

Health Disparities Resources

Healthy People 2010 (<http://www.healthypeople.gov/>), the United States' health plan as put forth by the Department of Health and Human Services, has two overarching goals: 1) Increase number and quality of years of life and 2) Eliminate health disparities. The American Psychological Association has actively sought to contribute to the goal of working toward "...the elimination of racial and ethnic disparities in health access and outcomes through an increased commitment to behavioral and biomedical research, improved data systems, culturally competent health care delivery, and efforts to increase public awareness of the existence of health disparities and the resources that are available to improve minority health outcomes" (<http://www.apa.org/ppo/issues/phealthdis.html>).

In support of these efforts, Division 38 and its committee on Health Disparities have developed this "Health Disparities webpage." The Health Disparities webpage is intended as an introduction to the key issues in health disparities research and as a guide to resources that can promote further investigation and advocacy. Our overarching goals are to advance the understanding of 1) the nature and scope of health disparities and 2) the scientific study of health disparities, from description to intervention.

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INTRODUCTION/FAQs

What is a disparity?

A disparity is simply a difference.

What are health disparities?

Health disparities are “...differences in health that are not only unnecessary and avoidable, but in addition, are considered unfair and unjust” (Whitehead, 1992, p. 433; Int J Hlth Svcs,22;429-445). Health will always vary across people, places, and time, but there are differences in opportunities to be healthy. These avoidable differences are the subject of health disparities research.

Here is another perspective for comparison:

“NACCHO [National Association of County and City Health Officials] uses the term health inequities rather than disparities because the latter does not convey the injustice underlying the differences in health status. That is, the needed response is not to any difference but to those that are actionable, avoidable, and unjust. At the same time, we seek to highlight the way in which social and organizational policy as well as institutional discrimination and oppression affect population health” (Hofrichter, 2006, p. 24-available at: http://www.naccho.org/pubs/product1.cfm?Product_ID=11)

Health inequities—which result from an unequal structuring of life chances—are systemic, avoidable, unfair and unjust differences in health status and mortality rates, as well as in the distribution of disease and illness across population groups. They are sustained over time and generations and beyond the control of individuals (Hofrichter, 2006, p. 11).

How is health disparity different from health inequality or health inequity?

Braveman (Ann Rev Pub Hlth, 2006, 27:167-94) states that these terms are interchangeable, although the NACCHO uses the term “health inequities” (see above).

What is health disparities research?

Health disparities research seeks to measure and reduce or eliminate avoidable differences in health. Of necessity, such efforts require judgments as to whether health differences are inequitable. Although criteria for such judgments will vary, a key element of this judgment is whether people chose the situation that caused ill health or whether it was out of their control (Whitehead, 1992).

In this context, the absence of control may occur through a lack of resources, whereby people may have to live in unclean or unsafe housing, take dangerous work, or experience frequent unemployment. It may also include institutional practices that target particular social groups.

Health disparities research "...can also be thought of as striving for equal opportunities for all social groups to be as healthy as possible, with selective focus on improving conditions for those groups who have had fewer opportunities" (Braveman, 2006, p. 181).

Why are health disparities important?

Government health agencies, employers, and individuals all have a stake in health. Government agencies want to see effective health resource allocation; healthy employees are more productive; and better health keeps costs of health insurance and health care low (NRC, 2004).

In the United States, Healthy People 2010 (<http://www.healthypeople.gov/>), the nation's health plan as put forth by the Department of Health and Human Services, has two overarching goals: 1) Increase number and quality of years of life and 2) Eliminate health disparities.

What outcomes are relevant to health disparities?

Both health status (e.g., hypertension, diabetes, functional capacities) and health care access are included in health disparities research. A list of the leading health indicators in the US can be found in the Healthy People 2010 document.

<http://healthypeople.gov/Document/pdf/uih/2010uih.pdf>

How do we achieve health equity/eliminate health disparities?

The broadest notion of achieving this goal is providing social justice-reducing health differences between people that are caused by "...different relative positions in social hierarchies according to wealth, power, or prestige" (Braveman, 2006, p. 181).

Another answer focuses on health care access:

"Healthy People 2010 is firmly dedicated to the principle that—regardless of age, gender, race or ethnicity, income, education, geographic location, disability, and sexual orientation—every person in every community across the Nation deserves equal access to comprehensive, culturally competent, community-based health care systems that are committed to serving the needs of the individual and promoting community health" (U.S. Department of Health and Human Services, 2000, p. 16).

Sources:

The information on this page was derived from:

Whitehead, M. The concepts and principles of equity and health. *Int J Health Serv.* 1992;22:429-45.

National Research Council. *Eliminating health disparities: Measurement and data needs.* Washington, DC: The National Academies Press.; 2004.

Braveman, P. Health disparities and health equity: concepts and measurement. *Annu Rev Public Health.* 2006;27:167-94.

