

EVALUATORS' FIRST-YEAR REPORT

**KELLOGG HEALTH SCHOLARS PROGRAM
WKKF Project # P0117943**

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September 4, 2007

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This interim evaluation report of the Kellogg Health Scholars Program (KHSP) discusses the program thus far, particularly the challenges and dynamics of combining two predecessor programs. It focuses primarily on observations that can be used both for mid-course corrections of the current program, as well as for fine-tuning any program extensions.

Although the two predecessor programs, The Kellogg Scholars in Health Disparities Program and the Kellogg Community Health Scholars Program, have long and impressive histories¹, it is too soon² to judge the KHSP's attainment of its goals. We will, however, report our findings of the new program's progress toward those goals.

This interim report is organized as follows:

- Background
- Approach
- Findings
- Implications for the Present and Successor Kellogg Health Scholars Programs

I. BACKGROUND

In 2005 the W.K. Kellogg Foundation awarded a three-year grant to the Center for the Advancement of Health (CFAH) to support the postdoctoral training of diverse leaders who can participate effectively in cross-cutting approaches to understanding and eliminating health disparities. These cross-cutting approaches – which combine research, community and policy -- are critical to moving policymakers and program managers to address the issues and develop the necessary political will.

Two antecedent programs – the Community Health Scholars Program (CHSP) and the Scholars in Health Disparities Program (SHDP) joined in the KHSP. CHSP Scholars had a two-year experience working with community-based partners to learn skills in community-academic relationships and community-based participatory research (CBPR). SHDP Scholars studied health disparities, behavioral and social science theories and methods, epidemiology; they networked with national public health policy organizations focusing on public health goals. These two programs have trained 95 Scholars skills for positions in academic, health practice and health-related policy organizations to reduce and ultimately eliminate health disparities.

¹ *The CHSP began in 1998; the KSHD funded its first Scholars in 2001.*

² *The first KHSP Scholars entered in the fall of 2006.*

Almost three-fourths were minorities and 61 percent were underrepresented minorities. The new KHSP program has two tracks: the Community Track (successor to the CHSP) and the Multidisciplinary Track (heir to the SHDP).³

The KHSP supports postdoctoral Scholars at ten participating sites: the University of Michigan (both tracks), Columbia University (MD Track), Harvard University (MD Track), Johns Hopkins University (Community Track), MD Anderson/University of Texas (MD Track), UCSF/Berkeley (MD Track), University of North Carolina (Community Track), University of Pittsburgh (MD Track) and one historically Black institutional site, Morgan State University Program for Public Health (MD Track).

The KHSP has six major goals:

- Develop a cadre of future leaders in academic, policy-making, policy-advocacy and health-related agencies with an understanding of social determinants of health disparities and how health disparities research can influence federal, state and local health policy.
- Provide postdoctoral training opportunities for future leaders, incorporating skills in (a) conducting research to enhance understanding of the causes of health disparities and potential policies and interventions to address disparities, (b) translation and dissemination of research to maximize its value in policy-making, (c) development of partnerships between academic institutions, community-based organizations, and organizations engaged in public health practice, (d) understanding and applying the principles of community-based participatory research, and (e) multi-cultural competency.
- Increase the racial and ethnic diversity of faculty at health professions schools and in leadership positions at health-related policy, advocacy and practice organizations.
- Enhance the capacity of community-based organizations working in communities experiencing health disparities to initiate and participate in health disparities research and to advocate effectively for policy changes that address these disparities.
- Conduct ongoing program evaluation to achieve quality management, assessment of goals and measurement of the program's impact on enhancing leadership to address health disparities.
- Develop and implement a strategy to assure the continued growth, sustainability and institutionalization of the programs involved. (*2006 Annual Report*)

II. APPROACH

To date, our evaluation of the Kellogg Health Scholars Program uses these methods: 1) review of program documents and web sites; 2) in-person and telephone interviews with program

³ The Multidisciplinary Track is known as the MD Track, the usage accepted for this paper.

staff, site directors and faculty, Scholars, and others; 3) participant-observation of national networking meetings since June 2006; and 4) review of Scholars' curriculum vitae, publications, previous comments about the program and other documents. We have constructed a data base with information about the Scholars and other stakeholders, so that we can both quantitatively and qualitatively assess the information. In the near future we will also be conducting web-based surveys.

