.html>.

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## CALL FOR SUBMISSIONS

### **Call for Abstracts -- Black Women's Health Imperative**

**"Black Women's Health**

**Omni Shoreham Hotel**

**Washington, DC**

**June 20, 2008, 9:00 a.m. – 5:30 p.m.**

**Deadline for abstract submission: April 11, 2008**

**Deadline for conference registration: May 1, 2008**

The Black Women's Health Imperative (Imperative) is celebrating 25 years of promoting health and well-being for Black Women with a one-day conference on the state of "Black Women's Health," on Friday, June 20, 2008, in Washington, D.C., at the Omni Shoreham Hotel, 9 a.m. - 5:30 p.m. Join more than 1,500 Black women, government officials and health and health care professionals, including practitioners, advocates, educators, researchers and funders, in the debate and discussion on the unequal health burdens borne by Black women in three health areas that impact them disproportionately: mental health, HIV/AIDS and overweight and obesity. The Black Women's Health Conference is a key



attraction of our three-day, 25th Anniversary Celebration that begins on Thursday, June 19, with a fundraising gala and concludes on Saturday, June 21, with a "free" Walking for Wellness(tm) 5K on the National Mall. Full registration to enjoy the entire celebration is available. For more information about this milestone event, please visit

<http://www.BlackWomensHealth.ORG/25thAnniversary> where you can register, become an Imperative member, review our abstract submission guidelines, become a corporate sponsor and much more. Conference Registration Deadline: Thursday, May 1, 2008. Registration includes all plenary sessions and workshops, continental breakfast, a luncheon to honor community health advocates and "Dancing with the Imperative's Stars." The cost is \$150 for Imperative members and \$175 for non-members. Register Now!

[https://www.kintera.org/faf/reg\\_new/register.asp?ievent=255852&lis=1&kntae255852=45296F02E28D4E598DE3B865A97F72A5&teamAction=none&tr=y&aid=3506862](https://www.kintera.org/faf/reg_new/register.asp?ievent=255852&lis=1&kntae255852=45296F02E28D4E598DE3B865A97F72A5&teamAction=none&tr=y&aid=3506862). Receive A Discount By Becoming a Member . As a member of the

Black Women's Health Imperative, you'll receive a special discount on your conference registration. Don't forget to add your annual (\$25) or founder's (\$250) membership fee to your conference registration! Read more about our member benefits. Action Steps to Attending the Black Women's Health Conference. The Imperative is accepting abstract submissions on mental health, HIV/AIDS and overweight and obesity! The deadline for abstract submissions is Friday, April 11, 2008. To learn more about our "Call for Abstracts," including the submission guidelines, please click here

<http://www.blackwomenshealth.org/faf/home/ccp.asp?ievent=255852&lis=1&kntae255852=A48FABED1285404D811ABA53B1C8742C&ccp=77628>. 1. Register right here, right now! <http://www.BlackWomensHealth.ORG/25thAnniversary>. 2.

Book your hotel accommodations by May 19 and save!

<http://www.omnihotels.com/FindAHotel/WashingtonDCShoreham/MeetingFacilities/BlackWomensHealthImperative6.aspx>.

3. Help us spread the word! Tell your friends, family and co-workers to join you at the gala, conference and/or walk!

<http://www.blackwomenshealth.org/faf/email/emailFriend.asp?ievent=255852&lis=1&kntae255852=A48FABED1285404D811ABA53B1C8742C>. 4. Mark your calendar: "Attending the Imperative's 25th Anniversary Celebration on June 19-21,

2008, 9 a.m. - 5:30 p.m.!" 5. Come ready to learn as we gather to "Reflect, Rejoice, Renew: Celebrating 25 Years of Promoting Health and Well-Being for Black Women!"

#### **Call for Applications – National Cancer Institute**

##### **Six new members of the NCI Director's Consumer Liaison Group**

##### **Deadline: Applications must be postmarked by April 15, 2008**

The National Cancer Institute is now accepting applications for up to six (6) new members of the NCI Director's Consumer Liaison Group <<http://dclg.cancer.gov/membership/nominations>> (DCLG). BACKGROUND: The DCLG is a federally

chartered advisory committee of the NCI. It consists of 16 consumer advocates who are involved in cancer advocacy and who reflect the diversity among those whose lives are affected by cancer. The mission of the DCLG is to advise, assist, consult with, and make recommendations to the NCI Director, from the perspective and viewpoint of cancer consumer advocates on a wide variety of issues, programs, and research priorities. The DCLG serves as a channel for consumer

advocates to voice their views and concerns. ELIGIBILITY CRITERIA – To serve on the DCLG, a member must: \* Be involved in the cancer experience as a cancer survivor, or a care-giver to someone who has cancer, or a professional or volunteer who works with survivors or those affected by cancer. \* Represent a constituency with whom you communicate regularly on cancer issues and be able to serve as a conduit for information both to and from your constituency. \* Be

committed to participate fully in all activities of the DCLG, including at least two meetings per year in the Bethesda, MD area, conference calls, and working group activities. Applicants who meet the minimum eligibility requirements will be further assessed based on the following criteria: \*Cancer advocacy experience; \*Possession of strong leadership skills;

\*Communication and collaboration skills; \*Ability to represent/advise on broad, cross-cutting cancer issues, including those NCI priorities identified by the NCI Director; \* Ability to facilitate dialogue between NCI and the cancer advocacy community. All applicants are screened for eligibility and then according to criteria for evaluating individual candidates. A

list of highly qualified candidates who reflect balance and diversity of representation is forwarded to the NCI Director, who selects the DCLG members. NCI encourages applications from candidates reflecting the diversity of the cancer advocacy community. APPLICATION PROCESS -- In order to apply for membership on the DCLG, send: 1. a resume or curriculum vitae, 2. two letters of reference\* from individuals who are familiar with your advocacy work, and 3. a cover letter that

includes: \* your advocacy or voluntary organization affiliation; \* your mailing address; \* your daytime phone number; \* your email address; \* a discussion of your interest in participating in the DCLG by mail, electronic mail, or fax. All mailed materials must be postmarked by April 15, 2008 and emails and faxes must be received by 11:59 pm ET on April 15, 2008. \*Letters of reference should be sent by postal mail only and must be postmarked by April 15, 2008. Only complete

applications will be considered. Mail -- By Mail send to: DCLG 2008 Member Nomination, c/o Ms. Barbara Guest, National Cancer Institute, Building 31, Room 10A28, 31 Center Drive, MSC 2580, Bethesda, MD 20892-2580. Email -- By Electronic Mail (email) send to: [questb@mail.nih.gov](mailto:questb@mail.nih.gov). Fax -- By Fax send to: 301-480-7558, Attn: DCLG 2008 Member Nomination.

#### **Call for Proposals – Center for Urban Pedagogy (CUP)**

##### **Making Policy Public, An Educational Poster Fellowship**

##### **Deadline: April 21, 2008**

The Center for Urban Pedagogy (CUP), a Brooklyn-based non-profit, is seeking proposals for the next issues of Making Policy Public, CUP's series of fold-out posters that brings advocates and designers together to create visual explanations of public policy issues. They are looking for advocates, organizations, and researchers with complex policy issues that need visual explanation. Advocates chosen through the juried submission process will receive 1000 copies of the color publication to distribute directly to their constituents and an honorarium of \$1000. CUP will manage the research, editing, and production processes and will provide additional staffing. Making Policy Public uses innovative graphic design to explore and explain public policy. Each publication is the product of a commissioned collaboration between a designer and an advocate. This series aims to make information on public policy truly public: accessible, meaningful, and shared. Organizations can reach and expand their constituency through design. Applicants should be interested in engaging in a collaborative design process and, most of all, interested in explaining an aspect of public policy. The series defines public policy broadly. Topics could range from the barriers to re-entry for formerly incarcerated people in Upstate New York to the social implications of the private equity boom. Although CUP is a New York City-based organization, submissions need not address New York specifically. Topics could range in scope from the governmental to the informal, and in scale from the local to the international. Applicants from any discipline, professional status, or age are eligible, but you must be able to attend meetings in New York City. Proposals must be received by April 21, 2008, no later than 5 pm. To apply, visit [www.makingpolicypublic.net](http://www.makingpolicypublic.net). The Center for Urban Pedagogy (CUP) is a nonprofit organization that helps people understand and change the places they live. To learn more about CUP visit [www.anothercupdevelopment.org](http://www.anothercupdevelopment.org). Making Policy Public is funded in part by New York State Council on the Arts, the New York City Department of Cultural Affairs, the Diane Middleton Foundation, and the Brooklyn Arts Council. For more information, contact: Valeria Mogilevich The Center for Urban Pedagogy (CUP), (718) 596-7721, [valeria@anothercupdevelopment.org](mailto:valeria@anothercupdevelopment.org).

### **Call for Papers – Reproductive Health Matters 16(32) November 2008**

**Theme: Reproductive cancers: personal perspectives**

**Deadline: May 1, 2008**

Reproductive cancers – including cervical cancer, breast cancer and ovarian cancer in women and to a lesser extent anogenital cancers in women and men – are major killers globally. Breast cancer has been described as an epidemic in the developed world. And although the means to detect, prevent and treat precursors of cervical cancer have been available for decades in developed countries, cervical cancer remains a major killer of women in developing countries who have no access to screening, let alone treatment. New technology, including screening and a vaccine for human papillomavirus (HPV), are going to greatly affect how prevention of cervical cancer is handled. Ovarian cancer is a quiet killer; it often does not announce itself until disease is advanced and no screening modalities have yet been shown to be effective for prevention or early treatment. Penile and prostate cancer in men can be life changing and fatal but get little attention from the sexual and reproductive health field. Anogenital cancers in both men and women have only just begun to get attention due to their detection in association with both HPV and HIV. RHM has contained summaries of articles about all these aspects of reproductive cancers in the journal Round Up sections, especially the research and service delivery sections, for many years. We have never had a journal issue devoted to cancer, however, and we would like this journal issue to deal with these cancers in a way appropriate to RHM. In other words, RHM is not a clinical journal, and we are not looking for clinical research papers on reproductive cancers. Instead, we are interested in: - policy and programmatic issues in countries, for example, screening policies in theory vs. practice; effectiveness of screening for prevention; human resources and quality and types of services available for different types of cancer; - epidemiology; extent and quality of data ; - who does and does not have access to screening and treatment; - qualitative studies of experiences of treatment and care, and what it is like to live with cancer and its aftermath ; - availability and type of counselling and support for people with reproductive cancer both before, during and after diagnosis and treatment; - qualitative studies of the working conditions and experiences of health professionals who are dealing with patients with reproductive cancers; - consequences of reproductive cancers for fertility and effects on having children; - effects of cancer on body image and sexuality, e.g. after breast reconstruction; - personal diaries and histories. RHM Author and Submission Guidelines are at: [www.rhmjournal.org.uk](http://www.rhmjournal.org.uk).

### **Call for Abstracts -- 20<sup>th</sup> Annual Native Health Research Conference**

**Exploring the Interface Between Science & Tradition in Native Health Research**

**Red Lion Hotel on the River – Jantzen Beach**

**Portland, Oregon**

**August 25-28, 2008**

**Deadline: May 15, 2008, 5:00 p.m. (Pacific Standard Time)**

The 20<sup>th</sup> Annual Native Health Research Conference (co-sponsored this year by the Indian Health Service, the Northwest Portland Area Indian Health Board, and the Native Research Network, Inc.) will bring together many different stakeholders involved in the conception, production, translation, and use of health research in American Indian/Alaska Native/Native Hawaiian (AI/AN/NH) communities from across the continent. Conference participants will include health care providers, administrators, educators, policy-makers, and tribal leaders, as well as researchers. It is anticipated that the conference will enhance our collective ability to advance biomedical, psychosocial, and health services research for the benefit of

Native communities, as well as to showcase recent health research projects and efforts undertaken in Indian Country. There is opportunity in the conference program for pre-coordinated panel presentations, oral presentations, and poster presentations concerning AI/AN/NH research projects. We are especially interested in proposals that will address this year's conference theme on the *Interface of Science and Tradition*, as well as presenters who might address *Community-Based Participatory Research* from the community's perspective and *Native Hawaiian Health Issues*. Beyond this, proposals regarding any area of AI/AN/NH health research will receive full consideration. Abstracts must be received by 5:00 pm (Pacific Standard Time) on **May 15, 2008**, in order to be reviewed by the Scientific Program Committee of the Native Research Network. We anticipate notifying all potential presenters of the selection outcome via email by June 15, 2008. Instructions for preparing abstracts and other required forms are attached to this Call and are available for download from the Northwest Portland Area Indian Health Board website at [http://www.npaihb.org/epicenter/project/northwest\\_native\\_american\\_research\\_center\\_for\\_health\\_nw\\_narch/](http://www.npaihb.org/epicenter/project/northwest_native_american_research_center_for_health_nw_narch/) or at the IHS Research Program website at [www.ihs.gov/MedicalPrograms/Research/conferences.cfm#national](http://www.ihs.gov/MedicalPrograms/Research/conferences.cfm#national).