U.S. Department of Health and Human Services. *Healthy People 2010: Understanding and Improving Health.* 2nd ed. Washington, DC: U.S. Government Printing Office, November 2000. Available from: <http://healthypeople.gov/Document/tableofcontents.htm#Volume2>

RECOMMENDED READINGS

The following list of readings provides an overview of research and issues in health disparities. Reading lists can also be found on many of the websites featured in other parts of this webpage.

Adler, N. E., Boyce, T., Chesney, M. A., Cohen, S., Folkman, S., Kahn, R. L. et al. (1994).

Socioeconomic status and health. The challenge of the gradient. *American Psychologist*, 49, 15-24.

Adler, N. E. & Ostrove, J. M. (1999). Socioeconomic status and health: what we know and what we don't. In N.E.Adler, M. G. Marmot, B. S. McEwen, & J. Stewart (Eds.), *Annals of the New York Academy of Sciences*, Vol. 896 (pp. 3-15). New York: New York Academy of Sciences.

Adler, N. E. & Coriell, M. (1997). Socioeconomic status and women's health. In S.J.Gallant & G. P. Keita (Eds.), *Health care for women: Psychological, social, and behavioral influences* (pp. 11-23). Washington, DC: American Psychological Association Press.

American Psychological Association Task Force on Socioeconomic Status (2007). *Report of the APA Task Force on Socioeconomic Status* Washington D.C.: American Psychological Association.

Anderson, N. B. & Armstead, C. A. (1995). Toward understanding the association of socioeconomic status and health: A new challenge for the biopsychosocial approach. *Psychosomatic Medicine*, 57, 213-225.

- Bird, S. T. & Bogart, L. M. (2005). Conspiracy beliefs about HIV/AIDS and birth control among African Americans: implications for the prevention of HIV, other STIs, and unintended pregnancy. *Journal of Social Issues, 61*, 109-126.
- Braveman, P. (2006). Health disparities and health equity: concepts and measurement. *Annual Review of Public Health, 27*, 167-194.
- Braveman, P. A., Cubbin, C., Egerter, S., Chideya, S., Marchi, K. S., Metzler, M. et al. (2005). Socioeconomic status in health research: one size does not fit all. *JAMA, 294*, 2879-2888.
- Brondolo, E., Rieppi, R., Kelly, K. P., & Gerin, W. (2003). Perceived racism and blood pressure: a review of the literature and conceptual and methodological critique. *Annals of Behavioral Medicine, 25*, 55-65.
- Brunner, E. (1997). Stress and the biology of inequality. *British Medical Journal, 314*, 1472-1476.
- Cassidy, J (2006, April 3). Relatively deprived: How poor is poor? *The New Yorker*, 12-17.
- Centers for Disease Control and Prevention (CDC) (2004). Health disparities experienced by Hispanics--United States. *MMWR - Morbidity & Mortality Weekly Report, 53*, 935-937.
- Centers for Disease Control and Prevention (CDC) (2005). Health disparities experienced by black or African Americans--United States. *MMWR - Morbidity & Mortality Weekly Report, 54*, 1-3.

- Chen, E., Martin, A. D., & Matthews, K. A. (2006). Understanding health disparities: the role of race and socioeconomic status in children's health. *American Journal of Public Health, 96*, 702-708.
- Clark, R., Anderson, N. B., Clark, V. R., & Williams, D. R. (1999). Racism as a stressor for African Americans. A biopsychosocial model. *American Psychologist, 54*, 805-816.
- Correspondents of the New York Times (2005). *Class Matters*. New York: Times Books.
- Dressler, W. W., Oths, K. S., & Gravlee, C. C. (2005). Race and ethnicity in public health research: Models to explain health disparities. *Annual Review of Anthropology, 34*, 231-252.
- Frank, R. (2007). What to make of it? The (Re)emergence of a biological conceptualization of race in health disparities research. *Social Science & Medicine, 64*, 1977-1983.
- Gallo, L. C. & Matthews, K. A. (2003). Understanding the association between socioeconomic status and physical health: do negative emotions play a role? *Psychological Bulletin, 129*, 10-51.
- Galobardes, B., Shaw, M., Lawlor, D. A., Lynch, J. W., & Davey, S. G. (2006a). Indicators of socioeconomic position (part 1). *Journal of Epidemiology & Community Health, 60*, 7-12.
- Galobardes, B., Shaw, M., Lawlor, D. A., Lynch, J. W., & Davey, S. G. (2006b). Indicators of socioeconomic position (part 2). *Journal of Epidemiology & Community Health, 60*, 95-101.