III. FINDINGS

We report our findings under the following six categories:

- Progress in Integrating the Two Predecessor Programs in Administration, Research, Community, and Politics.
- Recruiting and Selecting Applicants.
- The 2006-08 Scholars.
- Leadership Skills Development.
- Building a Community of Health Disparity Experts
- Impacts on Institutions.

Each is discussed below.

A. Progress in Integrating the two Predecessor Programs in Administration, Research, Community, and Policy.

The KHSP is pioneering in the critical area of training diverse leaders, skilled in research, community, and policy, who can understand, function and participate effectively in the cross-cutting approaches to analyzing and eliminating health disparities. Such collaboration is vital if community, local, state, federal and international policymakers are to address the issues and summon the political will to act. Other than KHSP, few individuals and even fewer training programs are effective in doing so. Most innovative programs, including the two KHSP legacy programs, have primarily focused on synergies between two of the three domains, but not all three.

No matter how desirable, integrating two programs is never easy. Each has its own proud traditions, management style, emphases, goals, and procedures. That is especially true if one program can be perceived as "taking over" the other. While both predecessor programs had received direct WKKF funding, the KHSP is now granted to CFAH, with the University of Michigan's Community Track as a sub-grantee. Although the leaders firmly believed in the desirability of the integration, they still faced challenges in implementing it, such as convincing all stakeholders to embrace the change. Doing so seemed especially hard for the CHSP stakeholders, since they had fought so hard to establishing community-based participatory research (CBPR) as a legitimate research tool and now feared loss of identity.

The fact that the two program leaders had a history of working together – and respecting each other – has helped to smooth the transition. Among their previous joint efforts was a series of Washington policy seminars for WKKF Fellows and Scholars; these were continued under the KHSP.

To integrate the perspectives of research, community, and policy, KHSP has added a major element to each of its antecedent programs. The KHSP Multidisciplinary Track now includes developing an understanding of community partnering and community-based participatory research in its program. The KHSP Community Track increasingly emphasizes the strengthening of community capacity to inform and influence policy makers. Scholars in both tracks now relate their research to the development of policies that reflect their work. Federal, state and local advocacy organizations now partner with the academic institutions and community-based organizations in achieving this three-way connection. The program now has two policy consultants to facilitate the connection between each Scholar's work and policy. Joint national meetings enable Scholars in both tracks to learn from each other's work, from the leadership in both sets of training sites, and from the advocacy organizations.

The two tracks have learned from the predecessor programs. For example, the Community Track generally had more policies and procedures in place, in part a reflection of its greater longevity and in part of management style. The MD Track used the Community-Track's models as the basis, for example, in developing a list of competencies and requirements for MD-Track Scholars' two-year program plans.

Over the three national meetings, there has been a marked decrease in doubt about the integration's wisdom or progress, evidenced from our observations and from responses to open-ended questions on the conference evaluation forms. We believe it to be time to showcase the program integration itself at these conferences, rather than the tracks – each track has alternately planned and hosted the national meetings to date, with much smaller input from the other track.

Some communication gaps and responsibilities still exist. One partial solution might be a frank discussion at the KHSP National Advisory Committee about the challenges of integration, including participants' feelings about it, and steps to overcome the challenges.

B. Recruiting and Selecting Applicants

The KHSP recruited applicants through a number of channels: its website, presence at national meetings such as APHA, direct personal contact, and, perhaps most importantly, by word-of-mouth networking among faculty, Scholars/alumni and other. Its strategy was to emphasize the attraction of its three-way (i.e., research, community, policy) strategy. Applicants voiced their attraction to the synergy, articulating their frustration with their inability to find such synergies in other postdoctoral programs. The result was a *record 97 completed applications for the 13 places.*⁴

⁴ A 14th Scholar, funded by the MD Anderson training site, joined the program in January 2007.

The admissions process is a shared task of the program offices and the training sites. The program offices have the major responsibility for marketing the program, although the sites also inform their current doctoral students and others who inquire about postdoctoral financial support. The combining of the two predecessor programs into the KHSP has resulted in greater value for marketing activities, since a single campaign can be planned and financed, rather than the two previous campaigns.