**Call for Papers -- A Special Issue of the American Journal of Community Psychology and Presentations at the 2009 Biennial Conference of the Society for Community Research and Action (SCRA; Division 27 of the American Psychological Association)**

**"Social Ecological Approaches to Community Health Research and Action"**

**Guest Editors: David Lounsbury, PhD, Memorial Sloan-Kettering Cancer Center, New York, NY and Shannon Gwin Mitchell, PhD, Friends Research Institute, Inc., Baltimore, MD**

**Deadline: July 1 2008**

There is a growing recognition in many of the social science disciplines that our research methods are ill-equipped to capture and make sense of the dynamic complexity and full contextual reality that characterizes our contemporary circumstance. As a community of scientists, we must continue to test new ways of working together, new ways of fostering collaborative investigation. This need is self-evident to those who see that many of the problems we now face developed as unanticipated outcomes of our own past actions. We need research strategies that move us beyond our distinct disciplines or areas of specialization so that we can more clearly see "the big picture" and create and deliver systemic interventions. For research in community health, a social ecological approach can address this need. A social ecological approach, by our definition, requires us to examine an issue from multiple disciplines (e.g., political, social, anthropological, historical, economic, etc.) and multiple levels (e.g., persons, families, communities, etc.). Studies that embrace multidisciplinary, interdisciplinary or transdisciplinary research efforts are often complementary of the social ecological approach. Health research that identifies underlying processes that can explain how to effectively promote health and wellbeing within diverse communities is of particular interest. In a special issue of the American Journal of Community Psychology (AJCP), we seek to highlight the work of community health researchers and practitioners who have applied a social ecological framework. We invite community health researchers and practitioners to submit full articles for a special issue of the AJCP. Those selected will also be invited to present their research at the 2009 Biennial Conference of the Society for Community Research and Action, to be held at Montclair State University in Montclair, New Jersey, USA, in June 2009. Please send submissions via e-mail to Guest Editor Shannon Gwin Mitchell at [sgwinmitchell@gmail.com](mailto:sgwinmitchell@gmail.com) no later than 7/01/2008. All works must be original and previously unpublished. Manuscript preparation instructions for authors can be found on the AJCP website: <http://www.springer.com/psychology/community+environmental+psychology/journal/10464>.

**Call for Submissions – Health and Human Rights journal**

New Format and Focus for Health and Human Rights Under the new editorship of Paul Farmer, the François-Xavier Bagnoud Center's Health and Human Rights journal is taking on a different format and expanded focus as an on-line, open-access (freely available to anyone with internet access) publication starting with Volume 10, Issue Number 1, this Spring of 2008 (<http://www.hhrjournal.org/>). In addition to critical scholarship, the new Health and Human Rights will provide a vibrant forum for action-oriented dialogue among human rights practitioners. The new format includes two sections: Critical Concepts (focusing on global human rights debates) and Health and Human Rights in Practice (highlighting innovative work of groups and individuals in direct engagement with human rights struggles). The journal will be published twice a year, with plans for more frequent publication in the future, and each issue will have a theme. A regularly-updated "perspectives" section will offer space for contributors to share information and express their views on a broad range of topics; a blog feature on the site will allow authors to provide additional insight and background into their articles and readers to post their comments. Health and Human Rights is currently seeking submissions for both the Critical Concepts section (5,000-7,000 words) and for the Health and Human Rights in Practice section (500-7,000 words); see <http://www.hsph.harvard.edu/xfbcenter/>. Accepted contributions will be published in the journal's open-access electronic and print versions. Due dates for upcoming themes are as follows: Vol. 10, issue 2 on Accountability, due July 1, 2008; Vol. 11, issue 1 on Participation, due September 15, 2008. However, submissions on various topics are welcome at any time.

**Call for Nominations – Health Improvement Institute**

**2008 Award for Excellence in Human Research Protection**

**Deadline: September 29, 2008**

The Award encourages and recognizes excellence and innovation in human research protection. The Office for Human Research Protections of Department of Health and Human Services was the founding sponsor of the Award program. Applications for the *2008 Award for Excellence in Human Research Protection* must be received by *September 29, 2008*. Any individual or institution that conducts research involving human beings, including medical and social science research, or that contributes to human research protection, is eligible to apply; self-nomination is also acceptable. In addition to applying for an Award, other opportunities to be part of the Award program include participation as committee members, judges, and/or sponsors. We welcome applications at any time! The Institute has Best established the following 3 Award categories: Practice—research – given to a institution, a unit, or an individual that has the best way, one of the best ways, or a proven way to achieve, or to contribute toward achieving, Innovation the protection that is the specified purpose of the practice; individual (or a team) who has— developed—given to an introduced an innovation in or has Life-time a novel approach to the protection of human research subjects; Achievement – given to an individual who has made significant contributions to the protection of human subjects of research over a continuous period of at least 20 years. Individuals or institutions may submit applications for one or more of the above Award categories. There is no fee for applying for an Award. Health Improvement Institute is a non-profit, 501(c) (3) tax exempt, organization dedicated to improving the quality and productivity of America's health care. If you have any questions or would like more information about the Award program, please call Awards Coordinator at 301-320-0965, or send an email to [hii@hii.org](mailto:hii@hii.org). You may also visit our website, [www.hii.org](http://www.hii.org). Please forward this information to colleagues!

**Call for Papers – Temple University Press**

**Volume on Social Inequalities and Health**

**Deadline: October 15, 2008**

Temple University Press plans a volume devoted to Social Inequalities and Health. In many nations the economic and political changes associated with increasing economic globalization have been seen as heightening social inequalities with potential negative effects on health outcomes. This has led to a flurry of research and policy activity concerned with reducing these social and health inequalities. Such activity has taken two separate but related forms. The first is an increased interest in what is termed the social determinants of health. These factors are identified as the economic and social factors that shape health. Much of this work has been concerned with specifying the parameters by which these social determinants of health come to shape health. It has been less concerned with identifying the political, economic, and social forces that shape the quality of these social determinants of health. The second form of work specifies the political, economic, and social forces that shape these social determinants of health and how these forces represent systematic inequalities in power and influence within a society. This work is explicitly concerned with the political economy of health and devotes attention to issues of public policy and its development, the sources of public policy development, and the means by which these forces can be influenced in the service of health. Papers are invited that will draw upon these two areas of research activity and should focus on various aspects of how social inequalities come about and how they are linked to health outcomes. These papers must incorporate a concern with each of the following: - social inequalities and differing living conditions and how these result in health inequalities (a social determinants of health perspective); - public policies and how these shape the presence of social inequalities and health inequalities (a public policy point of view); - the roles the State, market economy, and civil society play in shaping the distribution of political, economic, and social resources (a political economy analysis); and - an examination of these issues within a framework that considers the political, economic, and social forces that lead to jurisdictional differences in health outcomes (a comparative perspective). Manuscripts should not exceed 30 double-spaced pages of text plus notes and should follow the American Sociological Association guidelines. Papers should be submitted via email to Dennis Raphael at [draphael@yorku.ca](mailto:draphael@yorku.ca). Deadline for submission is October 1, 2008. Estimated publication date: August 2010.

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**CAREER DEVELOPMENT**

**American Psychological Association  
Senior Legislative & Federal Affairs Officer  
Government Relations Office  
Public Interest Directorate  
Requisition Number 924**

Required Qualifications: ·Masters degree in psychology or related field (doctoral degree preferred); ·Five-seven years of direct federal advocacy or policy experience (doctoral degree in psychology or related field may substitute for up to 2 years of experience); ·Thorough knowledge of the federal legislative and regulatory process; ·Excellent communication



skills (interpersonal, written, and verbal), including public speaking; ·Ability to understand psychological research and present complex concepts to audiences with little scientific background. Description: ·Manages APA's legislative and regulatory activities related to public interest policy, including issues impacting women and their families; and socioeconomic status. Each staff member is responsible for primary policy areas of importance to psychology in the public interest. ·Develops and implements strategies for enhancing the utilization of psychological research by Congress and federal agencies to represent APA policy and advance public interest issues. ·Researches and writes legislative proposals, congressional testimony, legislative summaries, APA briefing papers, grassroots e-mail notices, and newsletter articles, official comments to federal agencies on proposed regulatory action, and correspondence to key policymakers. ·Initiates and maintains relationships with members of Congress and their staff and executive branch officials to provide psychology's input into research priorities and public service programs, and to monitor federal policies for their impact on public interest constituencies. ·Establishes and maintains a network of contacts with other professional, consumer, scientific, provider, and government-related health, education, social service, and civil rights organizations and coalitions. ·Establishes and maintains contact with APA members and governance groups with expertise and/or interest in public interest issues, utilizes their expertise in the development of APA's policy agenda and actions, and keeps them informed of APA public policy activities. Qualified applicants please forward your resume and cover letter, including requisition number and salary requirement to: APA Human Resources, 750 First Street, NE, Washington, DC, Email: [jobs@apa.org](mailto:jobs@apa.org), Fax: 202-336-5501.

**City University of New York (CUNY)**  
**Assistant Professor of Public Health – Biostatistics (tenure track)**  
**Department of Health and Nutrition Sciences**  
**Notice Number: FY 13818**

We seek a colleague to teach our undergraduate biostatistics course and other public health courses in areas of expertise for our diverse BA/BS and MPH students. In addition, our new faculty member may join with others from the CUNY Health Collaborative and teach in our newly established Doctor of Public Health Program and work on developing the CUNY School of Public Health. Teaching and/or research experience with urban communities and interest in community-based research is a plus. Position Description and Duties: The Department of Health and Nutrition Sciences seeks applications for an Assistant Professor to teach in the undergraduate health (e.g., biostatistics) and master of public health programs; develop and maintain funded research program; serve department (e.g., student advisement and faculty governance) and profession. Qualifications and Requirements: Ph.D. or equivalent; expertise in inferential statistics and experimental design with applications to health and nutrition issues required. College teaching with experience incorporating active learning strategies and communications skills; research experience specific to public health issues; and interest in collaborative faculty and student research highly preferred. This position is contingent upon financial availability. Compensation: Commensurate with experience and credentials Closing Date: Open until filled. FSLA Status: Exempt. To apply: PLEASE SEND COVER LETTER, CURRICULUM VITAE, A WRITING SAMPLE AND THREE (3) LETTERS OF RECOMMENDATION AS A SINGLE PACKAGE TO: Michael T. Hewitt, Assistant Vice President for Human Resource Services, Brooklyn College/CUNY, 2900 Bedford Avenue, Brooklyn, New York 11210-2889.

**Columbia University**  
**Mailman School of Public Health**  
**Heilbrunn Department for Population and Family Health (HDPFH)**  
**Assistant or Associate Professor of Clinical Public Health (full-time)**

The Heilbrunn Department of Population and Family Health at the Mailman School of Public Health of Columbia University is seeking candidates for an assistant or associate professor to lead a new initiative on Global Justice and Health. The initiative will include developing a new course teaching human rights frameworks and advocacy skills, conducting research, and developing and overseeing service programs that will advance the field of human rights and health. The initiative will begin in Fall, 2008. The HDPFH is a vibrant department of approximately 30 full-time faculty from a variety of professional backgrounds whose work focuses on domestic and global issues related to sexual/reproductive, adolescent, child and refugee health. Faculty in this largely grant-funded department engage in a unique combination of research, teaching and service activities. Specific responsibilities include: - developing a new course teaching contemporary human rights frameworks and their applicability to health issues as well as advocacy tools that can be utilized in domestic and global settings and exploring potential experiential learning opportunities that will provide students with unique opportunities to develop their skills; - conducting research that will advance the field of human rights and health; - developing and overseeing service projects that will advance the field of human rights and health. The incumbent will also help secure new sources of funding; advise students and serve in various capacities as a member of the teaching faculty in the Heilbrunn Department of Population and Family Health. The academic level of the appointment will be determined by scholarly research in the field, including first authored peer reviewed publications. How to apply: Interested candidates should submit their materials via e-mail to Yolanda Roman at [yr4@columbia.edu](mailto:yr4@columbia.edu). Qualifications: Successful applicants must have: - A JD or equivalent legal experience and expertise; - A demonstrated commitment to health and human rights; - Expertise in advocacy either in a domestic or global context-experience in both settings, preferred; -

Comprehensive knowledge of human rights frameworks and the field of human rights; - Success obtaining public and private funding preferred; - University teaching experience preferred.

**Duke University, Durham, NC**

**Program Associate, Program on Global Health and Technology Access, Terry Sanford Institute of Public Policy**

This position provides an opportunity to help build the Program on Global Health and Technology Access (GHTA). The Program supports research, policy meetings, and teaching on issues in global health, particularly related to the ownership and control of knowledge and how it is harnessed to improve the health of the poor. The Program's research and policy work focuses on how to improve innovation and ensure greater affordability of essential medicines, particularly in developing countries. GHTA also recently has extended its work on another issue of globalization and health equity—the political economy of tobacco control in Southeast Asia. The Program serves as the Strategic Policy Unit for ReAct, an emerging global coalition to combat antibiotic resistance. The Program has developed several exciting fellowship and training programs along with classroom courses. These include the teaching of a public policy graduate seminar on “Globalization and Health Equity”; the Global Health Fellows Program (part of the Sanford Institute's Program on Global Policy and Governance) that places graduate students in health policy internships in Geneva and co-organizes a course on “Health Policy in a Globalizing World” with the World Health Organization each summer; and the Pharmaceutical Policy Leaders in Medicine Institute held in partnership with the American Medical Student Association Foundation. We are also exploring the possibility of developing a new course on “Designing Innovation for Global Health.” Alongside our research projects, the Program hosts policy convenings at Duke and elsewhere. Your help in disseminating the posting to interested folks would be most appreciated. The position is also listed on the web at:

<http://cfusion.sph.emory.edu/PHEC/JobDetails.cfm?JobID=23027>.

