



PARTNERSHIP MATTERS

COMMUNITY-CAMPUS PARTNERSHIPS:

A KEY STRATEGY TO ELIMINATING HEALTH DISPARITIES

October 1, 2004

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The data is in and has been for some time: persistent health disparities exist across race, ethnicity and socioeconomic status. The key questions before us are: *why do these disparities exist and how can we eliminate them?*

Partnerships between communities and higher educational institutions can help to answer both questions. In Flint, Michigan, a community-campus partnership has emerged from more than a decade of relationship-building as a key strategy for eliminating health disparities. The history of the partnership demonstrates how a vision can become a reality, and how community and institutional resources can be mobilized and leveraged for social change.

The community-campus partnership began with a commitment to pursue a research agenda of reducing racial and ethnic health disparities grows out of a long-standing relationship with many Flint based organizations. Since 1991, a community-campus partnership funded by the WK Kellogg Foundation called the Community-Based Public Health Initiative (CBPH) has brought together academic, public health practice and community partners to work together to improve the practice and discipline of public health and the capacity of communities to engage in solving problems related to public health issues to work together to improve the health status of the community. The organizations included six community-based organizations, the Genesee County Health Department, and the University of Michigan-Ann Arbor and University of Michigan-Flint (UM-Flint) campuses. These partners were consistent with the CBPH model that calls for academic, public health practice, and community partners to work together to improve the practice and discipline of public health and the capacity of communities to engage in solving problems related to public health issues. This CBPH partnership evolved into the Broome team, (named after a local county commissioner) and continues more than a decade later.

Community-Campus Partnerships for Health

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The focus of this community-campus partnership includes a long history of addressing poor health outcomes in the African-American community through a community driven research agenda. Specific advances have included policy and educational initiatives in smoking cessation, lead poisoning prevention and chronic disease education. Public health educational programs were developed and implemented, over 100 faith-based health workers were trained and engaged in neighborhood-based public health work; significant policy initiatives were adopted by the county health department and county government; and advances were achieved in lead poisoning prevention, smoking cessation, chronic disease education. The partnership was also involved in the development and dissemination of community based research principles that continue to guide their work. A testament to this partnership is that it has persisted long beyond the Kellogg funding period. The strength of the Broome team partnership provided the foundation for an expanded group that came together to address racial and ethnic disparities in health through the REACH 2010 project funded by the Centers for Disease Control and Prevention (CDC) to address racial disparity in infant mortality.

Racial and Ethnic Approaches to Community Health (REACH 2010), is an initiative funded through the Centers for Disease Control and Prevention. REACH 2010 in Flint, MI began in 1999 and is a collective effort among many organizations and groups to reduce the disparity in infant mortality in Genesee County. It is working to reduce the health disparity in infant mortality is based on three themes: reducing racism, improving the human care system, and fostering community mobilization.

When the REACH 2010 project team in Genesee County received funding from the Centers for

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MESSAGE FROM OUR EXECUTIVE DIRECTOR



In 2003, the Institute of Medicine published *Unequal Treatment: Confronting Racial and Ethnic Disparities in Health Care*, soon followed by the federal *National Health Care Disparities Report*. These landmark reports have heightened the awareness of health disparities as a major policy issue and the recognition that social, economic and physical environments have a profound impact on health. Eliminating health disparities will take an enormous amount of political will, community mobilization, grass roots activism and institutional change. This is a daunting challenge, but one that we must embrace with enthusiasm.

With hundreds of leaders from across the globe convening next week in Atlanta for the international conference on overcoming health disparities, and the U.S. Presidential election the following month, it is a critical time to consider how each of us can contribute to the creation of a caring and just society. Certainly, in our own personal sphere of influence – within and among our family members, friends, students, colleagues – we must communicate through our words and actions the values of equity and social justice. We must also strive to influence the communities, systems, organizations and institutions in which we live and work – to challenge the status quo and inspire others to join us.

Below are just a few suggestions of actions each of us can take on the path toward health for all, along with resources that can support them.

- Become better informed about the social determinants of health – Join the SDOH listserv at <http://quartz.atkinson.yorku.ca/QuickPlace/draphael/main.nsf/>
- Move ahead on the path to cultural competency – The National Center for Cultural Competence offers a wealth of self-assessment tools and strategies at <http://gucchd.georgetown.edu/nccc/>
- Exercise your right, indeed your obligation, to vote and recruit others to join you – Visit one of the many websites devoted to non-partisan voter education and registration, such as <http://www.declareyourself.com/>
- Communicate your views with policy makers and elected officials – Consult the Center for Community Change’s action guide on “How and Why to Influence Public Policy” at <http://www.communitychange.org/Publications/CCCNews17.pdf>
- Become active in a community coalition that is already working on these issues (and if there isn’t one already up and running, help to start one!) – 39 communities in the US are part of the REACH 2010 initiative http://www.cdc.gov/nccdphp/aag/aag_reach.htm or check out the database maintained by Communities Joined in Action at <http://www.cjaonline.net/Communities.htm>
- Make the elimination of health disparities a central focus of your partnership – Consult the American Public Health Association’s Community Solutions to Health Disparities Database at <http://www.apha.org/NPHW/solutions/> and CCPH’s “Advancing the Healthy People 2010 Objectives through Community-Based Education: A Curriculum Planning Guide” at <http://depts.washington.edu/ccph/guide-healthypeople.html>.

This issue of Partnership Matters (PM) contains many more ideas and resources for eliminating health disparities. We hope these serve to inspire you and support you in your work. I hope to see many of you in Atlanta next week. You can still register onsite at the Sheraton Atlanta Hotel – for details visit <http://www.the-networktufh.org/conference>.

We look forward to sharing highlights from the conference with you in future issues of PM. As always, we welcome your questions, comments and suggestions.