- Geronimus, A. T., Hicken, M., Keene, D., & Bound, J. (2006). "Weathering" and Age Patterns of Allostatic Load Scores Among Blacks and Whites in the United States. *American Journal of Public Health, 96*, 826-833.
- Giscombe, C. L. & Lobel, M. (2005). Explaining Disproportionately High Rates of Adverse Birth Outcomes Among African Americans: The Impact of Stress, Racism, and Related Factors in Pregnancy. *Psychological Bulletin, 131*, 662-683.
- Hartley, D. (2004). Rural health disparities, population health, and rural culture. *American Journal of Public Health, 94*, 1675-1678.
- Institute of Medicine (2006). *Examining the health disparities research plan of the National Institutes of Health: unfinished business*. Washington D.C.: National Academies Press.
- Jones, D. S. (2006). The persistence of American Indian health disparities. *American Journal of Public Health, 96*, 2122-2134.
- Kahn, R. S., Wilson, K., & Wise, P. H. (2005). Intergenerational health disparities: socioeconomic status, women's health conditions, and child behavior problems. *Public Health Reports, 120*, 399-408.
- Kaplan, G. A. (1995a). Where do shared pathways lead? Some reflections on a research agenda. *Psychosomatic Medicine, 57*, 208-212.
- Kaplan, G. A. (1995b). You can't get there from here: Understanding the association between socioeconomic status and health requires going upstream. *Advances, 11*, 15-16.

Kawachi, I., Daniels, N., & Robinson, D. E. (2005). Health disparities by race and class: why both matter. *Health Affairs, 24*, 343-352.

Kawachi, I., Subramanian, S. V., & Meida-Filho, N. (2002). A glossary for health inequalities. *Journal of Epidemiology & Community Health, 56*, 647-652.

Krieger, N. (2000). Discrimination and health. In L.F. Berkman & I. Kawachi (Eds.), *Social Epidemiology* (pp. 36-75). New York: Oxford University Press.

Krieger, N. (2005). Stormy weather: race, gene expression, and the science of health disparities. *American Journal of Public Health, 95*, 2155-2160.

Krieger, N., Chen, J. T., Waterman, P. D., Rehkopf, D. H., & Subramanian, S. V. (2005). Painting a truer picture of US socioeconomic and racial/ethnic health inequalities: the Public Health Disparities Geocoding Project. *American Journal of Public Health, 95*, 312-323.

Krieger, N., Chen, J. T., Waterman, P. D., Soobader, M. J., Subramanian, S. V., & Carson, R. (2003). Choosing area based socioeconomic measures to monitor social inequalities in low birth weight and childhood lead poisoning: The Public Health Disparities Geocoding Project (US). *Journal of Epidemiology and Community Health, 57*, 186-199.

Krieger, N., Williams, D. R., & Moss, N. E. (1997). Measuring social class in US public health research: concepts, methodologies, and guidelines. *Annual Review of Public Health, 18*, 341-378.

- Kubzansky, L. D., Kawachi, I., & Sparrow, D. (1999). Socioeconomic status, hostility, and risk factor clustering in the Normative Aging Study: any help from the concept of allostatic load? *Annals of Behavioral Medicine*, *21*, 330-338.
- Kubzansky, L. D., Krieger, N., Kawachi, I., Rockhill, B., Steel, G., & Berkman, L. (2001). The burden of poor health. Social inequality in the United States. In M.Whitehead, T. Evans, F. Diderichsen, A. Bhuya, & M. Wirth (Eds.), *Challenging inequities in health: From ethics to action*. (pp. 104-121). New York: Oxford University Press.
- Leon, D. A. & Walt, G. (2001). *Poverty, Inequality, And Health: An International Perspective*. New York: Oxford University Press.
- Link, B. G. & Phelan, J. (1995). Social conditions as fundamental causes of disease. *Journal of Health & Social Behavior, Spec*, No-94.
- Lynch, J. & Kaplan, G. A. (2000). Socioeconomic position. In L.F.Berkman & I. Kawachi (Eds.), *Social Epidemiology* (pp. 13-35). New York: Oxford University Press.
- Major, B. & O'Brien, L. T. (2005). The social psychology of stigma. *Annual Review of Psychology*, *56*, 393-421.
- Mays, V. M., Cochran, S. D., & Barnes, N. W. (2007). Race, race-based discrimination, and health outcomes among African Americans. *Annual Review of Psychology*, *58*, 201-225.
- Murray, C. J., Kulkarni, S. C., Michaud, C., Tomijima, N., Bulzacchelli, M. T., Iandiorio, T. J. et al. (2006). Eight Americas: investigating mortality disparities across races, counties, and race-counties in the United States. *PLoS Medicine / Public Library of Science*, *3*, e260.

- Reynolds, A. J., Temple, J. A., Robertson, D. L., & Mann, E. A. (2001). Long-term effects of an early childhood intervention on educational achievement and juvenile arrest: A 15-year follow-up of low-income children in public schools. *JAMA: Journal of the American Medical Association*, *285*, 2339-2346.
- Schnittker, J. & McLeod, J. D. (2005). The Social Psychology of health disparities. *Annual Review of Sociology*, *31*, 75-103.
- Sequist, T. D. & Schneider, E. C. (2006). Addressing racial and ethnic disparities in health care: Using federal data to support local programs to eliminate disparities. *Health Services Research*, *41*, 1451-1468.
- Shields, A. E., Fortun, M., Hammonds, E. M., King, P. A., Lerman, C., Rapp, R. et al. (2005). The use of race variables in genetic studies of complex traits and the goal of reducing health disparities: a transdisciplinary perspective. *American Psychologist*, *60*, 77-103.
- Smedley, B. D., Stith, A. Y., & Nelson, A. R. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Washington, DC, US: National Academies Press.
- Sue, S. & Dhindsa, M. K. (2006). Ethnic and racial health disparities research: issues and problems. *Health Education & Behavior*, *33*, 459-469.
- Thomas, S. B. & Quinn, S. C. (1991). The Tuskegee Syphilis Study, 1932 to 1972: Implications for HIV education and AIDS risk education programs in the Black community. *American Journal of Public Health*, *81*, 1498-1505.