**Health and Aging Policy Fellows Program**

**2008-2009 Application Deadline: May 1, 2008**

I am pleased to announce an important new professional fellowship opportunity, entitled the Health and Aging Policy Fellows Program. Supported by The Atlantic Philanthropies and administered by Columbia University, this national program seeks to provide professionals in health and aging with the experience and skills necessary to make a positive contribution to the development and implementation of health policies that affect older Americans. The program offers two different tracks for individual placement: (1) a residential track that includes a nine-to-12-month placement in Washington, D.C. or at a state agency (as a legislative assistant in Congress, a professional staff member in an executive agency or in a policy organization); and (2) a non-residential track that includes a health policy project and brief placement(s) throughout the year at relevant sites. Core program components focused on career development and professional enrichment are provided for fellows in both tracks. The program is open to physicians, nurses and social workers at all career stages (early, mid, and late) with a demonstrated commitment to health and aging issues and a desire to be involved in health policy at the federal, state or local level. Other professionals with clinical backgrounds (e.g., pharmacists, dentists, clinical psychologists) working in the field of health and aging are also eligible to apply. Under special circumstances, exceptions may be made for non-clinicians who are in positions that can impact health policy for older Americans at a clinical level. Our goal is to create a cadre of professional leaders who will serve as positive change agents in health and aging policy, helping to shape a healthy and productive future for older Americans. To this end, we seek your assistance in informing potential candidates of this opportunity. Please feel free to forward this notification to prospective applicants or others in the field who may know of such individuals, or to suggest other methods and/or venues for marketing the program. For further information, please visit our website at [www.healthandagingpolicy.org](http://www.healthandagingpolicy.org) or contact me or Phuong Huynh, Deputy Director of the program ([huynhpt@pi.cpmc.columbia.edu](mailto:huynhpt@pi.cpmc.columbia.edu) or 212-543-6213) directly.

**Kaiser Permanente Colorado, Denver, CO**

**Senior Director, Institute for Health Research**

[www.KPCO-IHR.org](http://www.KPCO-IHR.org)

Kaiser Permanente Colorado (KPCO) is seeking a Senior Director for the Institute for Health Research (IHR). KPCO is a not-for-profit group model integrated health system, consisting of the Colorado Permanente Medical Group with approximately 800 physicians and the Kaiser Foundation Health Plan of Colorado with 485,000 members. KPCO has an outstanding record of innovation and excellence in clinical care and research. The mission of the IHR is to conduct research that can be translated into clinical practice, health promotion, and policies to improve the health of individuals and populations. The IHR, with \$14.7 million total research funding in 2007, includes 12 investigators and a staff of over 100. Areas of focus include health services, behavioral, epidemiologic, translational, and clinical research including clinical trials. Primary funders include federal agencies, foundations, and industry. The IHR maintains extensive research collaborations with other health plans, academic medical centers, and community partners. The duties of the Senior Director include overseeing both research and the IHR budget in collaboration with Institute and KPCO leadership, supervising and ensuring mentorship for investigators, maintaining strong collaborative relationships with physicians and managers at KPCO, and national leaders. Personal scholarly work is expected, however administrative responsibilities are a priority. Applicants must possess an advanced degree in a health related area (MD, PhD, or equivalent) and 10+

years leadership experience that demonstrates the ability to build a cohesive and collaborative culture. In addition the position requires a shared commitment to the IHR's strategic vision for research, substantial research experience, including a strong publication record, successful attainment of federal funding, and experience supervising large and multi-institutional grants. Please contact: [Kathy.X.Brown@kp.org](mailto:Kathy.X.Brown@kp.org). EOE, M/F, V/H.

**National Association of County and City Health Officials (NACCHO), Washington, DC**

**Executive Director**

NACCHO is the national membership organization representing local health departments. NACCHO supports efforts that protect and improve the health of all people and all communities by promoting national policy, developing resources and programs, seeking health equity, and supporting effective local public health practice and systems. The Executive Director will be responsible for the overall management and operation of the association, implementation of Board directives and policies, and financial and personnel management. S/he will assure that NACCHO takes a leadership role in the advancement of the practice of local public health and maintains a high quality organization that effectively addresses the needs of local health departments (LHDs). Ideal candidates will have five (5) to ten (10) years experience managing a state, regional or local department of health, a nonprofit membership organization, and/or association with responsibility for program management, administrative supervision, staff and program oversight, and Board of Directors interaction preferred. NACCHO's website can be accessed at: [www.naccho.org](http://www.naccho.org). Contact: Cheri Griffin, Senior Associate, Korn/Ferry International, Washington, DC 202-955-0913 or [Cheri.Griffin@KornFerry.com](mailto:Cheri.Griffin@KornFerry.com).

**National Institutes of Health**

**2008 NIH Social Work Research Working Group Summer Institute**

**Bethesda, MD**

**July 27-August 1, 2008**

The NIH Social Work Research Working Group is pleased to announce that the website for its 2008 Summer Institute now live. The site describes the Institute, the background on this activity, and has the materials and instructions on how to apply. TOPIC: Health Services Research: Cross-Systems Research to Improve Health Outcomes. Link: <http://conferences.thehillgroup.com/obssr/summerinstitute2008/index.html>.

**Pennsylvania State University**

**Associate Director, University Health Services/ Director Health Promotion and Wellness**

Penn State's University Health Services is seeking a senior health promotion professional to provide creative, energetic and strategic leadership for all prevention and wellness services, including community development, public health promotion and wellness and advocacy. The associate director will have the exciting opportunity to assume this key role in a newly constructed (May 2008) state-of-the-art 64,000 sq. ft. student health center. Building on a long history of health promotion excellence, she/he will have the opportunity for innovative program and service development and strategic, campus-wide health planning at the University Park campus, home to 42,000 students, in the bucolic "Happy Valley" of central Pennsylvania. The associate director oversees the Department of Health Promotion and Wellness and serves on UHS senior leadership team. The Health Promotion and Wellness Department is staffed by four health educators, a part-time dietitian, several graduate students, two administrative support staff and over 100 student volunteers She/he will be responsible for establishing and maintaining high standards for educational and prevention practice within parameters set by relevant professional groups, state and federal agencies and accreditation bodies. Additionally, the Associate Director provides health promotion and education leadership, consultation and support to the 23 Penn State campuses throughout the state and provides oversight for UHS staff professional development. We are seeking a professional with a record of accomplishment who is creative and values innovation along with excellence. Knowledge of and experience with evaluation, assessment and outcomes measurement is important as is commitment to and experience working with college students and diverse populations. Experience with technology is essential, as is outstanding interpersonal communication and dynamic leadership abilities. Interest in alternative/complementary prevention approaches with novel ideas about service and program delivery strategies is a plus. A Master's degree in health promotion, public health or equivalent knowledge plus a minimum of three years experience as a college health promotion director/manager is required. CHES recommended. A PhD or equivalent terminal degree is desirable. Position available effective July 1, 2008. Electronically submit a cover letter, salary requirements and resume at [www.psu.jobs](http://www.psu.jobs) or mail to The Pennsylvania State University, Employment and Compensation Division, Job #D-26923, Fifth Floor, James M. Elliott Building, University Park, PA 16802 or fax to 814-865-3750.

**University of North Carolina – Chapel Hill, School of Public Health, Department of Health Behavior & Health Education**

**Tenure-track position in health behavior and health education with focus on global health. Appointment at Assistant Professor; other ranks may be considered.**

DEPARTMENT OVERVIEW: Faculty address prevention, health promotion, disease management across a variety of

health problems in diverse populations domestically and internationally, emphasizing three areas: health communication, interpersonal and social processes, and community engagement. The department is committed to research and practice that advances social justice. RESPONSIBILITIES include funded research, graduate level teaching, and advising. Scholarship should include application of health behavior principles to preventing or reducing global health problems and bring a global perspective to an understanding of health behavior and health promotion topic areas. Research should focus on health priorities in low-resource settings, addressing infectious or chronic diseases or other global health issues. QUALIFICATIONS: Doctorate in international health, behavioral or social sciences, medicine or public health, or related disciplines. Research experience pertinent to global health and health behavior. Demonstrated ability to establish and collaborate in multidisciplinary, funded research programs. Peer-reviewed publications required; some graduate-level teaching experience preferred. DATES: Screening of applications will begin on April 1, 2008. TO APPLY: email PDF versions of curriculum vitae, cover letter and contact information for three references to Jo Anne Earp, ScD, Search Committee Chair, at [global\\_health\\_search@unc.edu](mailto:global_health_search@unc.edu). SEE Detailed Instructions for Application at: [www.sph.unc.edu/hbhe](http://www.sph.unc.edu/hbhe).

**Urban Institute, Washington, DC**  
**Principal Research Associate**

OVERVIEW: The Labor, Human Services, and Population Center at the Urban Institute is seeking a Principal Research Associate to lead research efforts on children's policy. The successful candidate will be an expert who links the worlds of research and policy, brings a history of distinguished policy-related research, and is eager to multiply his or her impact through partnership with Urban's strong research team. Given the changing demographics of the United States and the attention likely to be paid to various aspects of children's and early childhood policy by a newly elected President and Congress in the coming year (as well as by state and local elected and appointed officials across the country), the successful candidate will be in a position to contribute substantially to the Urban Institute's mission of promoting sound social policy and public debate on national priorities. For this role, UI is looking for a nationally recognized leader who can take an already strong research and policy program to the next level. In particular, the successful candidate will identify strategic opportunities to leverage the Urban Institute's breadth across several different centers that currently conduct research on children: the Education Policy Center, the Health Policy Center, and the ongoing research on child care and child welfare within the Labor, Human Services, and Population Center. The successful candidate will combine a strong research interest and record in one or more aspects of children's policy with an equally strong interest in stimulating and carrying out collaborations with others who have complementary interests. RESPONSIBILITIES: Major responsibilities include intellectual leadership in project development, identifying and securing funding sources for projects, mentoring and managing research staff, and representing the Institute and its work to clients, policymakers and professional audiences. Individual would work as part of interdisciplinary research teams that conduct studies related to children's policy, including but not limited to, early childhood programs and results, child welfare systems, systems serving at-risk youth, mental health systems, and services for children with disabilities. Proven ability to conduct high level analysis, fundraise from federal and philanthropic sources, prepare reports and publishable papers, communicate effectively with policy experts and decision-makers, and provide team leadership. Areas of particular expertise might include child development, child outcomes and wellbeing, special populations of children, or particular service systems with policy relevance. A Ph.D. in a social science field and 10+ years of policy research experience or an equivalent combination of education and research experience is required. Successful candidates with these qualifications could have career experience in one or more of the arenas where rigorous research and policy impact come together, including academia, research and policy institutions, research contractors, the public sector, advocacy or law. Strong candidates from all of these settings are urged to apply. QUALIFICATIONS: Doctoral degree (Ph.D.) in social sciences, particularly in Economics, Demography, or Sociology with specialization in immigration studies; and ten or more years related experience and/or training; or equivalent combination of education and experience. Proven ability to conduct high level analysis, fundraise from federal and philanthropic sources, prepare reports and publishable papers, communicate effectively with policy experts and decision-makers, and provide team leadership. Areas of particular expertise might include child development, child outcomes and wellbeing, special populations of children, or particular service systems with policy relevance. Successful candidates with these qualifications could have career experience in one or more of the arenas where rigorous research and policy impact come together, including academia, research and policy institutions, research contractors, the public sector, advocacy or law. Strong candidates from all of these settings are urged to apply. [http://jobs-urban.icims.com/urban\\_jobs/jobs/candidate/job.jsp?jobid=1387&mode=view](http://jobs-urban.icims.com/urban_jobs/jobs/candidate/job.jsp?jobid=1387&mode=view)

**Urban Institute, Washington, DC**  
**Principal Research Associate**

OVERVIEW: The Labor, Human Services, and Population Center at the Urban Institute is seeking a Principal Research Associate to lead research efforts on immigration policy and immigrant integration. The successful candidate will be an expert who links the worlds of research and policy, brings a history of distinguished policy-related research, and is eager to multiply his or her impact through partnership with Urban's strong research team. Given the importance of immigration and the attention likely to be paid to it by a newly elected President and Congress in the coming year (as well as by state



and local elected and appointed officials across the country), the successful candidate will be in a position to contribute substantially to the Urban Institute's mission of promoting sound social policy and public debate on national priorities. The Urban Institute is prepared to make a substantial commitment to the successful candidate, in order to attract a nationally recognized leader who can take an already strong research and policy program to the next level. In particular, the successful candidate will identify strategic opportunities to leverage the Urban Institute's breadth across national (and international) social policy issues for a stronger contribution to immigration issues. For example, the Institute brings nationally recognized expertise in health care policy and financing, education, and employment, as well as an international activities center with expertise in many developing, migrant-sending countries. RESPONSIBILITIES: The Labor, Human Services, and Population Center at the Urban Institute is seeking a Principal Research Associate to lead research efforts on immigration policy and immigrant integration. The successful candidate will be an expert who links the worlds of research and policy, brings a history of distinguished policy-related research, and is eager to multiply his or her impact through partnership with Urban's strong research team. Given the importance of immigration and the attention likely to be paid to it by a newly elected President and Congress in the coming year (as well as by state and local elected and appointed officials across the country), the successful candidate will be in a position to contribute substantially to the Urban Institute's mission of promoting sound social policy and public debate on national priorities. The Urban Institute is prepared to make a substantial commitment to the successful candidate, in order to attract a nationally recognized leader who can take an already strong research and policy program to the next level. In particular, the successful candidate will identify strategic opportunities to leverage the Urban Institute's breadth across national (and international) social policy issues for a stronger contribution to immigration issues. For example, the Institute brings nationally recognized expertise in health care policy and financing, education, and employment, as well as an international activities center with expertise in many developing, migrant-sending countries. QUALIFICATIONS: Doctoral degree (Ph. D.) or equivalent; and ten or more years related experience and/or training; or equivalent combination of education and experience. Proven ability to conduct high level analysis, fundraise from federal and philanthropic sources, prepare reports and publishable papers, communicate effectively with policy experts and decision-makers, and provide team leadership. Specifically, candidate must be a strong communicator and published writer on immigration policy or related demographic topics. Given the study populations, the candidate should have expertise on culturally appropriate methods for research with diverse communities. Successful candidates with these qualifications could have career experience in one or more of the arenas where rigorous research and policy impact come together, including academia, research and policy institutions, research contractors, the public sector, advocacy or immigration law. Strong candidates from all of these settings are urged to apply. [http://jobs-urban.icims.com/urban\\_jobs/jobs/candidate/job.jsp?jobid=1386&mode=view](http://jobs-urban.icims.com/urban_jobs/jobs/candidate/job.jsp?jobid=1386&mode=view)