NEWS FROM CCPH

CCPH Coordinates Merit Review Process

CCPH is coordinating the merit review process for the **Healthier Wisconsin Partnership Program (HWPP)**, a permanent endowment fund at the Medical College of Wisconsin for health-promoting community-academic partnerships that resulted from the conversion of Blue Cross & Blue Shield United of Wisconsin from a non-profit to a for-profit company. Twenty merit reviewers and three alternate reviewers have been selected on the basis of their expertise in public and community health as well as community-academic partnerships. To learn more about the reviewers, and the program as a whole, visit the HWPP website at: <http://www.mcw.edu/healthierwisconsin>

CCPH Board Member Appointed to New Post at HRSA

Congratulations to CCPH board member **Kaytura Felix-Aaron**, who has been appointed to the new position as **Chief of the Clinical Quality Data Branch in the Bureau of Primary Health Care at the Health Resources and Services Administration (HRSA)**. To learn more about Kaytura and other CCPH board members, visit our website at: <http://depts.washington.edu/ccph/boardmembers.html>. To learn more about HRSA, visit <http://www.hrsa.gov>.



MEMBERSHIP MATTERS

Fall “Member-Get-A-Member” Campaign!

More CCPH members means a diversity of viewpoints, ideas and perspectives and a stronger voice to influence policies that affect community-campus partnerships. When you recruit new members you’ll also reward yourself. When you recruit a new CCPH member, both you and the new member will be entered into a drawing for \$100 CCPH dollars. These dollars can be used to purchase CCPH products, such as publications, registrations for CCPH events and additional memberships. In addition, the CCPH member who recruits the most new members will receive \$150 CCPH dollars! Start recruiting now - this special ends on January 30th, 2005!

Just refer your colleagues to join online by credit card: <http://www.regonline.com/eventinfo.asp?EventId=8776> or by check: http://depts.washington.edu/ccph/pdf_files/Jan2004.memmbrocpdf.pdf

Make sure the new member enters your name in the application section, “How did you hear about CCPH?” If you have any questions, or would like us to send you some CCPH membership brochures, please contact us at (206) 543-8178 or ccphuw@u.washington.edu.

MEMBERS IN ACTION

KDNA-FM and the CCPH member **Yakima Valley Farm Workers Clinic** have launched a mental health education campaign to help Spanish-speaking farmworkers, warehouse workers, and other immigrants who face economic and social hurdles. Using call-in programs to educate and direct some callers to counseling services, they also produced and distributed helpful “foto-brochures” and collaborated with other local organizations to reach their community.

<http://www.soundpartners.org>



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Disease Control and Prevention to address the racial disparity in infant mortality, the partnership began with a level of maturity. The REACH 2010 project team decided that in order to address racial and ethnic health disparities the team had to embrace an anti-racism agenda. A major component of this strategic intervention focused on improving the racial climate in the community and increasing the level of cultural competence among service providers and the REACH project team itself. Even with the benefit of this history, working together on an explicit anti-racism agenda poses challenges. The partnership continues to leverage additional resources to expand its ability to address health disparities in the community. For example, in October of 2003, partner University of Michigan-Flint received a three-year Project EXPORT (Centers of EXcellence in Partnerships for Comunity Outreach, Research on Health Disparities, and Training) grant from the National Institutes of Health to decrease health disparities in the Flint community. The EXPORT program is supporting infrastructure in the community and the university for the purpose of institutionalizing the combined commitment to understanding the factors contributing to racial health disparities and developing new research tools that are culturally sensitive, competent and specifically designed for the African-American population. By matching both the needs and strengths of the community with the needs and strengths of the University of Michigan-Flint, culturally competent researchers can be developed - a prerequisite to effective community-based participatory research (CBPR) on health disparities and community acceptance of its findings. An objective of Project Export is to develop faculty to engage in CBPR geared toward the reduction of racial health disparities. A mutually developed and endorsed research agenda in which the community is a true partner is essential if the research is to truly benefit the community and reduce racial health disparities. Pilot research efforts are focused on two areas identified as priorities by the community: Diabetes Mellitus and HIV/AIDS in minority populations. An interdisciplinary group of faculty from Health Sciences & Administration, Nursing, and Physical Therapy are working collaboratively with several community partners to establish two pilot programs designed to narrow the gap between minorities and Caucasians through prevention activities.

This article was excerpted from information presented at <http://www.umflint.edu/uhwc/ohd/exportHxlinks.htm> To learn more about the WK Kellogg Foundation’s Community-Based Public Health Initiative, visit <http://www.wkkf.org/Programming/RenderRes.aspx?CID=1&ID=638> To learn more about the CDC’s REACH 2010 Initiative, visit <http://www.cdc.gov/reach2010/> To learn more about the NIH’s Project EXPORT, visit <http://ncmhd.nih.gov/default.html>



SUBMISSION GUIDELINES

We welcome announcements, comments and questions from you! Please forward them to the PM Editor at ccphpm@u.washington.edu. Below are some simple submission guidelines:

- Please limit announcements and questions to not more than 150 words. As for articles and editorials, not more than 250 words;
- Provide the names of all authors, their current institutional affiliations and/or photos;
- Explain all abbreviations and unusual terms when first used.





UPCOMING EVENTS!

CCPH SPONSORED EVENTS

For more event listings, see CCPH's website at <http://depts.washington.edu/ccph/conferences.html>

October 6-10, 2004: CCPH and The Network: Toward Unity for Health are cosponsoring an International Conference: **Overcoming Health Disparities: Global Experiences from Partnerships Between Communities, Health Services and Health Professional Schools** in Atlanta, Georgia, USA that will replace our individual conferences for that year. By collaborating in these and other ways, we hope to strengthen the many wonderful partnerships already underway around the world, as well as to engage new individuals and organizations in this important work. For more information, visit <http://depts.washington.edu/ccph/nationalconference.html>. For more information on The Network, visit <http://www.the-networktufh.org/conference/>. See our Executive Director's comments on the upcoming conference on page 2.

October 25-26, 2004: **American Dental Education Association's National Minority Recruitment and Recruitment Conference** in Chapel Hill, North Carolina. CCPH board chair emeritus Douglas Simmons will be a featured speaker. His presentation will focus on sustainable partnership models and CCPH's programs in dental education and oral health. The conference program is available at <http://www.adea.org/conferences/RR/Program.pdf> To read more about Douglas, go to <http://depts.washington.edu/ccph/boardmembers.html>. His powerpoint slides and handouts will be posted on the CCPH website after this talk.