U.S. Department of Health and Human Services (2000). *Healthy People 2010: Understanding and Improving Health*. 2nd ed. Washington, DC: U.S. Government Printing Office.

Williams, D. R. (1996). Race/ethnicity and socioeconomic status: measurement and methodological issues. *International Journal of Health Services*, 26, 483-505.

Williams, D. R. (1999). Race, socioeconomic status, and health. The added effects of racism and discrimination. In N.E. Adler & M. Marmot (Eds.), *Socioeconomic status and health in industrial nations: Social, psychological, and biological pathways*. *Annals of the New York Academy of Sciences*, Vol. 896 (pp. 173-188). New York: New York Academy of Sciences.

We also suggest the following reports, available on-line:

American Psychological Association, Report of the APA Task Force on Socioeconomic Status (2007): www.apa.org/governance/cpm/SES.pdf

Association for the Advancement of Health Care Quality, National Healthcare Disparities Report (2005). <http://www.ahrq.gov/qual/nhdr05/nhdr05.htm>

Association for the Advancement of Health Care Quality, National Healthcare Disparities Report (2006). <http://www.ahrq.gov/qual/nhdr06/nhdr06.htm>

Centers for Disease Control, Advancing the Nation's Health: A Guide to Public Health Research Needs, 2006 - 2015. <http://www.cdc.gov/od/science/PHResearch/cdcra/>

United States Department of Health and Human Services, Healthy People 2010. (2000). <http://www.healthypeople.gov/Document/tableofcontents.htm#under>.

United States Department of Health and Human Services, Healthy People 2010, Midcourse review (2006). <http://www.healthypeople.gov/data/midcourse/default.htm#pubs>.

Relevant Disciplines and Links

Researchers in health disparities represent many disciplines, and health disparities research is fundamentally trans-disciplinary in nature. Although all disciplines share the goal of understanding and ultimately eliminating health disparities, their theoretical frameworks and methodological approaches may differ. Much recent health disparities work shares an emphasis on community-based participatory approaches, in which communities are actively engaged in the research process via partnerships with academic institutions and research centers. (For more on community-based participatory research, please see the “other resources” page).

Across all disciplines, health-disparities related research questions may include the following:

- What disparities exist, in terms of incidence (i.e., new cases per year) or prevalence (i.e., number of cases at any given point in time) of diseases, risk factors, or health conditions among different population groups?
- To what extent do disparities in healthcare access or quality exist among different population groups?
- Under what conditions are inequities in access to care likely to occur?
- What individual, family, community or national level variables predict health disparities?
- What are the best individual, family, community and national level interventions for improving the equitable nature of health outcomes and access to care?

Some of the varied methodological approaches used to examine these questions include:

- Population based studies (for example, assessing disparities in the incidence or prevalence of health conditions, such as hypertension or HIV, or risk factors, such as smoking or low physical activity)
- Clinic or chart based studies (for example, documenting disparities in access to care or quality of care, such as examining differences in rates with which a specific intervention or assessment technique is applied across population groups)
- Laboratory studies (for example, experiments assessing the various psychological, cognitive, social, and/or physiological mechanisms that may contribute to health disparities)
- Survey studies (for example, examining disparities in health behaviors or a variety of individual, family, or community-level factors that may contribute to health disparities)
- Ecological/observational studies (for example, documenting factors in the physical environment that may contribute to health disparities, such as access to healthy foods or exposure to poor air quality)
- Clinic-based intervention studies (for example, testing educational, supportive or other types of interventions to reduce disparities in health outcomes or screening practices)
- Community-based intervention studies (for example, examining the utility of interventions that focus on promoting healthier behaviors, screening practices, or health care access and quality at the level of any community, such as a city, neighborhood, school, or workplace)

On this page, we present select web resources and links to organizations for some of the major disciplines addressing health disparities. These sources will provide additional information regarding the types of research questions and methodological approaches specific to each discipline.