**Urban Institute, Washington, DC  
Research Associate I**

OVERVIEW: The Labor, Human Services and Population Center seeks a Research Associate to conduct empirical studies on children's well being and the role of services and policies to support their development. RESPONSIBILITIES: Include developing conceptual models, conducting empirical studies, and writing and presenting reports orally to academic and policy audiences. QUALIFICATIONS: A PhD or equivalent in developmental psychology. Candidate should have training in econometrics and statistics, and experience using micro-level databases and statistical packages. Candidate should demonstrate the ability to conduct policy-relevant empirical analyses and to present material to lay audiences in writing and orally. Strong quantitative skills, an ability to think strategically about research agendas, skill interacting with staff at all levels and a willingness to work both independently and on team projects is necessary. [http://jobs-urban.icims.com/urban\\_jobs/jobs/candidate/job.jsp?jobid=1416&mode=view](http://jobs-urban.icims.com/urban_jobs/jobs/candidate/job.jsp?jobid=1416&mode=view)

**Urban Institute, Washington, DC  
Research Associate I**

OVERVIEW: Conduct empirical studies related to employment and social services for low-income populations- could include analyses of welfare program participation, poverty, asset building, immigration, and child well-being. RESPONSIBILITIES: Responsibilities include developing conceptual models, conducting empirical studies, and writing and presenting reports orally to academic and policy audiences. QUALIFICATIONS: Ph.D. or equivalent in economics, public policy, or related social science field. Training in econometrics and statistics, and experience using micro-level databases and statistical packages. Demonstration of the ability to conduct policy-relevant empirical analyses and to present material to lay audiences in writing and orally. Strong quantitative skills, ability to think strategically about research agenda, ability to interact with staff at all levels, and to work both independently and on team projects. [http://jobs-urban.icims.com/urban\\_jobs/jobs/candidate/job.jsp?jobid=1398&mode=view](http://jobs-urban.icims.com/urban_jobs/jobs/candidate/job.jsp?jobid=1398&mode=view)

**Wichita State University  
Community & Organizational Researcher**

JOB SUMMARY: The duties of the position include conceptualizing, designing, implementing and conducting community based research initiatives including writing grants to secure external research funding. This Community & Organizational Researcher position will operate as part of the Center's Research team which takes a self-directed work team approach.

This team includes experienced doctoral level researchers, master s level research associates, and doctoral students in community psychology. This is a full-time, benefits eligible twelve month position, June 1, 2008, or at the earliest possible date. Salary is commensurate with experience. RESPONSIBILITIES: - Develop working relationships with community research partners and colleagues on the Research team and other work groups within the Center for Community Support & Research. - Conceptualize, design, implement and conduct community-based research on ongoing Center research initiatives and new research projects consistent with the vision and mission of the Center for Community Support & Research. -Develop grant and contract proposals for external funding to conduct community based participatory research and related activities. - Analyze existing and new data. - Write research articles to be submitted to peer reviewed journals and conferences. - Other duties as assigned. This Wichita-based position requires: - PhD in the social sciences from accredited university or doctoral student all done but dissertation with degree completion in 2008; - Experience working on community based research preferably with mental health consumers or similar community based groups; - Demonstrated technical writing ability including writing peer reviewed journal articles; - Ability to assist and/or take the lead in writing research grants and research proposals; - Ability to collaboratively work with external and internal partners; - Demonstrated success independently working in project leadership roles; - Ability to work with diverse populations; - Willingness to travel 3-5 days per month; - Demonstrated ability to use and understand statistics and statistical packages including SPSSx. Application Process: For full consideration, applicants must complete the on-line application and cut and paste the following items: 1. cover letter describing abilities to meet required and/or preferred qualifications, 2. resume, and 3. name, address & telephone number of 3 persons you have asked to serve as professional references. Review of applications will begin April 1, 2008. The consideration of applications will continue until the position is filled. Wichita State University is an EEO/AA employer. VN: UAA4563028 \$/ Close Date: 04/01/2008. To apply: <https://www.hrepartners.com/jobs/PositionDetail.cfm?JobNum=11765&PartnerCode=WP&LeoFlag=N>

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## CONFERENCES AND EVENTS

### **Asian Pacific American Community Research Roundtable 2008 Research Summit: Turning Data into Action Loyola Marymount University Los Angeles, CA**

**April 11, 2008**

The Asian Pacific American Community Research Roundtable is hosting its 2008 Research Summit, entitled Turning Data into Action, on Friday, April 11, 2008 at Loyola Marymount University in Los Angeles. The Summit's objective is to create a venue for academic and community partners of shared research interests to come together to build relationships, share data and resources, and coordinate research and policy efforts. Registration fee is \$25, which includes materials, lunch and parking (\$15 for students). Interested individuals should register online at:

[http://www.surveymonkey.com/s.aspx?sm=71nFQY27O78yupfesrUd8w\\_3d\\_3d](http://www.surveymonkey.com/s.aspx?sm=71nFQY27O78yupfesrUd8w_3d_3d). Registration deadline is Thursday, 4/3/08. Directions and other details of the event will be sent to you after your registration. In order to foster intimate and productive dialogues that day, we're limiting participation of the Summit to no more than 100 people. The Asian Pacific American Community Research Roundtable is a committee of the Asian Pacific Policy and Planning Council (A3PCON). The Research Summit is co-sponsored by the Association of Asian American Studies (AAAS) and other local community-based organizations and universities. For more information, please don't hesitate to call or email Eric Wat at 213-553-1820 or [ewat@ssgmain.org](mailto:ewat@ssgmain.org).

### **Race, Sex, Power: New Movements in Black and Latina/o Sexualities University of Illinois at Chicago 725 W. Roosevelt Road Chicago, Illinois**

**April 11 - 12, 2008**

Conference registration website: <http://condor.depaul.edu/~rsp2008/info.html>

Faculty from nine universities and colleges will hold the largest ever conference on black and Latina/o sexuality on April 11-12 at the University of Illinois at Chicago. "Race, Sex, Power: New Movements in Black and Latina/o Sexualities," the culmination of more than two years of planning, will bring together academics, activists, and artists to address topics ranging from intimacy and desire to HIV/AIDS and teen pregnancy to humor and Hip Hop. Organizer Cathy Cohen, Professor of Political Science at the University of Chicago, calls the conference "a bold effort to rethink what sexuality means for the two largest racial minorities in the US." Dr. Jocelyn Elders, the former United States Surgeon General appointed by President Clinton, will open the conference on Friday morning, April 11. Sponsored by the participating universities with major funding from the Ford and Arcus Foundations, "Race, Sex, Power" aims to set a new agenda for

studying, organizing, writing, and developing policy about sexuality. Juan Battle, professor of Sociology at the CUNY Graduate Center, argues that the conference is not only ambitious, but timely, as sexuality is central to current political debates. "Same-sex marriage, abstinence education, and abortion rights are all at the forefront." Marysol Asencio, associate professor of Family Studies/Puerto Rican and Latino/a Studies from the University of Connecticut at Storrs, adds that the demographic shifts in the US mean that "sexuality has to be confronted from the perspective of race, not merely to challenge the pathologies historically assigned to Latina/o and Black Americans, but to explore the dynamism and heterogeneity within these populations as well." The conference program takes sexuality and race in all their complexity. Panels and speakers selected from hundreds of submissions will cover, among other things: media, migration and immigration, religion and spirituality, sexual tourism, reproductive rights, transgender, community organizing, gay and lesbian civil rights, poverty, social class, age, and the sex industry. Within the wide variety of approaches in both method and topic, a key idea emerges. Sexuality can only be imagined in the context of communities that are embedded in a national and international context of changing sexual mores and deeply entrenched habits of thought and representation. One of the hallmarks of this conference, Cohen stresses, is its emphasis on collaboration and inclusiveness. The complex coordination of nine institutions permitted organizers to draw on a pool of expertise that no one college or university could hope to contain. The unusual blend of research, activism, and art encourages all participants to think outside their personal assumptions and the conventions of their fields. Finally, the organizers hope to draw an audience of specialists and non-specialists alike. Asencio reminds us that knowledge about sexuality is hardly confined to those who make a profession of its study. Everyone, Asencio argues, is engaged in a critique of current sexual conventions. The conference is simply the space where such knowledge can be shared, rethought, and transformed. SPONSORING UNIVERSITIES AND COLLEGES: Chicago State University, Columbia College Chicago, DePaul University, The Graduate Center, CUNY, Northwestern University, Roosevelt University, University of Chicago, University of Connecticut at Storrs, University of Illinois, Chicago. Conference website - [www.colum.edu/institutewomengender](http://www.colum.edu/institutewomengender). For more information, contact: [racesexpower08@gmail.com](mailto:racesexpower08@gmail.com).

**Maryland's Fifth Annual Health Disparities Conference  
"Promising Practices Across Maryland"**

**Martins West  
Baltimore, MD  
April 24, 2008**

To register, please visit the MHHD Webpage at [www.mdhealthdisparities.org](http://www.mdhealthdisparities.org). The conference will be taking place on Thursday, April 24, 2008 from 8:00am - 4:00pm at Martins West in Baltimore. The purpose of the conference is to provide participants with examples of successful models that have been used to eliminate disparities and improve health care for minorities. Greetings and welcome will be provided by Maryland's Lt. Governor, Anthony G. Brown. The keynote speaker is Dr. Stephen B. Thomas, Director of the Center for Minority Health and Philip Hallen Professor of Community Health and Social Justice at the University of Pittsburgh Graduate School of Public Health. Additional presentations and workshops will highlight initiatives at the state, local, and community level. Conference registration is expected to reach capacity, please register early to ensure your space. See attached flyer or visit [www.mdhealthdisparities.org](http://www.mdhealthdisparities.org) for more details.

**Center for the Study of Diversity in Science, Technology, and Medicine Massachusetts Institute of Technology-  
MIT What's the Use of Race?**

**MIT Faculty Club  
Cambridge, Massachusetts  
April 25-26, 2008**

Website: <http://web.mit.edu/csd/WUR/Program.html>

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

**Committee on National Statistics Workshop on Vital Data for National Needs**

**Lecture Room, Main NAS Building  
2100 C St., NW,  
Washington DC**

**Wednesday, April 30, 2008, 8:00 am - 5:30 pm**

**Please RSVP to Michael Siri ([msiri@nas.edu](mailto:msiri@nas.edu) or 202-334-3113) by April 25.**

The U.S. Vital Statistics System provides information of national importance on births, deaths, and other vital events for the U.S. population. The system is a cooperative undertaking of the National Center for Health Statistics working with the responsible registration agencies in the 50 states, the territories, the District of Columbia, and New York City. The CNSTAT "Workshop on Vital Data for National Needs" (see attached working agenda) will highlight the wide range of important and growing uses of vital statistics, which include: -- monitoring and understanding changes in fertility by population group and geographic area; -- analyzing socioeconomic and geographic disparities in infant and adult mortality; -- public health policy and program planning and evaluation; -- infectious disease surveillance and other national security-related uses; -- small-area estimates and projections for local planning; -- predicting life expectancy for population groups; and -- assessing and projecting the fiscal health of the Social Security system. A second purpose of the workshop is to identify needed improvements to the Vital Statistics System from the perspective of federal agencies, state agencies, health researchers, and others. The workshop will include sessions on: -- Health Policy and Health Research Uses of Vital Statistics ; -- Growing and Emerging Uses; -- Understanding the Future ; -- Role of the States and Recent Innovations ; -- Methodological Issues; -- Federal-State Cooperative Systems ; -- Where Do We Go from Here? Bandaid to Cadillac Solutions. Steven Murdock, director of the U.S. Census and former Texas state demographer, will be the luncheon speaker. The planning committee-Louise Ryan, chair, Harvard School of Public Health; Janet Norwood, BLS retired; Edward Perrin, University of Washington School of Public Health, Samuel Preston, University of Pennsylvania Population Studies Center, and Kenneth Prewitt, Columbia University School of International and Public Affairs-thanks the National Center for Health Statistics, Social Security Administration, and U.S. Census Bureau for funding support.