November 6-10, 2004: **Join CCPH at the American Public Health Association (APHA) conference** in Washington, DC. The CCPH Member's Guide to the APHA Conference is your "cheat sheet" of sessions on community-campus partnerships, community-based participatory research and service-learning! View the Member's Guide online at <http://www.ccph.info>. To learn more about the APHA conference, visit <http://www.apha.org>.

November 9, 2004: **Association of American Medical Colleges Annual Meeting** in Boston. **Suzanne B. Cashman, CCPH Member and Senior Consultant**, will moderate the session titled, "Implementing the Clinical Prevention and Population Health Curriculum: Focus On the Community Aspects of Practice" from 12:00-2:00 pm at Marriott Copley Place, Salon A. The panel includes: Richard Riegelman of George Washington University School of Public Health; **CCPH member Daniel Blumenthal** of Morehouse School of Medicine; Margaret Sauer of Duke University Medical Center; and **CCPH member Arthur Kaufman**, of the University of New Mexico School of Medicine. <http://depts.washington.edu/ccph/srconsultants.html> and <http://depts.washington.edu/ccph/healthypeople.html>

OTHER EVENTS

October 21-23, 2004: **Increasing Physical Activity in Populations: Understanding Diffusion and Dissemination** in Dallas, Texas. <http://www.cooperinst.org/conf2004intro.asp>

• **22-23, 2004:** **Black Faculty in the Ivy League: Where Do We Go From Here?** in New York City. For more information, visit <http://www.columbia.edu/cu/iraas>.

• **29-31, 2004:** **Setting National Priorities Students Building a Movement to End Hunger and Homelessness** 17th Annual Conference of the National Student Campaign Against Hunger and Homelessness Loyola College in Baltimore, Maryland. <http://www.studentsagainsthunger.org>

November 6, 2004: **Third Annual People of Color Conference: Effective Intervention Through Mind, Body & Spirit** in Wilmington, Delaware. This conference will explore current information as it relates to people of color and mental health. For more information, go to <http://www.mhainde.org> or call MHA in Delaware at (302) 654-6833.

• **9, 16, 30, 2004:** **Show Me the Money! Grant Writing for Beginners Four-part teleworkshop** at 2:00 p.m. -3:30 p.m. Eastern. Volunteers in Health Care is offering the teleworkshop for beginners. <http://www.volunteersinhealthcare.org>

JOB ANNOUNCEMENTS

University of Michigan School of Public Health Department of Health Management and Policy - Assistant Professor of Health Politics - Deadline: Oct. 15

The University of Michigan is seeking candidates for a tenure-track position in health politics at the assistant professor level. The ideal person for the position has strong research skills and evidence of a research agenda that focuses on political aspects of health care and/or public health. Minimum requirements include an earned doctorate in political science or public policy. Prior experience in health politics or health policy research, and in teaching are desirable. Teaching responsibilities include two core masters-level courses on U.S. health politics, and mentoring students in an interdisciplinary doctoral program. Contact Paula Lantz at plantz@umich.edu

Environmental Health and Cities - Assistant/Associate/ Full Professor - Tenure-track - Deadline: Nov. 12

The Program in Urban Public Health at Hunter College, part of City University of New York, the nation's largest urban public university seeks a new faculty member who can help develop and teach courses on the health impact of the urban environment. This faculty member will teach graduate (and possibly undergraduate) courses in urban public health and environmental and occupational health sciences. For more information see http://portal.cuny.edu/cms/id/cuny/documents/jobposting/008534.htm#P-11_0 and <http://www.hunter.cuny.edu/health/uph>

Boston Public Health Commission - Deputy Director

This person will join the senior management team of Executive Director John Auerbach and Medical Director John Rich in leading the Boston Public Health system. They are seeking an individual with strong public health credentials and experience, who has an unswerving commitment to serving the public and bettering the lives of those who are served by this agency. A strong conviction to address economic and racial disparity as it affects health services is fundamental to performance in this position. The Deputy must also have a value set consistent with the Commission's culture, which is based upon teamwork, respect, openness, honest communication, entrepreneurship, high standards and a belief in the unique worth of each individual's contribution. Candidates should be able to demonstrate the capacity to lead and manage a complex, diverse organization in a manner that is progressive and consistent, and should have a successful background in budgeting and finance, program development and implementation, policy development and public advocacy. Information on the Boston Public Health Commission is available at <http://www.cityofboston.gov/publichealth/>

WORKING ON HEALTH DISPARITIES: LESSONS FROM THE WASHINGTON HEALTH FOUNDATION

Health disparities remains one of the most persistent health problems in this nation, state and our local communities. The Washington Health Foundation has worked on this issue for some time. Their experience tells them that real solutions lie not in projects, but in those things that tug at the deeper roots of disparities. For example, through their 2000 Health Disparities and Organizational Change grants they decided to develop a grant program that focused on an aspect of disparities frequently overlooked - changing the organizational cultures of health institutions.

Organizational cultures can be every bit as rich, resilient and confounding as our family and community cultures. The simple vision of their grant program was to stimulate organizational culture shifts by health organizations through meaningful mixing with the diverse communities that made up their service area, patients or staff.

Their take on this is that it was a great success, so much so that they are looking for funding to undertake another round of awards. If you are interested in receiving a copy of the Final Report on the grant program, contact Katharine Sanders at KatharineS@whf.org or (206) 216-2509.

<http://www.whf.org/>

ELIMINATING DISPARITIES IN CHILDREN'S HEALTH CARE WILL REQUIRE BROAD QUALITY IMPROVEMENT EFFORT

In "Policies to Reduce Racial and Ethnic Disparities in Child Health and Health Care," Commonwealth Fund Senior Program Officer Anne C. Beal, M.D., details a strategy to eliminate pervasive disparities in the care received by children of color in the U.S. compared with white children while improving quality of care for all children. Beal outlines specific areas where focusing on improvements in children's health care would be most effective in reducing disparities in care for children.