1) Psychology

American Psychological Association (www.apa.org), relevant links include:

Ethnic Minority Affairs Office of the Public Interest Directorate:

<http://www.apa.org/pi/oema/homepage.html>

Public Interest Policy Unit, Ethnic Minority Affairs:

<http://www.apa.org/ppo/issues/pethnic.html>

Socioeconomic Status Office of the Public Interest Directorate:

<http://www.apa.org/pi/ses/homepage.html>

2) Public Health and Epidemiology

American Public Health Association (www.apha.org), relevant links include:

Health Disparities Projects and Interventions Database:

<http://www.apha.org/programs/disparitiesdb/>

Advocacy Section on Health Disparities:

<http://www.apha.org/advocacy/priorities/issues/disparities/>

Centers for Disease Control (www.cdc.gov), relevant links include:

Office of Minority Health, <http://www.cdc.gov/omh/>

Healthy People 2010: <http://www.healthypeople.gov/>

3) Biostatistics/Vital Statistics:

National Committee on Vital and Health Statistics (<http://www.ncvhs.hhs.gov/>), relevant links include:

Report on Strengthening Data on Race, Ethnicity, Language in the U.S.,

<http://www.ncvhs.hhs.gov/051107rpt.pdf>

4) Clinical Medicine and Health Services Research

American Medical Association (www.ama-assn.org), relevant links include:

Public Health Advocacy, Eliminating Health Disparities, <http://www.ama-assn.org/ama/pub/category/7639.html>

Agency for Healthcare Research and Quality (<http://www.ahrq.gov>), relevant links include:

National Healthcare Disparities Report, 2006,
<http://www.ahrq.gov/qual/nhdr06/nhdr06.htm>

Academy Health: <http://www.academyhealth.org/issues/disparities.htm>

5) Global Health:

Healthlink worldwide, <http://www.healthlink.org.uk/>

International Society for Equity in Health, <http://www.iseqh.org/>

Equity Project, <http://www2.eur.nl/bmg/ecuity/>

Global Equity Gauge Alliance, <http://www.gega.org.za/>

6) Anthropology

Society for Medical Anthropology (www.adanthro.net), relevant links include:

Mission statement for Critical Anthropology for Global Health Study Group (on disparities) <http://www.medanthro.net/research/cah/index.html>

American Anthropological Association (<http://www.aaanet.org/>), relevant links include:

“RACE” website: <http://www.understandingrace.org/>

7) Sociology

American Sociological Association, (<http://www.asanet.org/>), relevant links include:

Medical Sociology Section: <http://dept.kent.edu/sociology/asamedsoc/>

Racial and Ethnic Minorities Section: <http://www2.asanet.org/sectionrem/>

Society for the Study of Social Problems (<http://www.sssp1.org/>), relevant links include:

Health, Health Policy, and Health Services Division:
<http://www.sssp1.org/index.cfm/m/21/pageId/57>

Poverty, Class, and Inequality Division:
<http://www.sssp1.org/index.cfm/m/21/pageId/59>

Racial and Ethnic Minorities Division:

<http://www.sssp1.org/index.cfm/m/21/pageId/60>

8) Business:

National Business Group on Health: (<http://www.businessgrouphealth.org/index.cfm>)

relevant links include:

Why Companies are Making Health Disparities Their Business: *The Business Case and Practical Strategies:*

http://www.businessgrouphealth.org/pdfs/business_case_analysis.pdf

Health Disparities Initiative:

<http://www.businessgrouphealth.org/prevention/disparities.cfm>

Promoting Health for a Culturally Diverse Workforce: The Impact of Racial and Ethnic Health Disparities on Employee Health and Productivity

http://www.businessgrouphealth.org/pdfs/proceed_cultdiv.PDF

Centers for Training and Research

The following web sites are links to places and programs that support health disparities research or provide training opportunities in this area. Most centers are in the U.S., unless stated otherwise. This is not an exhaustive list; it is merely designed to give a sense of the variety of opportunities. Each site provides links to other sites of interest. For additional information, please see the Education and Training Directory of Health Psychology Programs, and review individual program websites for information regarding psychology doctoral degree granting institutions that may offer a research (or other) emphasis in health disparities: http://www.health-psych.org/educ_trng/directory/directoryTOC.php.

Office of Behavioral and Social Science Research, National Institutes of Health
<http://obssr.od.nih.gov>. (See training and career development page:
http://obssr.od.nih.gov/Content/Training_and_Career_Development/)

Robert Wood Johnson Health and Society Scholars Program. Funding for postdoctoral training at one of six nationally prominent universities.
<http://www.healthandsocietyscholars.org/>

CDC Office of Minority Health. Supports training opportunities (e.g., fellowships, summer internships) for students at all levels of education. <http://www.cdc.gov/omhd/training.htm>

W.K. Kellogg Foundation Scholars Program in Minority Health. Postdoctoral fellowship program for training in Community Health and Health Disparities.
<http://www.cfah.org/programs/kelloggscholars/>

UCLA/RAND Post-Doctoral Training Program. Post-doctoral training program jointly housed in the RAND Health Sciences program and the UCLA School of Public Health.
http://www.ph.ucla.edu/hs/post_doctoral.html

John D. and Catherine T. MacArthur Research Network on Socioeconomic Status and Health. A research network by invitation only of established investigators. They have published a great deal of disparities-related information on their web site: <http://www.macses.ucsf.edu>