AGENDA:

*Welcome and Introductory Comments*

8:00 am Continental breakfast available

8:30 Background, Workshop Goals, and Agenda

Constance Citro, Director, CNSTAT

Edward Sondik - Director, National Center for Health Statistics

Louise Ryan, CNSTAT Member and Planning Committee Chair

*Uses of Vital Statistics Data and Increasing Demands on the System*

8:45 Health Policy and Health Research Uses of Vital Statistics: Data Driven Policy; Health Risk Assessments; Health Surveillance; Health Disparities

Moderator: Louise Ryan, Department of Biostatistics, Harvard University

Presenters:

- Nancy Krieger - Department of Society, Human Development, and Health, Harvard School of Public Health
- Richard Rogers - Department of Sociology and Program on Population Processes, University of Colorado, Boulder
- Peter van Dyck - Associate Administrator, Maternal and Child Health, Health Resources and Services Administration, U.S. Department of Health and Human Services

10:00 Break

10:15 Understanding the Future: Life Expectancy, Population and Fiscal Projections

Moderator: Samuel Preston, Population Studies Center, University of Pennsylvania

Presenters:

- Stephen Goss - Chief Actuary, U.S. Security Administration
- Fred Hollmann - Population Projections, U.S. Census Bureau

11:00 Growing and Emerging Uses: National Security, Infectious Disease Surveillance, Small-Area Estimates for Local Planning

Moderator: Kenneth Prewitt, School of International and Public Affairs, Columbia University

Presenters:

- Michael A. Stoto - School of Nursing and Health Studies, Georgetown University
- Ed Hunter - Deputy Director, Washington Office, Centers for Disease Control and Prevention
- Victoria Velkoff - Assistant Division Chief, Population Estimates and Projections, U.S. Census Bureau

12:00 Lunch (in the meeting room)

*Reflections on Current Uses & Future Needs for Vital Statistics*

Steven Murdock - Director, U.S. Census Bureau

*Where are We Now: Challenges and Needs*

1:00 pm Role of the States and Recent Innovations

Moderator: Edward Perrin, School of Public Health and Community Medicine, University of Washington

Presenters:

- Steven Schwartz - Registrar and Assistant Commissioner, Office of Vital Statistics, New York City Department of Health and Mental Hygiene
- Garland Land - Executive Director, National Association for Public Health Statistics and Information Systems (NAPHSIS)

2:00 Methodological Issues: Race, Variations in Certificates, Timeliness, Etc.

Moderator: Sharon Arnold, Vice President, AcademyHealth



Presenters:

- David Williams - Department of Society, Human Development, and Health, Harvard School of Public Health [to be confirmed]
- Stephanie Ventura - Chief, Reproductive Statistics Branch, National Center for Health Statistics
- Robert Anderson - Chief, Mortality Statistics Branch, National Center for Health Statistics

2:45 Break

*Options for Building a Vital Statistics System for the 21st Century*

3:00 Federal-State Cooperative Systems: Examples of Successes from within the Federal Statistical System

Moderator: Janet Norwood, Consultant

Presenters:

- John Galvin - Associate Commissioner for Employment Statistics, Bureau of Labor Statistics
- Andrew White - Special Assistant to the Commissioner, National Center for Education Statistics
- Harry Rosenberg - NCHS, retired

4:00 Where Do We Go from Here? Bandaid to Cadillac Solutions

Moderator: Kenneth Prewitt, Columbia University

Presenter: Jennifer Madans - Associate Director for Science, National Center for Health Statistics

Discussants:

- Howard Hogan - Associate Director for Demographic Programs, U.S. Census Bureau
- Steven Schwartz - NYC Department of Health and Mental Hygiene
- Nancy Krieger - Harvard School of Public Health

5:15 Concluding Remarks

Charles Rothwell, Director, Division of Vital Statistics, National Center for Health Statistics

Louise Ryan - CNSTAT Member and Planning Committee Chair

5:30 p.m. Adjourn

**Association for Prevention Teaching and Research and the National Center for Research Resources, NIH  
First Workshop Theme: Partnering with community health care providers to translate research into practice  
Bethesda, MD  
May 9, 2008**

The Association for Prevention Teaching and Research (APTR) and the National Center for Research Resources, NIH, will host the first in a series of workshops focused on community based research on May 9 in Bethesda, MD. This workshop will bring together members of the prevention and public health community to help establish recommendations for academic community collaborations and partnerships with other community programs in translating science into community based practice. Theme: Partnering with community health care providers to translate research into practice. Outcomes: \*Identify key enablers of successful academic-community provider partnerships; \*Identify effective strategies for dissemination, diffusion, and adoption of research; \*Identify public and private-sector partners for collaborative translational research. For details, visit <http://www.aptrweb.org/workshops/index.html>.

**Justice Between Age Groups  
University of Essex  
25-27 June, 2008**

**Deadline: May 15, 2008**

The conference addresses the question: what is a fair distribution of important resources - for example, education, health care, and income support - between different age groups? This question is both of philosophical interest and of great political urgency given the demographic changes taking place within modern democratic states, where declining fertility rates and longer life-expectancy result in ageing populations, and new pressures on standard models of welfare provision. The conference papers will fall in two main areas. First, some papers will debate fundamental principles for distributing resources between different age groups. The main research questions in this area are the following. Should the state devote equal amounts of social resources to different age groups - say, on health care for the elderly and the young? Or, perhaps more plausibly, should the state devote unequal amounts of resources to different age-groups, so as to meet equally their unequal needs? The second set of papers will tackle questions of public policy from a principled point of view, including the following: What does a society owe to children with respect to educational provision? Is age-discrimination in the labour market morally defensible? How should the state support the institution of the family given the family's role in serving the interests of children, parents and third parties? How must the state adjust education and health policy, childcare support, and labour market regulations, so as to facilitate family life? The conference is supported by the British Academy, the Mind Association, the Society for Applied Philosophy, and the Human Rights Centre, University of Essex. SPEAKERS -- Richard Arneson, University of California, San Diego Paul Bou-Habib, University of Essex Harry Brighouse, University of Wisconsin-Madison Matthew Clayton, University of Warwick Norman Daniels, Harvard University Axel Gosseries, Université Catholique de Louvain Dennis McKerlie, University of Calgary Adam Swift, University of Oxford

Andrew Williams, University of Warwick. If you are interested in attending the conference, please contact Paul Bou-Habib ([pbou@essex.ac.uk](mailto:pbou@essex.ac.uk)) for information about conference fees and booking arrangements. Places can be booked until 15 May 2008. Two graduate student bursaries, sponsored by the Analysis Trust, will be provided on a first-come-first-serve basis.

**The Academy for Health Equity (AHE)**

**Inaugural Founding Conference -- "Building Capacity to Eliminate Health Disparities - The Founding Meeting of the Academy for Health Equity"**

**Hyatt Regency Denver at the Colorado Conference Center**

**Denver, Colorado**

**June 26-27, 2008**

The Academy for Health Equity (AHE) will host its Inaugural Conference on June 26-27, 2008 in Denver Colorado. The two-day meeting is expected to draw 500 attendees with interests in eliminating health disparities. The Conference will be a forum to exchange ideas, knowledge, and policy alternatives to address one of the nation's most pressing health issues. Dr. David Satcher, Director of the Center of Excellence on Health Disparities at the Morehouse School of Medicine in Atlanta, where he occupies the Poussaint-Satcher-Cosby Chair in Mental Health, is the invited keynote speaker. Dr. Satcher is the 16th U.S. Surgeon General and former Assistant Secretary for Health of the Department of Health and Human Services. AHE is a non-profit multidisciplinary organization dedicated to the elimination of health disparities through achievement of health equity. AHE's efforts focus on research, advocacy, education, and policy development. Its mission is "to utilize rigorous scientific research, policy development, and community advocacy to eliminate health disparities and create a social movement designed to ensure equal opportunity for health." Founding Co-chairs of the AHE Executive Committee are Thomas A. LaVeist, PhD, from the Johns Hopkins Bloomberg School of Public Health, and Stephen B. Thomas, PhD, from the University of Pittsburgh Graduate School of Public Health. The overarching theme of the Inaugural Conference is "Building Capacity to Eliminate Health Disparities - The Founding Meeting of the Academy for Health Equity." There will be scientific sessions, poster presentations, and panel discussions to explore causes of health disparities and develop solutions through achieving health equity. Session topics include the impact on health of poverty, discrimination and other social determinants, the environment, and access, delivery and utilization of medical care and public health services. Expected outcomes from the conference include: \* To establish a home to focus inter- and trans-disciplinary efforts to eliminate health disparities through achieving health equity. \* To accelerate the progression of knowledge development and skills enhancement to eliminate racial and ethnic disparities. \* To identify and sustain a cadre of dedicated individuals and organizations committed to achieving equity in health for racial and ethnic minority populations. \* To create synergistic opportunities to promote adoption and implementation of evidenced-based strategies to eliminate racial and ethnic health disparities. \* To provide infrastructure needed to develop information systems and dissemination mechanisms to enhance health disparity efforts across the U.S. More information about the AHE's Inaugural Founding Conference can be found at [www.academyforhealthequity.org](http://www.academyforhealthequity.org).

**National AHEC Organization 2008 Conference**

***Moving Mountains to Overcome Health Disparities***

**Adam's Mark (soon-to-be Sheraton) Denver**

**June 28-July 1, 2008**

**Registration is now open!**

You can register online, download a registration form, and read complete session descriptions at <https://www.nationalahec.org/Conference2008/default.asp>. NOTE: NAO membership gives all staff within your organization a member registration rate. You will need your userid (organization number) and password (nao) to register online. Please send questions to NAO Headquarters at 888 412-7424 or [info@nationalahec.org](mailto:info@nationalahec.org).

**Mosaic July 2008 Summer Workshops**

**1) Stakeholder Participation in Planning, Needs Assessment, Monitoring and Evaluation using PRA/PLA Tools, Ottawa Canada, July 7-12, 2008**

**2) Results-based Management, Appreciative Inquiry and Open Space Technology, Ottawa, Canada, July 14-18, 2008**

**3) Participatory Monitoring and Evaluation, Ottawa, Canada, July 21-26, 2008**

Mosaic is pleased to announce the dates for the upcoming July 2008 Summer Workshops on: 1) Stakeholder Participation in: Planning, Needs Assessment, Monitoring and Evaluation; 2) Results-based Management, Appreciative Inquiry and Open Space Technology; and 3) Participatory Monitoring and Evaluation. Stakeholder Participation in Planning, Needs Assessment, Monitoring and Evaluation using PRA/PLA Tools Ottawa, Canada July 7-12, 2008. The Stakeholder Participation workshop focuses on core participatory concepts, tools and their application. This is an intensive six-day workshop set in the community to maximize learning, group interaction and networking. Topics include The Origins of Participatory Development, Learning and Application of PRA/PLA tools, the Application of Participation to

Project Design, Monitoring and Evaluation, Developing Effective Facilitation Skills, Building Action Plans and Team-Building. Two-day community assignments proposed by community-based organizations in the Ottawa region will allow participants to apply tools learned in the workshop to real-life situations. This is also a great opportunity to network with other practitioners, NGOs, donors, and action researchers from all over the world. For further information, please refer to the web site at <http://www.mosaic-net-intl.ca> or by email at [wkshop05@mosaic-net-intl.ca](mailto:wkshop05@mosaic-net-intl.ca). Results-based Management, Appreciative Inquiry and Open Space Technology Ottawa, Canada July 14-18, 2008

This new workshop introduces participants to Results-based Management, Appreciative Inquiry and Open Space Technology. Demonstrate the effectiveness of your programmes with Results-based Management. Master what we mean by results, develop programme/organizational plans which are results-based and design performance monitoring systems based on indicators and participatory methods. You will also expand your repertoire of tools to also learn about Appreciative Inquiry and Open Space and how they can be applied to your organization, programme and/or project. These approaches are increasingly being used around the world to tap into new ways to do our work in ways that are more results-oriented, more appreciative and less problem-focused and more self-organized vs top down. For further information, please refer to the web site at <http://www.mosaic-net-intl.ca> or by email at [wkshop05@mosaic-net-intl.ca](mailto:wkshop05@mosaic-net-intl.ca).

Participatory Monitoring and Evaluation, Ottawa, Canada, July 21-26, 2008

Participatory Monitoring and Evaluation (PM & E) involves a different approach to project monitoring and evaluation by involving local people, project stakeholders, and development agencies deciding together about how to measure results and what actions should follow once this information has been collected and analyzed. This intensive six day experiential workshop is practically focused with daily excursions into the community and a three-day community assignment. Topics covered at the workshop include Origins of PM & E, Skills and Attributes of a PM & E facilitator, Learning PM & E Tools, Designing a Monitoring and Evaluation Framework, Quantitative and Qualitative Indicators and Building Actions Plan and much more. All workshops organized by Mosaic are sensitive to issues of gender, ethnicity, race, and class and how these can influence outcomes and how we see the world if they are absent from our assumptions, direct participation, our analysis and conclusions. Can't attend the workshops? Contact us to custom design a workshop to suit the specific needs of your organization. For further information, please refer to the web site at <http://www.mosaic-net-intl.ca> or by email at [wkshop05@mosaic-net-intl.ca](mailto:wkshop05@mosaic-net-intl.ca). Send us your full mailing address and we will send you a brochure.