Including the creation of an advisory council of minority health experts to oversee disparity-reduction programs, coordinate efforts across federal agencies, and obtain reports on locally based programs to improve minority health care. Information: Go to

[http://www.cmwf.org/publications/
publications_show.htm?doc_id=237885](http://www.cmwf.org/publications/publications_show.htm?doc_id=237885)

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ANNOUNCEMENTS

Voice Your Support for Community-Based Participatory Research The Community-Based Public Health Caucus of the American Public Health Association (APHA) has drafted a policy statement on community-based participatory research (CBPR) that is being considered by the APHA Governing Council as part of its annual policy development process. (Every year, APHA solicits suggested policy statements and positions from sections, special interest groups, caucuses and individual members for consideration by the Governing Council). If you are planning to be at the APHA conference in November in Washington DC, we hope you will attend the open hearings of the APHA Joint Policy Committee and the APHA Governing Council to voice your support for the proposed policy. The hearings take place on Sunday November 7 from 3:30-6. On Tuesday November 9, the Governing Council meets from 8:30-5 to take action on the proposed policies advanced by the Joint Policy Committee. This meeting is also public, but only Governing Council members can speak. See the program for meeting locations. To learn more about the conference, visit <http://www.apha.org>. If you have any questions, comments or suggestions, please contact Robert McGranaghan at rojomcg@umich.edu. For more information, visit <http://www.sph.umich.edu/cbph/caucus/index.html>.

The Contextual Community Health Profile is a comprehensive description of the health status of a specific community. This description includes community health status information that is typically included in a community health needs assessment. In addition, it captures cultural and environmental information about a specific community. It is intended to address the unique needs of an ethnic group that are often overlooked in planning processes that address the general community. The process has specific steps that are designed to help the health planner reach a more informed decision or set of decisions regarding appropriate health interventions. The model that is presented here also directs the health planner to additional resources that should help with the data collection and needs assessment process; and this model provides some options regarding interventions. <http://www.nrharural.org/Model625/index.htm>

Disparities in Internet Access for Children Persist, Kaiser Study Shows A new report from the Kaiser Family Foundation indicates that children between the ages of eight and eighteen with less educated parents or who attend school in lower-income communities are significantly less likely than other children to use the Internet in a typical day or to have Internet access in their homes. The report is titled "Key Findings from Children, the Digital Divide, and Federal Policy." For more information, visit: <http://fdncenter.org/pnd/news/story.jhtml?id=80000008>

Help Build a "Wall of Pain" That Focuses on Health Care Injustices The "Wall of Pain" will be a compilation of stories, pictures, poems, news articles, etc. that reflect the pain, suffering and hardship that people have experienced/endured because of inequities in the U. S. Health Care system. The stories will be used to construct a wall display that will be a visual tool to educate and inform law-makers that there is a real health care crisis in this country. A crisis that needs real, workable solutions! Please assist in getting this word out to friends, relatives and organizations that you are affiliated with and ask them to log onto this website: <http://www.ucc.org/wallofpain> and send their stories today!

KaiserEDU Tutorials KaiserEDU's tutorials are multimedia presentations on health policy issues, research methodology or the workings of government. The July 2004 tutorial is on Race, Ethnicity and Health Care and features presenter Caya Lewis, Senior Policy Analyst, Access to Care for Vulnerable Populations, Kaiser Family Foundation. <http://www.kaiseredu.org/Tutorials/index.cfm>

Public Health Disparities Geocoding Project Monograph This free, on-line monograph sharing the concepts, methods, and U.S. census tract poverty data for improving monitoring of - and research on - social disparities in health, is now available. For details, visit: <http://www.hsph.harvard.edu/thegeocodingproject/>

Texas Health Survey Targets Asian-Americans: Fast-Growing Population Faces Major Health Problems The U.S. Census reports that Texas has the fourth-largest population of Asian-Americans in the country, and they are among the fastest-growing racial groups in the state. The telephone survey, which was recently completed, asked questions regarding the health issues of 400 Chinese and 400 Vietnamese households randomly selected from four Houston-area counties. <http://www.mdanderson.org/departments/crmh/>

Seeking Stories of How You Have Used the Community Guide to Preventive Services Have you used the CDC's Guide to Community Preventive Services to help guide a community-based program, teach a course on prevention, write a grant proposal, etc? The CDC is looking for "success stories" about how the Guide has been used. Please send your stories to Detrice Sherman at DSherman@cdc.gov. <http://www.thecommunityguide.org>

Public Health and the Presidential Election: A Discussion with the Campaigns This forum held in September was hosted by the American Public Health Association and George Washington University School of Public Health and sponsored by the Kaiser Family Foundation. The forum discussion focused on the respective party platforms regarding the crucial public health issues which are of concern during this election

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year. Both parties placed an emphasis on the need for increasing the number of Americans who have access to healthcare and preventive services as well as decreasing the number of Americans who are currently uninsured. The webcast and related resources for this forum are available at <http://www.kaisernetwork.org/healthcast/apha/14sept04>.

Modern Language Association (MLA) Language Map of the United States

The Map is intended for use by students, teachers and anyone interested in learning about the linguistics and cultural composition of the United States. The MLA Language Map uses data from the 2000 United States census to display the locations and numbers of speakers of thirty languages and seven groups of less commonly spoken languages in the United States. The Data center provides actual numbers and percentages of speakers.

http://www.mla.org/census_main

Tackling Health Inequalities: New Approaches in Public Policy

That social and environmental factors account for a substantial portion of health inequalities between and within countries has long been recognized. Much less is understood about how these determinants can be tackled. A multi-sectoral approach to policy design and implementation is urgently needed to confront persisting infectious epidemics and rising noncommunicable disease burdens in developing countries. <http://www.who.int/bulletin/volumes/82/7/3n/482.pdf>

Indian Health Service's (IHS) Healthier Indian Communities Through Partnerships and Prevention Summit Meeting

During this meeting last month in Washington, DC, participants discussed current and future academic partnerships with American Indian/Alaska Native communities. The summit was held during the First Americans Festival of the National Museum of the American Indian in Washington, DC, which celebrates the history, and contributions of more the 500 native nations across the Americas. The summit focused on past, present and future directions of health promotion and disease prevention for American Indians/Alaska Natives. Participants included DHHS and federal agencies, tribal leaders, community health leaders, health program coordinators, community members, university partners, foundations, and private corporations. More information on the summit is available at

<http://www.ihs.gov/MedicalPrograms/HealthSummit/>.