International Institute for Society and Health (United Kingdom). Primarily a research center. The UCL International Institute is a unique multidisciplinary collaboration of leading academics, working on health and society in a global context in conjunction with the WHO Commission on Social Determinants of Health. The Institute brings together renowned leaders in the disciplines of Anthropology, Development, Economics, Epidemiology, Medicine and Sociology from different UCL departments, to work collaboratively on global health problems:
<http://www.ucl.ac.uk/iish/>

The Canadian Institute for Advanced Research. Primarily a research Center. Senior academics are invited to identify critical areas for research. CIFAR then identifies leading scholars in the

area, and provides resources and programming to bring researchers together to advance work in the identified areas. <http://www.ciar.ca>

RWJ Health and Society Scholars Program at University of Wisconsin. One of the RWJ training sites. <http://www.pophealth.wisc.edu/rwjscholars/index.htm>

UCSF Center for Health and Community and UC Berkeley School of Public Health. One of the RWJ training sites. Also has other post-doctoral opportunities available. <http://www.hss.medschool.ucsf.edu/>

University of Michigan. One of the RWJ training sites: <http://www.sph.umich.edu/rwjhssp/resources/index.shtml>. Occasional other post-doctoral opportunities available at the University as well as a variety of research centers.

Center for Research on Ethnicity, Culture and Health. A research and training center with some post-doctoral opportunities available. <http://www.sph.umich.edu/crech/>

Center for Social Epidemiology and Population Health. A research center bringing together investigators across the university. <http://www.sph.umich.edu/cseph/>

Harvard University. One of the RWJ training sites. Also has occasional other post-doctoral opportunities available, as well as a variety of research centers.

Center for Society and Health. A research center dedicated to the task of identifying the social and economic determinants of health and intervening to improve the public's health. Has some post-doctoral training opportunities available. <http://www.hsph.harvard.edu/society/>

Center for Health and Human Rights. A research center that provides training for in-house students, and through collaboration and partnerships with health and human rights practitioners, governmental and nongovernmental organizations, academic institutions, and international agencies seeks to expand knowledge through scholarship, professional training, and public education, develop domestic and international policy focusing on the relationship between health and human rights in a global perspective, engage scholars, public health and human rights practitioners, public officials, donors, and activists in the health and human rights movement. <http://www.hsph.harvard.edu/fxbcenter/>

John Hopkins Bloomberg School of Public Health. Centers below are primarily focused on research, although training opportunities may be available for in-house students.

Morgan-Hopkins Center for Health Disparities Solutions. A research center dedicated to conducting multidisciplinary basic and translational research with the goals of advancing knowledge on the causes of health disparities and developing interventions to eliminate disparities. <http://www.jhsph.edu/healthdisparities/index.html>

Center for American Indian Health. A center for research and training whose mission is to work in partnership with American Indian tribes to raise the health status and self sufficiency of American Indian people to the highest possible level.

<http://www.jhsph.edu/caih/index.html>

Center for Aging and Health. A center for research and training dedicated to research that will prevent disease, disability, and improve the health and well-being of older adults. It seeks to foster interdisciplinary research and to train the next generations of research leaders essential to important discoveries for prevention and health promotion for an aging population, and translate these results so that they improve the health status of older adults.

<http://www.jhsph.edu/agingandhealth/index.html>

Urban Health Institute. This is a center that serves as an interface between the University and the Baltimore community, and seeks to build programs and services to change the trajectory of children in the community.

www.urbanhealthinstitute.jhu.edu

University of Pittsburgh. Centers below are primarily focused on research, although training opportunities may be available for in-house students.

Mind/Body Center. A research and training center dedicated to promoting scientific excellence in understanding mind-body interactions as they determine health. It offers the latest knowledge on its website about measurement and theory in key areas of mind-body science; provides advance training in specific areas relevant to mind-body science and health through workshops, symposia, and its annual Summer Institute; and advances scientific knowledge through identification of key research questions. In addition, a number of services are available to local investigators and Mind-Body Scholars affiliated with the Center, such as consultation on specific research issues, pilot funds, and the Clinical Mind-Body Scholars Program.

<http://pmbcii.psy.cmu.edu/>

Center for Minority Health. A research center that is committed to translating evidence-based research into community-based interventions and innovative outreach practices. The CMH provides the infrastructure, among the University of Pittsburgh Schools of Health Sciences, for addressing health issues among ethnic and racial minorities and other vulnerable and underserved populations. <http://www.cmh.pitt.edu/home1.html>

Center for Rural Health Practice. A center for research and policy development that provides state and national leadership in the emerging field of rural public health. Recognizing that most rural health research has focused exclusively on access to care, the center provides leadership to identify and address additional areas of public health that contribute to the well documented health disparities seen in rural communities.

<http://www.upb.pitt.edu/crhp/>

University of Washington Center for Studies in Demography and Ecology. This is a center for research and training for University of Washington scholars and students, and affiliated scholars

from affiliated institutions in the Pacific Northwest. The Center also gives population scientists access to cutting-edge demographic infrastructure and services. Services and activities include computer lab and services; administrative support for grants, statistical consulting; library collection and information services; support in use of biomarkers in research; working paper series; and weekly research seminar.