### **The Robert Wood Johnson Foundation New Connections Program**

#### **New Connections Second Annual Symposium**

**Washington, DC**

**June 7-8, 2008**

**Application period: March 24- April 11, 2008**

The Robert Wood Johnson Foundation New Connections program is pleased to announce the opportunity for diverse researchers to apply for the ***New Connections Second Annual Symposium!*** The Symposium is a two-day training at AcademyHealth on June 7 and 8, 2008 in DC. Workshop topics will include quantitative and qualitative methodology, grant writing, innovations in disparities research, a conceptual modeling panel, and grantee poster presentations. Confirmed Senior Scientists include Jose Escarce, Margarita Allegria, Benjamin Cook, Marshall Chin, Thomas Fisher, Thomas LaVeist, Alex Ortega, Catie Willging, Alan Zaslavsky, Pinka Chatterji, Jan Beals, Luisa Franzini, and Norma Ware. We will also have an RWJF evening reception, which will include "Speed Dating" where selected participants will be able to network with top experts in the field of research on Saturday. While the "Speed Dating" will only be open to *Symposium* participants, the reception will be open to other researchers interested in learning more about New Connections. Each "Speed Dating" session will be 15 minutes and each participant may have access up to 4 sessions. The goal of New Connections is to create a network of support for diverse researchers, including not only our grantees and alumni but also past, present, and potential applicants. This two-day training is one method in which New Connections is supporting our network. Eligible applicants include historically underrepresented Junior Investigators and Senior Consultants, including racial/ethnic minorities, first generation college graduates, and those from low-income communities. **Funding** is available to support travel reimbursement and optional attendance at AcademyHealth's Annual Research Meeting. It is a **competitive application process** and we expect to accept about **150 researchers** to participate and receive stipends. Please answer the questions fully. For our Research and Coaching Clinic, almost 200 researchers applied in two weeks for 75 spots. We have lengthened the application period to 3 weeks to allow applicants time to apply. The application period is March 24-April 11, 2008. **Applications will be accepted on a rolling basis.** Please visit the website for more information about eligibility, meeting highlights, the agenda, reimbursement, and the application itself. Once you read through the posted information, if you have any questions, please do not hesitate to contact me. <http://www.rwjf-newconnections.org/> Our top banner has a link to the application.

### **University of Michigan School of Public Health, 43rd Graduate Summer Session in Epidemiology**

#### **Methods in Community Based Participatory Research for Health**

**Barbara Israel, Dr.P.H.**

**July 14-18, 2008 8:30am-12:00pm**

There is increasing recognition and support for more comprehensive and participatory approaches to research and interventions in order to address the complex set of determinants associated with public health problems that affect populations generally, as well as those factors associated with racial and ethnic disparities in health more specifically. "Methods in Community Based Participatory Research (CBPR) for Health" is a one-week course of 5 half days that will provide an introduction to some of the core principles, concepts and methods involved in using a CBPR approach. Organized along the phases of CBPR, this course will focus on describing and understanding partnership formation and maintenance; the use of quantitative and qualitative methods (i.e., survey questionnaire, focus group interview, in-depth interview) for the purposes of community assessment, examining basic research questions, and developing and evaluating interventions; and feedback, interpretation, dissemination and application of research results. The course will examine the rationale for, benefits of and challenges associated with using a community-academic partnership approach to research and interventions. Class format includes lectures, discussions, case studies, and small group exercises. Class sessions are co-taught by academic and community partners. No prerequisite. Many other courses in epidemiology, biostatistics, and public-health practice are available during the three-week Summer Session; see our website at [www.sph.umich.edu/epid/GSS](http://www.sph.umich.edu/epid/GSS). Contact Information: Jody Gray, Graduate Summer Session in Epidemiology, Department of Epidemiology, School of Public Health, 109 Observatory St., Ann Arbor, MI 48109-2029, Phone: 734-764-5454, Fax: 734-764-5521, E-mail: [umichgss@umich.edu](mailto:umichgss@umich.edu). Website: [www.sph.umich.edu/epid/GSS](http://www.sph.umich.edu/epid/GSS).

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## RESOURCES

### Publications

#### **Agency for Healthcare Research and Quality**

##### **2007 National Healthcare Quality & Disparities Reports**

For the fifth year in a row, the Agency for Healthcare Research and Quality (AHRQ) has produced 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. 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 children and older adults. Online Data Query Systems—\_NHQRnet\_ (<http://nhqrnet.ahrq.gov/nhqr/jsp/nhqr.jsp>) and \_NHDRnet\_ (<http://nhdrnet.ahrq.gov/nhdr/jsp/nhdr.jsp>)—are available for both reports. Go to the \_2007 State Snapshots\_ (<http://statesnapshots.ahrq.gov/snaps07/index.jsp>) site for State-specific health care quality information and comparisons. Select for \_Previous Reports\_ (<http://www.ahrq.gov/qual/grdr07.htm#older>).

**National Healthcare Quality Report** Full Report: (\_PDF File\_ (<http://www.ahrq.gov/qual/nhqr07/nhqr07.pdf>), 3.4 MB.)  
\_PDF Help\_ (<http://www.ahrq.gov/pdfhelp.htm>).

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**National Healthcare Disparities Report** Full Report: (\_PDF File\_ (<http://www.ahrq.gov/qual/nhdr07/nhdr07.pdf>), 6.3 MB.)  
\_PDF Help\_ (<http://www.ahrq.gov/pdfhelp.htm>).

Contents

\_Acknowledgments\_ (<http://www.ahrq.gov/qual/nhqr07/Ackno.htm>)

\_2007 National Healthcare Quality Report—At A Glance\_ (<http://www.ahrq.gov/qual/nhqr07/Glance.htm>)

\_Key Themes and Highlights From the National Healthcare Quality Report\_ (<http://www.ahrq.gov/qual/nhqr07/Key.htm>)

\_Chapter 1. Introduction and Methods\_ (<http://www.ahrq.gov/qual/nhqr07/Chap1.htm>)

\_Chapter 2. Effectiveness\_ (<http://www.ahrq.gov/qual/nhqr07/Chap2.htm>)

\_Cancer\_ (<http://www.ahrq.gov/qual/nhqr07/Chap2.htm#cancer>)

\_Diabetes\_ (<http://www.ahrq.gov/qual/nhqr07/Chap2.htm#diabetes>)

\_End Stage Renal Disease (ESRD)\_ (<http://www.ahrq.gov/qual/nhqr07/Chap2a.htm#esrd>)

\_Heart Disease\_ (<http://www.ahrq.gov/qual/nhqr07/Chap2a.htm#heart>)

\_HIV and AIDS\_ (<http://www.ahrq.gov/qual/nhqr07/Chap2a.htm#hiv>)

\_Maternal and Child Health\_ (<http://www.ahrq.gov/qual/nhqr07/Chap2b.htm#maternal>)

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**A Report Card on Comprehensive Equity  
Racial Gaps in the Nation's Youth Outcomes  
by [Richard Rothstein](#), Rebecca Jacobsen, and Tamara Wilder  
Economic Policy Institute**

**[This paper is available in PDF format.](#)**

The "achievement gap" usually refers to the difference between black and white students' basic skills test scores. But education and youth development consists of more than basic skills -- it also includes critical thinking, social skills and a work ethic, citizenship and community responsibility, physical health, emotional health, appreciation of the arts and literature, and preparation for skilled work. Greater equity in outcomes requires narrowing the achievement gap in each of

these areas. In this "Report Card on Comprehensive Equity" (prepared for the Campaign for Educational Equity at Teachers College, Columbia University), Richard Rothstein, Rebecca Jacobsen, and Tamara Wilder estimate the black-white achievement gaps in each of these aspects of education and youth development, and illustrate the types of data gathering which should be undertaken for ongoing measurement of these gaps.

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

##### ***A Collective Voice for Well-Being: The Story of the National Community Committee***

The report, "A Collective Voice for Well-Being: The Story of the National Community Committee," chronicles how members of Prevention Research Centers communities have developed a national committee to support community-based prevention research. Read about the history and mission of the committee, the outcomes of committee members' combined action, and the resources the members have brought home to improve health and well-being in their neighborhoods. The report highlights NCC projects, including our collaboration on the online CBPR curriculum, [www.cbprcurriculum.info](http://www.cbprcurriculum.info). The report can also be downloaded from the PRC website at <http://www.cdc.gov/prc/>

#### **Corporate influences on epidemiology**

##### **Neil Pearce. *International Journal of Epidemiology* 2008 37(1):46-53.**

Abstract: Corporate influences on epidemiology have become stronger and more pervasive in the last few decades, particularly in the contentious fields of pharmacoepidemiology and occupational epidemiology. For every independent epidemiologist studying the side effects of medicines and the hazardous effects of industrial chemicals, there are several other epidemiologists hired by industry to attack the research and to debunk it as 'junk science'. In some instances these activities have gone as far as efforts to block publication. In many instances, academics have accepted industry funding which has not been acknowledged, and only the academic affiliations of the company-funded consultants have been listed. These activities are major threats to the integrity of the field, and its survival as a scientific discipline. There is no simple solution to these problems. However, for the last two decades there has been substantial discussion on ethics in epidemiology, partly in response to the unethical conduct of many industry-funded consultants. Professional organizations, such as the International Epidemiological Association, can play a major role in encouraging and supporting epidemiologists to assert positive principles of how science should work, and how it should be applied to public policy decisions, rather than simply having a list of what not to do. KEY MESSAGES: \* Corporate influences on epidemiology have become more pervasive in the last few decades. \* These influences are major threats to the integrity of the field. \* In response to this there has been substantial discussion on ethics in epidemiology. \* Professional organisations can play a major role in encouraging and supporting epidemiologists to assert positive principles of how science should work and how it can be applied to public policy.

<http://ije.oxfordjournals.org/cgi/content/full/37/1/46> .

#### **Fatherhood and health outcomes in Europe**

##### **WHO Regional Office for Europe - Copenhagen, Denmark – 2008**

Available online as PDF file [40p.] at: <http://www.euro.who.int/document/e91129.pdf>

".....What is known about fatherhood and reproductive health? How can men, by being more involved in parenting, contribute to better health outcomes for themselves and their children and partners? What factors affect men's involvement in parenthood and reproductive health positively? The report Fatherhood and health outcomes explores these issues. The report is based on a literature review with a special focus on fatherhood in Europe. Examination of the research literature shows, generally speaking, that increased involvement by men in fatherhood can benefit men, as well as women and children, in the form of better health. For example, men can give important psychological and emotional support to the woman during pregnancy and delivery. This, in turn, can reduce pain, panic and exhaustion during delivery. Studies have also shown that men's involvement in maternal and child health programmes can reduce maternal and child mortality during pregnancy and labour by being prepared, for example, for obstetric emergencies. However, increased involvement in fatherhood can also benefit men's own health and well-being. ....The support for men's increased involvement in parenthood and reproductive health also depends on more multifaceted support from the welfare state and employment. For example, numerous studies have showed that a generous parental leave system, enabling longer paid parental leave, gives parents better opportunities to combine work and family life; several studies have found that this positively affects both gender equality and health outcomes. However, this support varies greatly between the different countries in Europe but generally is very poor. The same situation applies to employment, where fathers most often are not seen as parents and therefore get limited support for combining work and family life...."

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#### **Health Affairs: March/April 2008 - Volume 27, Number 2**

##### **Disparities in Health: Expanding The Focus**

From the Editor, James C. Robinson [Extract], <http://content.healthaffairs.org/cgi/content/extract/27/2/318>  
*Black, Latino Children More Than 12 Times As Likely As White Children To Both Be Poor And Live In Poor Neighborhoods, Say Researchers In Health Affairs*

Almost 17 percent of black children and 20.5 percent of Latino children in the United States live in <sup>3</sup>double jeopardy,<sup>2</sup> meaning that they live in both poor families and poor neighborhoods, according to research released today in the March/April issue of the journal Health Affairs. In contrast, only 1.4 percent of white children live in double jeopardy. <http://content.healthaffairs.org/cgi/content/abstract/27/2/321>. In addition, poor white children are more likely than poor black or Latino children to live in better neighborhoods. A typical poor white child lives in a neighborhood where the poverty rate is 13.6 percent, while a typical poor black child lives in a neighborhood where the poverty level is nearly 30 percent. A typical poor Latino child lives in a neighborhood where the poverty rate is 26 percent. According to researchers Dolores Acevedo-Garcia, an associate professor at the Harvard School of Public Health, and colleagues, the type of neighborhood one lives in plays a significant role in racial and ethnic health disparities. The study is part of a thematic Health Affairs issue on disparities in health that examines the link between racial and ethnic disparities and health status and health care. <http://content.healthaffairs.org/current.shtml>. Other issue highlights include:

*Education Affects Life Expectancy*. Despite increased attention during the 1980s and 1990s to reducing disparities in life expectancy among the educationally disadvantaged, the educational gap in life expectancy is rising. Between the 1980s and 2000, life expectancy increases occurred nearly exclusively among highly educated groups, according to research from Ellen Meara, an assistant professor of health economics at Harvard Medical School, and colleagues.