A New Center to Address Health Disparities in Maryland

The University of Maryland School of Medicine reacted to survey information that showed big differences in health care attitudes and behavior among racial and economic groups by opening a new center to address the situation. The Center “will coordinate patient care, research, education and outreach initiatives, officials said.”

<http://www.washingtonpost.com/ac2/wp-dyn/A56309-2004Aug11?language=printer>

Monitoring the Health Care Safety Net The health care safety net—the Nation’s system of providing health care to low-income and other vulnerable populations—was recently described as “intact but endangered.” The Agency for Healthcare Research and Quality and the Health Resources and Services Administration are leading a joint initiative to monitor it. The goal is to help local policymakers, planners, and analysts monitor the status of their local safety nets and the populations they serve. Strategies include providing baseline data and a set of tools that enable monitoring of the capacity and performance of local safety nets. Start with the Fact Sheet to become acquainted with the data available and click on the state, city or county information that you would like to monitor. <http://www.ahrq.gov/data/safetynet/netfact.htm>

Health Disparities in New York City Black and Hispanic New Yorkers, as well as poor city residents regardless of race or ethnicity, are more likely than whites to have diabetes, HIV, and other diseases, and are at greater risk of dying prematurely, according to a new Commonwealth Fund-supported report from the city’s Department of Health and Mental Hygiene. Health Disparities

in New York City analyzes the impact of income and race/ethnicity on variety of health measures, from infant mortality to life expectancy. http://www.cmf.org/programs/newyork/karpati_disparities.pdf

Congressional Briefing on Hispanic Health A recently held Congressional briefing on Hispanic health sponsored by the Hispanic-Serving Health Professions Schools announced the formation of a consortium to address obesity and diabetes in the Hispanic community. Individuals interested in more information about the consortium should contact Yanira Cruz by email: ycruz@hshps.com

New Prevention Research Center Minority Fellows The Association of Schools of Public Health has announced the Class of 2004 Prevention Research Center Minority Fellows. The overall intent of the Centers for Disease Control and Prevention-funded Minority Fellowship Program is to enhance the preparation of future public health professionals from ethnic and racial minorities by providing unique training opportunities in prevention research. These selected fellows will conduct research related to the efforts of, and within, CDC-funded Prevention Research Centers. http://www.cdc.gov/prc/news/minority_fellows2004.htm

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GRANTS ALERT!

Building State, Territorial, and Tribal Capacity To Address Children's Environmental Health: Environmental Triggers of Childhood Asthma - Deadline: Oct. 15

This solicitation focuses on projects that equip environment and health departments/agencies, and social service agencies where indicated, of states, territories and tribes as partners or state/territorial/tribal or regional asthma coalitions with substantive government involvement, to achieve measurable environmental and public health results by identifying and reducing environmental risks to protect and improve the environmental health of children impacted by asthma.

<http://www.epa.gov/fedrgstr/EPA-AIR/2004/September/Day-27/a21580.htm>

Title III: Categorical Grant Program To Provide Outpatient Early Intervention Services With Respect To HIV Disease

Deadline: Oct. 18 The purpose of this funding is to provide, on an ongoing outpatient basis, high quality early intervention services/primary care to individuals with HIV infection. This is accomplished by increasing the present capacity and capability of eligible ambulatory health service entities. These expanded services become part of a continuum of HIV prevention and care for individuals who are at risk for HIV infections or are HIV infected.

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=E17E941D-98E9-452B-BF9A-FC1504D23B2B>

Applications Available for Youth Leaders for Literacy Grants

Deadline: Oct. 22 Youth Leaders for Literacy is accepting grant applications for youth-led projects that will begin on NEA's Read Across America Day, March 2, 2005, and culminate on YSA's National Youth Service Day, April 15-17, 2005. Criteria for grants include youth leadership in developing and implementing the project, involvement of youth in preparing and submitting the grant application, capacity of the individual or group to administer the grant, and impact of the project on those providing service and those being served.

<http://www.nea.org/readacross/volunteer/youthleaders.html>

Norman Foundation Grants - Deadline: Dec. 1 The Foundation supports efforts that strengthen the ability of communities to determine their own economic, environmental and social well-being, and that help people control those forces that affect their lives.

<http://www.normanfdn.org/guidelines.html>

Structural Interventions, Alcohol Use, and Risk of HIV/AIDS Funding - Deadline: Dec. 16

This National Institutes of Health request for applications requests research on the effectiveness of structural interventions that reduce the risk of HIV/AIDS transmission by changing the environment of alcohol use.

<http://grants.nih.gov/grants/guide/rfa-files/RFA-AA-05-003.html>

Partnerships in Implementing Patient Safety Grants -

Deadline: Dec. 19 The objective is to assist health care institutions in implementing safe practice interventions that show evidence of eliminating or reducing medical errors, risks, hazards, and harms associated with the process of care. <http://grants1.nih.gov/grants/guide/rfa-files/RFA-HS-05-012.html#PartII>

Healthy Start Initiative-Eliminating Racial/Ethnic Disparities - Deadline: Dec. 28

Under this program, grants will be awarded to address significant disparities in perinatal health indicators: Eliminating Disparities In Perinatal Health focuses on disparities among Hispanics, Americans Indians, African Americans, Alaska Natives, Asian/Pacific Islanders, Immigrant Populations, or differences occurring by education, income, disability, or living in rural/isolated areas by enhancing a community's service system.