<http://csde.washington.edu/>

Northwestern University Center on Social Disparities and Health. This is a research center for Northwestern faculty, students and scholars that aims to strengthen the synergy among Northwestern University researchers in the field of social disparities and health and to focus the national spotlight on the cutting-edge research at Northwestern. The Center also hosts training opportunities (e.g., Biomarker Institute) available to scholars outside of Northwestern University as well.

<http://www.northwestern.edu/ipr/c2s/>

Funding and Grant Information and Resources

This page provides information and relevant links for funding opportunities (grant, training) in health disparities. Due to the dynamic nature of funding initiatives, this list should not be considered comprehensive. A review of the websites featured below will uncover additional opportunities.

APA GRANTS and AWARDS

Psychology and Ethnic Minority Serving Institution Initiative (PEMSI).

http://www.apa.org/pi/oema/programs/pemsi_health.html

- Small grants and professional development activities targeted to early career faculty at ethnic minority serving postsecondary institutions

Division 8 – Society for Personality and Social Psychology (SPSP)

www.spsp.org/divtrav.htm

- Diversity Fund Travel Awards

Division 9 – The Society for the Psychological Study of Social Issues (SPSSI)

www.spssi.org/awards.html

- Several student and scholar awards and grants

Division 36 – Society for the Psychology of Women

www.apa.org/divisions/div35/awards.html

- Several student and scholar awards

Division 38 – Health Psychology

www.health-psych.org/awards.php

- Graduate student research award dedicated to health disparities research

Division 44 – Society for the Psychological Study of Lesbian, Gay and Bisexual Issues

www.apadivision44.org/honors

- Several student and scholar awards and grants

FOUNDATIONS

Robert Wood Johnson Foundation: Non-profit organization that works with diverse organization to address the most pressing health and health care issues in the United States.

www.rwjf.org

- Accept solicited and limited unsolicited proposals

The John D. and Catherine T. MacArthur Foundation: A private, independent grant-funding organization. Focuses on the general goal of “improving the human condition.” Programs include Global Security and Sustainability, Human and Community Development, and MacArthur Fellows Program.

www.macfound.org

- Accept solicited and limited unsolicited proposals

W.K. Kellogg Foundation: Established in 1930, this is a philanthropic organization that seeks to improve quality of life in the United States, Latin America, Caribbean, and southern Africa. Within the United States, health programming focuses on improving individual and community health and access to and quality of health care.

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

- Accept solicited and limited unsolicited proposals

Sociological Initiatives Foundation: Established in 1999 to support research that furthers social change.

<http://comm-org.wisc.edu/sif/index.php>

- Accept solicited and limited unsolicited proposals

Bill and Melinda Gates Foundation: Philanthropic organization that seeks to reduce inequities in health and welfare in the United States and in developing countries, through its United States Program, Global Health Program, and Global Development Program.

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

- Accept solicited and limited unsolicited proposals

GOVERNMENT INSTITUTIONS

National Institutes of Health. www.nih.gov

- The National Institutes of Health (NIH) is part of the U.S. Department of Health and Human Services and is the primary government source of support for health and medically-focused research and research training. Within the NIH, a number of resources are available to learn more about funding opportunities. Funding announcements for individual and institution-based research grants generally take the form of Requests for Applications (RFAs) or Program Announcements (PAs). PAs identify areas of high priority or current interest, and are generally valid for 3 years following the initial announcement. PARs are PAs with specific receipt, referral and/or review specifications or dates, as detailed in associated program announcements. PASs are PAs with “set-aside” funds. RFAs are narrower in focus and are associated with designated funds set aside by one or more NIH institutes, as described in the announcement. These programs usually have only a single receipt date. For more information about available funding within the NIH system, please see the following centers and web-links:

National Center on Minority Health and Health Disparities (NCMHD), National Institutes of Health, http://ncmhd.nih.gov/our_programs/research/FY2005Grants.asp

- Loan repayment program for health disparities research. This program offers educational loan repayment to individuals with careers in research on health disparities. http://ncmhd.nih.gov/our_programs/loan/index.asp
- Funding for NCMHD Research Centers of Excellence (P20, P60), in Health Disparities. <http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-06-003.html>*

*The call for proposals has closed

Comprehensive Minority Biomedical Branch of the National Cancer Institute (CMBB)
<http://minorityopportunities.nci.nih.gov/>

- Career development and research funding opportunities for underrepresented minority students and professionals

Office of Behavioral and Social Science Research at NIH:

- Mission is “to stimulate behavioral and social science research throughout NIH and to integrate these areas of research more fully into others of the NIH health research enterprise, thereby improving our understanding, treatment, and prevention of disease.”
- RFAs
http://obssr.od.nih.gov/Content/Research/Request_for_Applications_%28RFAs%29/RFAs.htm
- PAs
http://obssr.od.nih.gov/Content/Research/Program_Announcements_%28PAs%29/ProgramAnnouncements.htm

Fogarty International Center for Advanced Study in the Health Sciences.