<http://content.healthaffairs.org/cgi/content/abstract/27/2/350>

*Policymakers Must View Oral Health As Essential*. Oral health is not given the same priority as general health in health care policy, despite research that shows links between oral health and overall health, say researchers Susan Fisher-Owens, an assistant clinical professor of pediatrics at the University of California, San Francisco, and colleagues. The researchers review disparities in oral health and call for more diversity within the dental workforce, incentives for providers to work in areas where there is a shortage of dentists, programs that address inequalities in dental services, and better public insurance coverage for dental care. <http://content.healthaffairs.org/cgi/content/abstract/27/2/404>

*Social Determinants -- PROLOGUE: The Social Determinants Of Health*

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*Toward A Policy-Relevant Analysis Of Geographic And Racial/Ethnic Disparities In Child Health*

Dolores Acevedo-Garcia, Theresa L. Osypuk, Nancy McArdle, and David R. Williams

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*Targeting Health Disparities: A Model Linking Upstream Determinants To Downstream Interventions*

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*The Gap Gets Bigger: Changes In Mortality And Life Expectancy, By Education, 1981-2000*

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<<http://content.healthaffairs.org/cgi/content/abstract/27/2/350>>

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Rachel Tolbert Kimbro, Sharon Bzostek, Noreen Goldman, and Germán Rodríguez

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*Reducing Racial And Social-Class Inequalities In Health: The Need For A New Approach*

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**HHS Office of Minority Health (OMH)**

**A Strategic Framework for Improving Racial/Ethnic Minority Health and Eliminating Racial/Ethnic Health Disparities**

<http://www.omhrc.gov/npa/templates/content.aspx?ID=78&lvl=1&lvlID=13>

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Complete Framework (print version) <<http://www.omhrc.gov/npa/images/78/PrintFramework.html>>

Preface: Although the health of all Americans has continued to improve over the more than two decades since the 1985

Task Force Report on Black and Minority Health was issued, racial and ethnic health disparities persist and, in some cases, are increasing. The persistence of such disparities suggests that current approaches and strategies are not producing the kinds of results needed to ensure that all Americans are able to achieve the same quality and years of



healthy life, regardless of race/ethnicity, gender and other variables (as reflected in the two overarching goals of Healthy People 2010). The mission of the HHS Office of Minority Health (OMH) is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate disparities. OMH has a unique leadership and coordination role to play within the Department and across the nation, relative to this mission. However, such a mission cannot be accomplished by OMH alone. We need the active engagement and sustained efforts of all stakeholders working together with us and each other to effect the necessary changes at every level and across all sectors over time. These stakeholders include racial and ethnic minority communities and those who serve them, other HHS and Federal entities, academic and research institutions, State and Tribal governments, faith- and community-based organizations, private industry, philanthropies and many others. We also need to examine what we are doing, identify what must be done differently and determine how best to work together - within and across our respective disciplines, areas of interest, Organizational/institutional or geographic boundaries and spheres of influence - to enhance our individual and collective effectiveness and impacts. The Strategic Framework for Improving Racial and Ethnic Minority Health and Eliminating Racial and Ethnic Health Disparities (Framework) presented here is intended to help guide, organize and coordinate the systematic planning, implementation and evaluation of efforts within OMH, HHS and across the nation to achieve better results relative to minority health improvements and health disparities reductions. The Framework reflects current knowledge and understanding of the nature and extent of health disparities, their causes or contributing factors, effective solutions and desired outcomes and impacts. It reinforces the importance of having and using science and knowledge as the basis for planning and implementing our program-, research-, or policy-oriented actions and activities. The Framework also suggests the need to adequately evaluate our efforts so that new knowledge can be used for continuous improvement. In addition, the Framework infers the need to fund our efforts accordingly, and to explore ways to enhance efficient use of programmatic and research funds as well as other resources and assets at our disposal. Several aspects of this Framework are worth highlighting: 1. By using a logic model approach, which builds upon current science and expert consensus about racial/ethnic minority health/health disparities and systems problems, contributing or causal factors and strategies that work, the Framework provides the rationale for efforts funded and conducted as well as for the kinds of outcomes and impacts needed. This approach can be used as a guide to move us toward a common set of objectives and goals. 2. In addition to identifying the usual determinants of health, the Framework emphasizes the role that "systems-level factors" play in promoting or inhibiting the effectiveness of strategies and practices aimed at improving racial and ethnic minority health or reducing racial and ethnic health disparities. These systems factors include: the nature and extent of available resources and how they are used, coordination and collaboration through partnerships and communication, leadership and commitment through strategic visioning and sustained attention, user-centered design in which the products and services of the system are conceived with the needs of their users in mind and the use of science and knowledge to inform programs and policies. 3. Ultimately, the Framework presents a vision - and provides the basis - for a "systems approach" to addressing racial/ethnic minority health problems within and outside of HHS. A systems approach implies that all parties engaged, in this case, in racial/ethnic minority health improvement and health disparities reduction are, themselves, part of a 'system' or 'nested' systems. As such, each party considers the causal or contributing factors and problems it is most likely to be able to impact with its particular strengths and talents. Resources and assets can then be coordinated and leveraged in more systematic and strategic ways, to achieve a range of outcomes and impacts needed so that, together, all parties can more effectively and efficiently contribute to and achieve long-term objectives and goals. This focus on systems applies as well to how various fields of research work together for greater effectiveness and efficiency to address weaknesses and gaps in scientific knowledge. A systems approach to working across diverse research disciplines may be better able to illuminate our understanding about the nature and extent of minority health and health disparities problems, especially for small population groups, the relative importance of and interrelationships between causal or contributing factors, more effective ways to break the causal chain that produces greater burdens of preventable disease and premature death among racial and ethnic minorities and the means for measuring desired outcomes and assessing progress. We believe that the structure and approach outlined in the Framework offers a rational and systematic, yet broad and flexible, way of viewing and informing our efforts to achieve the OMH and, in reality, the national mission. We hope that the Framework will provide context for the actions needed by OMH and its partners across HHS and the nation to better leverage resources, establish priorities for ensuring effectiveness of programs and activities funded and conducted, enable identification and promotion of best practices and concrete solutions at all levels and serve as the foundation for a national results-oriented culture on racial and ethnic minority health improvement and the elimination of racial and ethnic health disparities.

#### **Institute for Alternative Futures**

##### **[Using Healthy Eating and Active Living Initiatives to Reduce Health Disparities](#)**

The Disparity Reducing Advances Project released a report, [Using Healthy Eating and Active Living Initiatives to Reduce Health Disparities](#), that provides an overview of eight national healthy eating and physical activity initiatives and explains how these initiatives are actively reducing health disparities.

Introducing PATHWAYS Magazine. A magazine on poverty, inequality, and social policy. Trends in poverty and inequality: Periodic reports on key poverty and inequality indicators. Cutting-edge research: Concise summaries of research that is changing how we understand the sources and consequences of poverty and inequality. Bold new visions: Must-read discussions of how labor market, poverty, and inequality policy might be rethought and changed. Debates: Leading scholars and policymakers weigh in on the crucial poverty and inequality questions of our time. For the pdf of the complete current issue of Pathways, [http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/winter\\_2008.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/winter_2008.pdf).

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from the Editors by David Grusky and Chris Wimer

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[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/Smeeding.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Smeeding.pdf) -- Poorer by Comparison by Timothy M.

Smeeding, The U.S. has much poverty, far more than comparable countries, like

the U.K. Why?

[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/Saez.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Saez.pdf) -- Striking it Richer by Emmanuel Saez, A new analysis of tax data reveals an unprecedented rise at the top of the income distribution. Are capitalists or professionals the big winners?

A NEW WAR ON POVERTY? It is time for a new war on poverty? The presidential candidates and top commentators weigh in.

[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/Edwards.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Edwards.pdf) -- Building One America by John Edwards

[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/Clinton.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Clinton.pdf) -- Pragmatic Solutions for Reducing Poverty and Inequality by Hillary Clinton

[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/Obama.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Obama.pdf) -- Tackling Poverty and Inequality in America by Barack Obama

[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/Blank.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Blank.pdf) -- How to Wage the New War on Poverty:

Advising and Grading the Candidates by Rebecca Blank

[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/Murray.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Murray.pdf) -- Poverty and Marriage, Inequality and

Brains by Charles Murray

[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/Frank.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Frank.pdf) -- The Pragmatic Case for Reducing Income Inequality by Robert Frank

RESEARCH IN BRIEF

[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/Research\\_in\\_Brief.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/Research_in_Brief.pdf) -- New

research developments. The gender gap in educational outcomes, debt reform and financial

risk, and the surprising decline in residential segregation.

INTERVENTIONS

[http://www.stanford.edu/group/scspi/pdfs/pathways/winter\\_2008/DeLucaRosenbaum.pdf](http://www.stanford.edu/group/scspi/pdfs/pathways/winter_2008/DeLucaRosenbaum.pdf) -- Escaping

Poverty: Can Housing Vouchers Help? by Stefanie DeLuca and James E. Rosenbaum. Should poverty policy be built around housing vouchers? Making sense of the evidence.

### **The Fall and Rise of US Inequities in Premature Mortality: 1960–2002**

**Nancy Krieger, David H. Rehkopf<sup>a</sup>, Jarvis T. Chen, Pamela D. Waterman, Enrico Marcellini<sup>b</sup>, Malinda Kennedy.**

**PLoS Medicine February 2008 | Volume 5 | Issue 2 |**

[http://medicine.plosjournals.org/archive/1549-1676/5/2/pdf/10.1371\\_journal.pmed.0050046-L.pdf](http://medicine.plosjournals.org/archive/1549-1676/5/2/pdf/10.1371_journal.pmed.0050046-L.pdf)

Researchers at the Harvard School of Public Health have demonstrated that as the overall health of the U.S. population improved from 1960 to 2002, inequities in health both increased and decreased. The researchers believe that the rise and fall of health disparities is connected to changes in social programs.

### **The Commonwealth Fund**

**Racial and Ethnic Disparities in U.S. Health Care: A Chartbook**

**March 13, 2008 | Volume 27**

**Authors: Holly Mead, Ph.D., Lara Cartwright-Smith, J.**

[http://www.commonwealthfund.org/usr\\_doc/Mead\\_raceethnicdisparities\\_chartbook\\_1111.pdf](http://www.commonwealthfund.org/usr_doc/Mead_raceethnicdisparities_chartbook_1111.pdf)

Introduction: Many Americans are in poor health and do not receive the best medical care. While these problems affect people of all groups and walks of life, the challenges are especially acute for racial and ethnic minorities. Myriad research studies and reports have documented that minorities are in poorer health, experience more significant problems accessing care, are more likely to be uninsured, and often receive lower quality health care than other Americans.<sup>1,2</sup>

These differences may be caused in part by factors such as income, education, and insurance coverage. But even after adjusting for these determinants, disparities often persist. Given the rapidly growing diversity of this nation, an increasing number of minority Americans find themselves at risk of disease and not getting the care they need. The goal of this chartbook is to create an easily accessible resource that can help policy makers, teachers, researchers, and practitioners

begin to understand disparities in their communities and to formulate solutions. Given the magnitude of the body of disparities research, we do not intend to create an exhaustive report that simply presents existing data. Rather we seek to prompt thinking about why these disparities may exist, and more importantly, what may be done to eliminate these gaps. Our hope is to offer a systematic set of data coupled with a discussion that we hope can educate a broad audience about the challenges and opportunities to improve the health and health care of all Americans. This chartbook also incorporates an evolving understanding of the nature and etiology of disparities. Many studies have pointed to the role of bias, miscommunication, lack of trust, and financial and access barriers in allowing disparities to occur. This chartbook also reflects emerging evidence that disparities may be a function of the overall performance of the health system where one lives, or of the quality of providers that care for many minorities. Hence, some disparities observed in national analyses may be due to failures in the health care system that result in barriers to care for minorities. Other disparities may be due to minorities disproportionately living in regions where quality is suboptimal or receiving care from providers whose quality similarly needs improvement. Understanding these underlying dynamics will help policy makers and health professionals design the most effective strategies for reducing disparities. The [chartbook](#) is divided into the following chapters:

**The Demographics of America** highlights the changes in the United States' population. It presents information on the population by race/ethnicity, income, and language.

**Disparities in Health Status and Mortality** addresses disparities in a number of the focus areas of the Healthy People 2010 Initiative.

**Disparities in Access to Health Care** offers a picture of the challenges minority Americans face in receiving needed health care. This chapter includes information on access to primary care, as well as more specialized services.

**Disparities in Coverage** provides a snapshot of why insurance coverage varies by race and ethnicity.

**Disparities in Quality** documents that racial and ethnic disparities exist across all the domains of quality articulated by the Institute of Medicine.

**Strategies for Closing the Gap** includes a sample of the modest but growing body of knowledge on strategies that may lessen or eliminate disparities in health and health care.

The United States leads the world in health care spending, yet this has not translated into better health or assurances of access to high quality health care for all its residents. Conscious, thoughtful action will be needed to confront and address disparities with changes in policy, as well as a redesign of many parts of our health system. Disparities pose a major challenge to a diverse 21st century America. A first step in meeting this challenge will be ensuring we have the information we need.

Notes

1. Agency for Healthcare Research and Quality, National Healthcare Disparities Report. 2003–2006.

2. Institute of Medicine, Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care (Washington, D.C.: National Academy of Sciences, 2003).