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=6EB8C133-BEDD-41B3-8048-111799917D92>

Disparities in Perinatal Health-Border, Alaska and

Hawaii Deadline: Dec. 28 Under this program, grants will be awarded to address significant disparities in perinatal health indicators in communities within 62 miles of the U.S. Mexico border or in Alaska and Hawaii. Communities must provide a scope of project services that will cover pregnancy and interconceptional phases for women and infants residing in the proposed project area. Services are to be given to both mother and infant for two years following delivery to promote longer interconceptional periods and prevent relapses of unhealthy risk behaviors.

<https://grants.hrsa.gov/webExternal/SFO.asp?ID=E285BCA3-9D64-441C-BB1F-7B6E0FE03955>

Pfizer Scholars Grants in Public Health - Deadline: Jan. 5, 2005

These awards are meant to support the career development of junior faculty in public health. This educational grant is nationally competitive, and chosen by an independent academic advisory board of recognized leaders in public health. CCPH board member Chris Atchison is among the members of the advisory board. Full program details and eligibility criteria are available at

<http://www.promisingminds.com/GrantsProgType.aspx?ProgID=204&ProgTypeID=2>

Chiron Corporation Establishes Foundation

Deadline: Open The Corporation, a global biopharmaceutical company headquartered in Emeryville, California, has established the Chiron Foundation to advance the company's commitment to transform the practice of medicine, improve human health, and enhance the quality of life in communities where the company has a presence.

<http://chiron.com/aboutus/foundation/grants.html>

LEGISLATION DESIGNED TO TACKLE RACIAL DISPARITIES IN HEALTHCARE

At a forum on healthcare disparities cosponsored by the RAND Corporation this past spring, Senator Joe Lieberman (D-CT) unveiled ground-breaking legislation that addresses two serious problems plaguing our nations healthcare system: inconsistent healthcare quality and healthcare disparities. The initiative, called FairCare, would help alleviate both problems by standardizing more data collection and offering new incentives for healthcare providers to raise quality standards for all patients. In the United States today, there is a well-documented pattern of healthcare disparities among racial and ethnic minorities. Studies have shown that these groups are less likely to receive regular medical care or preventive screenings and education. Many of these disparities persist, even when factors like income and access to healthcare are taken into account.

It is clear that we do not have a color blind healthcare system, Lieberman said. And it is also clear that this unequal treatment is Un-American. We cannot tolerate it. Rather we must understand it, confront it and fix it. Further, Lieberman said that disparities in care are an indication of a much more pervasive problem with healthcare quality. A recent study in the New England Journal of Medicine reported that fewer than 55% of all patients receive the appropriate care. By calling upon the medical community to establish quantifiable standards of treatment for all patients and providing financial incentives for these standards, FairCare can help raise the quality and consistency of care for everyone else as well.

Specifically, FairCare would:

- Create a uniform method for collecting demographic information from patients in federally funded health programs to provide a foundation for further research on healthcare quality and disparities;
- Establish a federal grant program within the Department of Health and Human Services (HHS) for data collection, quality improvement, and disparity reduction to ensure that hospitals and community health centers have the resources necessary to engage in the structural adjustments required to expand data collection;
- Direct HHSs Agency for Healthcare Research and Quality (AHRQ), in consultation with public and private sector healthcare entities, to design new measures for quality in healthcare delivery and establish methods by which these quality measures can be evaluated for effectiveness;
- Establish an Office of National Healthcare Disparities and Quality within AHRQ to oversee the development and expansion of the National Healthcare Disparities Report and the National Healthcare Quality Report.
- Oversee development and dissemination of Best Practices information for healthcare providers who wish to improve quality and reduce disparities in care;
- Designate high-performing or improving healthcare institutions as FairCare Institutions, eligible for increased Medicare reimbursements or bonus grant funding;
- Expand the ability of HHSs REACH 2010 Community Grant Program, which helps healthcare providers and communities work together to eliminate disparities, to help more communities nationwide; and
- Provide refundable tax credits of up to 50% on the malpractice insurance premiums of doctors who serve at least 60% of their time in FairCare Institutions and serve medically underserved populations.

The clues to solving the problems of both medical quality and healthcare disparities are there, we just have to go find them, Lieberman said. FairCare will help us gather crucial information to identify the problems and then help finance the solutions that will cure them.

Bill Summary: <http://lieberman.senate.gov/newsroom/release.cfm?id=222981>

Full Text of Remarks: <http://lieberman.senate.gov/newsroom/release.cfm?id=222983>



CALLS FOR SUBMISSIONS

Fellowships Available in Women's Studies - Deadline: Oct. 11

The Woodrow Wilson National Fellowship Foundation is accepting applications for both Women's Studies Dissertation Fellowships and WW-Johnson & Johnson Dissertation Fellowships in Women's Health. These fellowships encourage original and significant research about women that crosses disciplinary, regional, and/or cultural boundaries. Candidates must have completed all pre-dissertation requirements, including approval of the dissertation proposal, and expect to complete their dissertations by the summer of 2006.

<http://www.woodrow.org/>

Robert Foster Cherry Award for Great Teaching - Deadline: Nov. 1

Do you know the world's best teacher? Nominations are now open for the 2006 Award sponsored by Baylor University. The winner will also be the guest of Baylor for a semester-long teaching residency. For nomination forms and more details, visit: http://www.baylor.edu/Cherry_Awards.

Call for Proposals for 4th International Commission on Occupational Health Conference - Deadline: Nov. 1

The conference will be on Work Environment and Cardiovascular Diseases and take place March 9-11 2005 in Newport Beach, California. <http://www.coeh.uci.edu/icoh/index.htm>

A Call for Participation: 2005-2006 Carnegie Scholars Program - Deadline: Nov. 15

The Carnegie Foundation for the Advancement of Teaching and The Carnegie Academy for the Scholarship of Teaching and Learning (CASTL) announce a call for Carnegie Scholars. Faculty members teaching at colleges and universities in the United States and abroad, from any discipline or professional field, and from all institutional types, are invited to apply for participation in the 2005-2006 Carnegie Scholars Program. Each applicant must propose a scholarship of teaching and learning inquiry project that addresses the cohort theme of undergraduate integrative learning.