- “Addresses global health challenges through innovative and collaborative research and training programs and supports and advances the NIH mission through international partnerships.
- Grants information
http://www.fic.nih.gov/programs/research_grants/index.htm
- Research training grants
http://www.fic.nih.gov/programs/training_grants/index.htm.

Select NIH (<http://grants1.nih.gov/grants/index.cfm>) Opportunities in Health Disparities Research

- Social and Cultural Dimensions of Health (R01)
<http://grants.nih.gov/grants/guide/pa-files/PA-07-045.html>
- Behavioral and Social Science Research on Understanding and Reducing Health Disparities
R01: <http://grants.nih.gov/grants/guide/pa-files/PAR-07-379.html>
R21: <http://grants.nih.gov/grants/guide/pa-files/PAR-07-380.html>
- Health Disparities in NIDDK Diseases (R01)
<http://grants.nih.gov/grants/guide/pa-files/PA-07-027.html>
- Understanding and Promoting Health Literacy
R01 <http://grants.nih.gov/grants/guide/pa-files/PAR-07-020.html>
R03 <http://grants2.nih.gov/grants/guide/pa-files/PAR-04-117.html>

- Dissemination and Implementation Research in Health (R01)
<http://grants.nih.gov/grants/guide/pa-files/PA-07-086.html>
- Health Disparities Among Minorities and Underserved Women (R01)
<http://grants.nih.gov/grants/guide/pa-files/PA-07-154.html>
- Reducing Health Disparities Among Minority and Underserved Children (R01)
<http://grants.nih.gov/grants/guide/pa-files/PA-07-392.html>
- The Effect of Racial and Ethnic Discrimination/Bias on Healthcare Delivery
R01 <http://grants.nih.gov/grants/guide/pa-files/PA-07-206.html>
R03 <http://grants.nih.gov/grants/guide/pa-files/PA-06-348.html>
- Health Disparities in HIV/AIDS: Focus on African Americans
R01 <http://grants.nih.gov/grants/guide/pa-files/PA-06-069.html>
R03 <http://grants.nih.gov/grants/guide/pa-files/PA-07-290.html>
R21 <http://grants.nih.gov/grants/guide/pa-files/PA-07-289.html>
- Identifying and Reducing Diabetes and Obesity Related Health Disparities within Healthcare Systems (R01)
<http://grants.nih.gov/grants/guide/pa-files/PA-07-388.html>
- NCMHD Community-Based Participatory Research (CBPR) Initiative in Reducing and Eliminating Health Disparities: Intervention Research Phase (R24)
<http://grants.nih.gov/grants/guide/rfa-files/RFA-MD-07-003.html>

Office of Minority Health (OMH), US Department of Health and Human Services,
www.omhrc.gov.

- The OMH administers grant programs that support community organizations and science-based efforts to eliminate health disparities. For funding opportunities see:
<http://www.omhrc.gov/templates/browse.aspx?lvl=2&lvlID=1>

Centers for Disease Control (CDC), US Department of Health and Human Services,
www.cdc.gov:

- The CDC's mission is "to promote health and quality of life by preventing and controlling disease, injury, and disability." For funding announcements see:
<http://www.cdc.gov/od/pgo/funding/FOAs.htm>.

Agency for Healthcare Research and Quality (AHRQ), <http://www.ahrq.gov/>.

- Supports predoctoral and postdoctoral training to prepare individuals for careers in health services research through the National Research Service Award (NRSA) program, and offers dissertation grants for doctoral candidates. Special emphasis on supporting underrepresented students/scientists. See: <http://www.ahcpr.gov/fund/minortrg.htm>.
- Also offers solicited contracts, <http://www.ahrq.gov/fund/contrax.htm>, and RFAs, <http://www.ahrq.gov/fund/grantix.htm>, to support research in specific areas of interest.

OTHER OPPORTUNITIES

Aetna and the Aetna Foundation Community Health Grants Program.

http://www.aetna.com/foundation/grants_reg/index.html.

- Opportunities for grants in select communities, to support initiatives targeting depression, obesity and health professional training.

Commonwealth Fund. <http://www.cmwf.org/programsgrants/programsgrants.htm>.

- Non-profit foundation that supports and conducts research on health and social issues. Awards funding for research and programs that help improve health care practice and policy, with emphases in health care services, minority health, the elderly, and youth.

RELATED LINKS

- Grants.gov – A central storehouse for information on over 1,000 grant programs.
www.grants.gov
- Federal Grants Wire - A resource for federal grants, government grants and loans.
<http://www.federalgrantswire.com/>
- COS (Community of Science) Funding Opportunities – Searchable database for funding opportunities within science
<http://fundingopps.cos.com/>
- Promoting Diversity through Mentoring. This website provides a resource for information and supports mentor/mentee relationships between underrepresented students and faculty. In addition, the site offers information on NIH-related research training opportunities in the behavioral and social sciences. <http://mentorminorities.od.nih.gov/>