Citation: H. Mead, L. Cartwright-Smith, K. Jones, C. Ramos, K. Woods, and B. Siegel, Racial and Ethnic Disparities in U.S. Health Care: A Chartbook, The Commonwealth Fund, March 2008

#### **Chartbook Webinar**

An archive of a [webinar](#) held March 24, 2008 is now available. Fund assistant vice president Anne Beal, M.D., M.P.H., introduced the webinar. Presenters included: chartbook co-author Bruce Siegel, M.D., M.P.H., research professor at George Washington University; Dora Hughes, M.D., M.P.H., health policy adviser to Senator Barack Obama; and Carolyn Clancy, M.D., director of the Agency for Healthcare Research and Quality.

**The winter issue of Pimatisiwin: A Journal of Indigenous and Aboriginal Community Health, (Volume 5: Number 2) is focused on community-based participatory research.**

**The issue is freely available on line at <http://www.pimatisiwin.com/Issues/AllIssues.html>.**

The issue features ten peer-reviewed papers from the Community-Campus Partnerships for Health (CCPH) 10th Anniversary Conference in Toronto in April 2007 and the Community-University Partnership conference in Edmonton in September 2007, as well as additional contributions. The issue is edited by CCPH member Ann Macaulay, with a foreword by CCPH member Meredith Minkler and Valerie Jernigan. This is the tenth issue of the journal, published by Native Counseling Services of Alberta. The journal's peer review process includes an academic and a community-based reviewer for each article. The goal of the journal is to promote the sharing of knowledge and research experience between researchers, health professionals, and Aboriginal leaders and community members.

**The Measurement and Evidence Knowledge Network (MEKN) of the WHO Commission on Social Determinants of Health, November 2007**

#### **Constructing the evidence base on the social determinants of health: A guide**

Josiane Bonnefoy, Antony Morgan, Michael P. Kelly, Jennifer Butt, Vivian Bergman With Peter Tugwell, Vivian Robinson, Mark Exworthy, Johan Mackenbach, Jennie Popay, Catherine Pope, Thelma Narayan, Landon Myer, Sarah Simpson, Tanja Houweling, Liliana Jadue

“.....This guide is designed for practitioners interested in developing and implementing policies and programmes to tackle the social determinants of health inequities. It sets out state of the art recommendations on how best to measure

the social determinants of health and the most effective ways of constructing an evidence base which provides the basis for translating evidence into political action...

The guide is divided into two parts:

I Issues and principles

II Tools and techniques..."

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**The National Health Policy Forum**

**[Completing the Recipe for Children's Health: New Variations on Key Ingredients: A Report from the Workshop on June 28, 2007.](#)**

This paper offers a broad overview of the issues surrounding the social and environmental determinants of children's health. These issues were explored during a discussion convened by the National Health Policy Forum on June 28, 2007, among a group of individuals concerned about the influences beyond medical care on the health of children. The paper considers the policy and financing tensions that exist across programs and populations that make addressing the full range of influences challenging. It also highlights some of the community-based initiatives that have been successful in providing services to children and families, as described during the workshop. Finally, this meeting report outlines several

potential strategies that emerged from the discussion, which could be pursued in order to better coordinate health and social services for children.

**The Robert Wood Johnson Foundation, Commission to Build a Healthier America  
Overcoming Obstacles to Health**

<http://www.rwjf.org/files/research/obstaclestohealth.pdf>

As part of its Commission to Build a Healthier America, the **Robert Wood Johnson Foundation** released a new report, [Overcoming Obstacles to Health](#), describing how Americans' health status may be linked to income, education, race, and ethnicity. The study offers a significant amount of evidence linking socioeconomic status and health quality. For instance, the report identified that, on average, poor, less educated minorities die six years earlier than their wealthier, more highly educated counterparts.

**The Urban Indian Health Institute**

**Reported Health and Health-influencing Behaviors Among Urban American Indians and Alaska Natives**

On March 5<sup>th</sup>, 2008, the Urban Indian Health Institute releases their ground breaking report titled: [Reported Health and Health-Influencing Behaviors Among Urban American Indians and Alaska Natives](#). The report was released at a Native Symposium titled, *Through Native Eyes: Identity, Perception and Recognition*. The report finds additional evidence that American Indians and Alaska Natives living in urban areas face major hurdles in reaching health status similar to their fellow Americans. Findings from the Behavioral Risk Factor Surveillance System, a national telephone survey conducted yearly and coordinated by the Center for Disease Control and Prevention (CDC), show American Indians and Alaska Natives living in selected urban areas were more likely to report difficulty accessing health care, had higher rates of risk behavior, and experienced worse health outcomes than the general population. Income differences were shown to play a role in explaining some of the health disparities, but differences in some reported health indicators were not income dependent. To download a copy of the report, please visit: [Reported Health and Health-Influencing Behaviors Among Urban American Indians and Alaska Natives](#). For more information on the report findings, please contact: Maile Taulii [MaileT@uihi.org](mailto:MaileT@uihi.org), (206)812-3030.

**Research to action to address inequities: the experience of the Cape Town Equity Gauge**

**Vera Scott\*, Ruth Stern\*, David Sanders, Gavin Reagon, Verona Mathews - School of Public Health, University of Western Cape, South Africa**

**International Journal for Equity in Health – February 2008, 7:6 doi:10.1186/1475-9276-7-6**

**Available online PDF file [41p.] at: <http://www.equityhealthj.com/content/pdf/1475-9276-7-6.pdf>**

“.....While the importance of promoting equity to achieve health is now recognised, the health gap continues to increase globally between and within countries. The description that follows looks at how the Cape Town Equity Gauge initiative, part of the Global Equity Gauge Alliance (GEGA) is endeavouring to tackle this problem. We give an overview of the first phase of our research in which we did an initial assessment of health status and the socio-economic determinants of health across the subdistrict health structures of Cape Town. We then describe two projects from the second phase of our research in which we move from research to action. **The first project, the Equity Tools for Managers Project**, engages with health managers to develop two tools to address inequity: an Equity Measurement Tool which quantifies inequity in health service provision in financial terms, and a Equity Resource Allocation Tool which advocates for and guides action to rectify inequity in health service provision. **The second project, the Water and Sanitation Project**, engages with community structures and other sectors to address the problem of diarrhoea in one of the poorest areas in Cape Town through the establishment of a community forum and a pilot study into the acceptability of dry sanitation toilets. **Methods:** A participatory approach was adopted. Both quantitative and qualitative methods were used. The first phase, the collection of measurements across the health subdistricts of Cape Town, used quantitative secondary data to demonstrate the inequities. In the Equity Tools for Managers Project further quantitative work was done, supplemented by qualitative policy analysis to study the constraints to implementing equity. The Water and Sanitation Project was primarily qualitative, using in-depth interviews and focus group discussions. These were used to gain an understanding of the impact of the inequities, in this instance, inadequate sanitation provision. **Results:** The studies both demonstrate the value of adopting the GEGA approach of research to action, adopting three pillars of assessment and monitoring; advocacy; and community empowerment. In the Equity Tools for Managers Project study, the participation of managers meant that their support for implementation was increased, although the failure to include nurses and communities in the study was noted as a limitation. The development of a community Water and Sanitation Forum to support the Project had some notable successes, but also experienced some difficulties due to lack of capacity in both the community and the municipality. **Conclusion:** The two very different, but connected projects, demonstrate the value of adopting the GEGA approach, and the importance of involvement of all stakeholders at all stages. The studies also illustrate the potential of a research institution as informed ‘outsiders’, in influencing policy and practice....”

**Website**

## **NLM and ORWH Announce New NIH Web Site Source for Women's Health Research Information**

**Women's Health Resources from the NLM Web site can be found at:**

<http://sis.nlm.nih.gov/outreach/womenshealthoverview.html>.

**Women's Health Resources from the ORWH Web site can be found at:** [http://orwh.od.nih.gov/nat\\_lib\\_med.html](http://orwh.od.nih.gov/nat_lib_med.html).

A new Web resource providing consumers with the latest information on significant topics in women's health research from scientific journals and other peer-reviewed sources is now available through the National Library of Medicine (NLM). The NLM, of the National Institutes of Health (NIH), through its Division of Specialized Information Services, Office of Outreach and Special Populations has partnered with the NIH Office of Research on Women's Health (ORWH) to create this one-stop resource. The 2008 "National Institutes of Health (NIH) Research Priorities for Women's Health" were used to identify overarching themes, specific health topics, and research initiatives in women's health. Within each section of the Web site are topics with links to relevant and authoritative resources and research initiatives for women's health. NLM has created specific user friendly strategies for these topics to ease searching ClinicalTrials.gov and PubMed. Other Web resources used include AIDSinfo, American Indian Health, Arctic Health, Household Products Database, MedlinePlus and NIHSeniorHealth. Search strategies for major studies related to women's health research have also been created and will be linked between the new Web site and the Office of Research on Women's Health Web site. As with the topical search strategies, ClinicalTrials.gov and PubMed searches for each major report are also included. Dr. Vivian W. Pinn, M.D., Director of the Office of Research on Women's Health noted "There has long been a need for a reliable and user-friendly source of current scientific information about women's health, sex/gender issues, and clinical research on women's health topics. We are delighted that the NLM has developed just such a resource that will be of great value to researchers, clinicians and anyone with an interest in the many aspects of women's health and diseases." The NLM and ORWH hope that by creating such a one-stop on-line resource for women's health research at the NLM, consumers, health care providers, and researchers will be able to more quickly access the latest information available on scientific developments for important issues related to women. Located in Bethesda, Maryland, the National Library of Medicine is the world's largest library of the health sciences. For more information, visit the Web site at <<http://www.nlm.nih.gov/>>. The Office of the Director, the central office at NIH, is responsible for setting policy for NIH, which includes 27 Institutes and Centers. This involves planning, managing, and coordinating the programs and activities of all NIH components. The Office of the Director also includes program offices which are responsible for stimulating specific areas of research throughout NIH. Additional information is available at <<http://www.nih.gov/icd/od/index.htm>>. The Office of Research on Women's Health (ORWH), Office of the Director, National Institutes of Health (NIH) serves as a focal point for women's health research at the NIH. For more information about NIH's Office of Research on Women's Health, visit <<http://orwh.od.nih.gov/>>. The National Institutes of Health (NIH) -- The Nation's Medical Research Agency -- is comprised of 27 Institutes and Centers and is a component of the U. S. Department of Health and Human Services. It is the primary Federal agency for conducting and supporting basic, clinical, and translational medical research, and investigates the causes, treatments, and cures for both common and rare diseases. For more information about NIH and its programs, visit <[www.nih.gov](http://www.nih.gov)>.

### **Other**

#### **NIH Community-Based Participatory Research Technical Assistance Workshop: Leap into the Community**

The Agenda, Minutes and Presentation Materials from last week's NIH Technical Assistance Workshop on CBPR are listed below and posted at [http://grants.nih.gov/grants/training/esaig/cbpr\\_workshop\\_20080229.htm](http://grants.nih.gov/grants/training/esaig/cbpr_workshop_20080229.htm). Access the video, pod and webcasts at <http://videocast.nih.gov/Summary.asp?File=14325>. Session One - Look Before You Leap Bill Elwood presentation - (pdf), Jeffrey Evans & Paul Cotton presentation - (pdf). Session Two - CBPR FOAs Lessons Learned David Stoff presentation - (pdf) Jared Jobe presentation - (pdf). Session Three - PA-08-074 Interventions, Robert Freeman presentation - (pdf), Sabra Woolley presentation - (pdf). Session Four - PAR-08-075/076 Medically Underserved Andy Jordan presentation - (pdf). Session Five - Established Partners Kiki Nocella & Kim Horowitz presentation - (pdf) Loretta Jones & Keith Norris presentation - (pdf).

#### **Out in the Rural: A Health Center in Mississippi**

**Produced and Directed by Judy Schader Rogers. Community Health Action.**

<http://www.motionbox.com/video/player/4a9cdabf101dc4?>

"Out in the Rural: A Health Center in Mississippi," the 22-minute documentary made around 1969-70, has been available on the internet for some time, posted there by someone interested in its focus on social determinants. (The health program primarily acted on food, housing, water and sanitation, employment, transportation and education, in addition to medical care).

#### **PolicyLink Center for Infrastructure Equity**

PolicyLink is pleased to announce the creation of the "[PolicyLink Center for Infrastructure Equity](#)" to advocate for fair and inclusive public policies and provide community and grassroots leaders, advocates, and public officials with the tools,

training, and consultation needed to ensure that public investments in infrastructure create economic opportunity and health in all communities.

### **The Story of Stuff**

<http://www.storyofstuff.com/>

From its extraction through sale, use and disposal, all the stuff in our lives affects communities at home and abroad, yet most of this is hidden from view. The Story of Stuff is a 20-minute, fast-paced, fact-filled look at the underside of our production and consumption patterns. The Story of Stuff exposes the connections between a huge number of environmental and social issues, and calls us together to create a more sustainable and just world. It'll teach you something, it'll make you laugh, and it just may change the way you look at all the stuff in your life forever.

### **Sick People or Sick Societies? - Part One and Part Two**

Now available as MP3 File at <http://www.cbc.ca/ideas/podcast.html>

We are healthier than ever before, and we live longer, but improvements in health are not distributed evenly. The rich outlive the middle classes, who outlive the poor. Swedes and Japanese live longer than Canadians, and Canadians, longer than Americans. Freelance journalist Jill Eisen discovers that the reasons have little to do with our health care systems.

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## **ABOUT THIS NEWSLETTER**

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

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

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

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