<http://www.carnegiefoundation.org/CASTL/highered/guidelines>

World Health Organization (WHO) Sponsored Commission on Social Determinants of Health - Deadline: Nov. 15

WHO has issued an open global call for nominations for 12-18 Commissioners, whose main task will be to provide political leadership and advocate for global change. Nominations will be accepted through 15 November 2004. The Commission will operate for three years from March 2005 and will hold 3-4 major events a year, mostly in developing countries. These will be keyed to specific themes (e.g., early child health, urbanization and health) or the health challenges faced by particular communities. The Call for Nominations is available at http://www.who.int/social_determinants

Applications Invited for Robert Wood Johnson Health Policy Fellowships - Deadline: Nov. 19

The Fellowships program is designed to develop the capacity of outstanding mid-career health professionals in academic and community-based settings to assume leadership roles in health policy and management, to gain an understanding of the health policy process, and to contribute to the formulation of new policies and programs. <http://rwjf.org/applying/cfpDetail.jsp?cfpCode=HPF&type=open>

Call for Abstracts for the 2005 Midyear Scientific Conference - Deadline: Nov. 19

The conference theme is "Health Education and Behavioral Medicine Working Together: A Marathon Not a Sprint" and will take place April 13-16, 2005 in Boston, MA. This conference will be held concurrently with the Society for Behavioral Medicine (SBM) Annual Meeting, and will feature a joint day where the Society for Public Health Education and SBM attendees will have the opportunity to attend selected joint plenary and concurrent sessions. The abstract application is available at <http://www.sophe.org>.

The Greenwall Fellowship Program in Bioethics and Health Policy Offers Three 2-Year Post-Doctoral Fellowships - Deadline: Dec. 1

An interdisciplinary program sponsored jointly by Johns Hopkins University and Georgetown University. The positions include an individualized academic program, an internship in a health policy setting, supervised research, and teaching. <http://www.hopkinsmedicine.org/bioethics/academic/greenwall.html>.

Applications Invited for Centers for Disease Control and Prevention (CDC) Applied Epidemiology Fellowships - Deadline: Dec 3

The Fellowship at the CDC provides medical students with an applied hands-on training experience in epidemiology and public health. Areas of concentration for the fellowship include birth defects, injury, chronic disease, genomics, infectious disease, environmental health, public health policy, and reproductive health. <http://cdcfoundation.org/pages.html?page=303>

Environmental Medicine/Border Health Elective -

Deadline: The course is offered six to eight times a year

The National Hispanic Medical Association (NHMA) is recruiting health profession students for The South Texas Environmental Education and Research Program's four-week elective in border health in South Texas, and would like to invite you to take advantage of this opportunity. The four-week elective course is in Laredo, Texas, and is a great way to add depth and direction to your career as a doctor, nurse, or public health professional and learn the urgent issues of international health at the crossroads of the Americas, the U.S.-Mexico border. For more information, please visit the NHMA website at <http://www.nhmamd.org>, and click on Programs/Environmental Health.

Announcements continued from page 7

Health Disparities in Medicaid Study This two-year project will work with Medicaid health plans and state Medicaid agencies to enhance data mining techniques as well as develop innovative approaches to improve health outcomes for culturally diverse beneficiaries. Health plans are now being recruited for a Best Clinical And Administrative Practices workgroup to begin in December 2004. Learn more at <http://www.chcs.org/index.htm>

Sprawl Contributes to Poor Health Those who live in areas with a lot of sprawl are more likely to suffer chronic health problems such as high blood pressure, arthritis, headaches and breathing difficulties compared to residents in denser urban areas, according to a new Rand report. For more information, visit: <http://www.rand.org/news/press.04/09.27.html>

The Future of Public Health You may view a series of multimedia symposiums from the Harvard School of Public Health hosted by Dean Barry R. Bloom. Each of the 15 sessions covering topics such as the environment, epidemiology, and health disparities, contains an online summary and a full pdf report. Many also include a Webcast. For more information, visit: <http://www.hsph.harvard.edu/foph/>

Access to Health Care Among Hispanic/Latino Children: 1998-2001 Each year, an estimated 3.0 million (25.7%) Hispanic/Latino children lacked health insurance coverage at the time of interview, 1.6 million (14.1%) had no usual place to go for health care during the past year, and 1.4 million (17.6%) experienced unmet health care needs during the past year due to cost. <http://www.cdc.gov/nchs/data/ad/ad344.pdf>

American Indian Health: A New National Library of Medicine Website The National Library of Medicine, a part of the National Institutes of Health, announces a new Web site to address the health concerns of the 4 million Americans who claim American Indian or Alaska Native ancestry. The site, "American Indian Health," is at: <http://americanindianhealth.nlm.nih.gov>. Because special populations have different health needs, the Library has created several specialized sites, for example, for Asian Americans, those living in the Arctic and far north, senior citizens, and Spanish-speaking Americans. These are all available from <http://www.nlm.nih.gov/databases>.

CDC Issues First in Series of Reports on Certain Racial/Ethnic Disparities A new analysis by the Centers for Disease Control and Prevention finds substantial variation in health status among Asian subpopulations. For example, the study found Cambodians and Vietnamese were less likely to have received certain preventive services than Asians overall or the general U.S. population. The agency recommends public health agencies examine the health status of racial/ethnic subpopulations and prioritize interventions that address disparities. In another new study, CDC notes that only 39% of Asians and Pacific Islanders meet the recommended levels of physical activity, compared with 45.8% of the total U.S.

population. The agency suggests public health and other organizations adopt evidence-based strategies to promote and encourage physical activity in these populations. The studies are among the first in a series of CDC reports that will focus on health disparities among racial and ethnic populations. For more information: http://www.cdc.gov/mmwr/mmwr_wk.html

New Website from the Community Health Representative (CHR) Program The program has unveiled a new website, a valuable resource on American Indian and Alaskan Native health. Because of the impact of the self-government regulations, the CHR program is continuously self-monitoring and revising to meet the needs of American Indian and Alaskan Native communities within the constructs of individual tribal direction while fulfilling its mission to provide quality outreach health care services and health promotion/disease prevention services to American Indians and Alaska Natives within their communities through the use of well-trained CHR's. <http://www.ihs.gov/NonMedicalPrograms/chr/>

The Politics of Health Inequalities Research in the United States by Vicente Navarro, International Journal of Health Services, Vol. 34, No. 1, 2004. In this article, based on a speech to the European Association of Health Policy, the author discusses the political context in which health inequalities research has historically operated in the United States. The discussion focuses on the limitations of research that uses income, consumption, and status as the primary categories of research practice, and demonstrates these limitations by critically analyzing The Health of Nations (by Kawachi and Kennedy). The author concludes that it is essential to use categories of analysis that focus on class relations as well as race and gender relations and their reproduction through the international and national institutions, to study their impact on the health and well-being of populations. <http://www.baywood.com/hs/hs341.pdf>

Trick-Or-Treat for UNICEF Offers New Teaching Resources In recent years, Trick-or-Treat for UNICEF has evolved from the traditional door-to-door collection on Halloween night into a month-long, nationwide education campaign. Participating in Trick-or-Treat for UNICEF offers children the opportunity to learn about the world around them, and the important role they can have in changing the world. This year, the campaign is offering a number of new resources that will help students, teachers and parents fulfill the educational mission of Trick-or-Treat for UNICEF. To learn more about participation in this year's campaign, or to order materials, visit: <http://www.trickortreatforunicef.org>

PUBLICATIONS

Rural Health and Health Care Disparities Journal Issue

The October 2004 issue of the American Journal of Public Health is focused on rural health and health disparities.

<http://www.ajph.org/content/vol94/issue10/?etoc>

Articles include:

- Health in Rural America: Remembering the Importance of Place
<http://www.ajph.org/cgi/content/full/94/10/1661?etoc>
- Rural Health Disparities, Population Health, and Rural Culture
<http://www.ajph.org/cgi/content/abstract/94/10/1675?etoc>
- Rural Public Health Service Delivery: Promising New Directions
<http://www.ajph.org/cgi/content/abstract/94/10/1678?etoc>
- The Importance of Place of Residence: Examining Health in Rural and Nonrural Areas
<http://www.ajph.org/cgi/content/abstract/94/10/1682?etoc>

Racial Health Disparities Continue Despite improvements in their health and health care in recent years, American Indians and Alaska Natives still have lower life expectancies, less health coverage, and poorer access to care than most other Americans. A new Commonwealth Fund report by Yvette Roubideaux, M.D., of the University of Arizona sheds light on the current state of health care for these often overlooked Americans.

Visit: http://www.cmf.org/publications/publications_show.htm?doc_id=239464

- Related publications from The Commonwealth Fund include: Quality of Health Care for Asian Americans: A Fact Sheet
http://www.cmf.org/publications/publications_show.htm?doc_id=221613
- Asian Americans' Reports of Their Health Care Experiences
http://www.cmf.org/publications/publications_show.htm?doc_id=230765
- Who, When, and How: The Current State of Race, Ethnicity, and Primary Language Data Collection in Hospitals
http://www.cmf.org/publications/publications_show.htm?doc_id=225959

Guide of Faith-Based Programs Targeting Cancer Health Disparities

The National Cancer Institute (NCI), part of the National Institutes of Health, is offering African American churches a new program guide and training materials to help them incorporate an NCI program aimed at reducing cancer health disparities into their activities. The “Body & Soul” program promotes the national recommendation for Americans to eat 5-9 servings of fruits and vegetables a day for better health. For more information, visit <http://www.5aday.gov/bodyandsoul/index.html>.

New report on health disparities in New York City

The New York City Department of Health and Mental Hygiene has published a new report, “Health Disparities in New York City”. It has lots of data - mostly descriptive epidemiology, with a strong social determinants perspective. It provides stratifications by race/ethnicity and income for a variety of general health indicators (life expectancy, years of life lost, self-reported health status, etc.) and specific health conditions (AIDS, heart disease, cancer, asthma), as well as health behaviors and access to care. It is on their website at <http://www.nyc.gov/html/doh/pdf/epi/disparities-2004.pdf> and available in hard copy by emailing: disparities@health.nyc.gov.

The State of Working America 2004/2005

Prepared biennially since 1988, the Economic Policy Institute's flagship publication sums up the problems and challenges facing American workers, presenting a wide variety of data on family incomes, taxes, wages, unemployment, wealth, and poverty—data that enables the book's authors to closely examine the impact of the economy on the living standards of the American people.
<http://www.epinet.org/>

REACH 2010 Surveillance for Health Status in Minority Communities — United States, 2001—2002

The U.S. population continues to diversify, and certain racial/ethnic minorities are growing at a substantially more rapid pace than the majority population. Limited large-scale population-based surveys and surveillance systems are designed to monitor the health status of minority populations. The Racial and Ethnic Approaches to Community Health (REACH) 2010 Risk Factor Survey is conducted annually in minority communities in the United States. The survey focuses on four minority populations (blacks, Hispanics, Asians/Pacific Islanders, and American Indians). <http://www.cdc.gov/mmwr/preview/mmwrhtml/ss5306a1.htm>

State Programs in Action

The Centers for Disease Control and Prevention's (CDC) 2004 publication, “State Programs in Action: Exemplary Work to Prevent Chronic Disease and Promote Health,” includes examples of state-based programs that encourage healthy behaviors and reduce chronic disease risk factors. To order, please [contact ccdinfo@cdc.gov](mailto:contact_ccdinfo@cdc.gov).



MISSION: TO FOSTER PARTNERSHIPS BETWEEN COMMUNITIES AND EDUCATIONAL INSTITUTIONS THAT BUILD ON EACH OTHER'S STRENGTHS AND DEVELOP THEIR ROLES AS CHANGE AGENTS FOR IMPROVING HEALTH PROFESSIONS EDUCATION, CIVIC RESPONSIBILITY AND THE OVERALL HEALTH OF COMMUNITIES