Applications were filed on-line. The program offices assemble the completed applications and screen the written submissions with the help of some members of the National Advisory Committee and others. The program offices send the packets to the sites, along with their scoring of the applicants. The Community Track training organizations conduct in-person interviews of candidates; the MD-Track candidates have telephone and/or in-person interviews, which vary by site and candidate. Both tracks ask candidates to rank their top three sites, although both the timing and the use of these rankings differ between the tracks; the MD Track requires that the ranking be done early in the process, while the Community Track delays the ranking until after the interviews.

In general, the Scholars have reported that the admissions process was fair and effective. A number of Scholars have urged that better descriptions of the differences in sites be available to applicants, since even within the same track, programs vary widely. And several MD-Track applicants suggested that applicants be asked to name their top three sites, but not to rank them as was done in 2006.

C. The 2006-08 Scholars.

Demographics: The 2006-2008 KHSP Scholars are a diverse group: eight African-Americans, one Asian-American, one Latina, one Native American, and three non-Hispanic Whites.

Pre-Program Disciplines: Almost half (6) the new scholars have doctorates in psychology (of them, one is in medical psychology and one in social psychology). Of the remainder, three studied health behavior and education, while the others' doctorates were in American studies, anthropology, health policy, health services, and social welfare (one each).

Scholar Research Areas: Among the current Scholars' research areas are: racial disparities in men's mental health, problem behaviors (substance abuse, problem sexual behavior) in African-American adolescents, environmental health (environmental contamination and related health outcomes: e.g. asthma), community-based approaches to improve cancer screening/ cancer screening behavior, community-based approaches to improve adolescent well being and mental health, HIV/AIDS-related behavior in African-Americans (e.g. testing and sexual behavior), migrant farm worker health, Hispanic/border population health, community context and health disparities, aging and disparate health outcomes, mental health service utilization in African-American women, mass communications/media and African-Americans' beliefs about health issues, civic engagement and community participation in policy development.

Publications: As of July 2007, Scholars reported four articles in press and an average of one to two articles under review. Most scholars have at least two publications in progress. During the KHSP Scholarship, Scholars have published in high-impact peer-reviewed journals (e.g. *Annals of Epidemiology*, *Social Science & Medicine* and the *Journal of Health Education and Behavior*). They span a variety of work including both quantitative and qualitative methods on topics such as African-American attitudes about testing, cultural phenomena and HIV in Black communities, communications about health disparities in the media, and mental health

Grants: Some 2006-08 scholars have participated in grant applications with mentors that are currently under review; moreover, some have had their KHSP research resources supplemented by their own institutions.

D. Leadership Skill Development

The KHSP emphasizes in four leadership skill-building areas: 1) research, 2) community, 3) policy, and 4) tools for success in academic, policy and community health institutions.

1. Skill Development: Research

A major key to the successful Scholar experience is working with mentors who will guide and collaborate in their relevant research, help them use their two years' Scholarship wisely and impart their wisdom about strategies for success. In the Community Track, Scholars have community mentors along with their faculty mentors; the former provide guidance in community dynamics, credibility to the Scholars' efforts, guidance on community-based research, and an understanding of the local/state policy environment. Some MD-Track Scholars have informal community mentors as well. Mentors also use their own professional networks to find potential collaborators, data bases and other opportunities for the Scholars, as well as potential job opportunities. Such mentoring builds on the model long used in the basic and clinical sciences.

Although successful mentoring can make a huge difference in the young Scholar's present and future, development of the successful relationship is not automatic. Some potential mentors, especially distinguished faculty members, are simply too busy to be sufficiently available to Scholars. The program lacks the resources that would "buy out" their time to do so. On the other hand, younger potential mentors are often stretched by the need for publications and other achievements needed for tenure, so that they, too, may lack the time. To tackle this problem, the UCSF training site now has two mentors for each Scholar: one to guide research, the other to work on career-building skills. Other sites do so informally, by having both the Site Director and the mentor(s) provide guidance.

In addition to time, mentoring requires skill and commitment. Some brilliant researchers and teachers are excellent mentors; others are not. Some of the needed skills can be taught by example; peer-to-peer transmission of mentoring skills can be effective. For example, discussions by mentors about how to approach various scenarios, conducted at multi-site meetings, can share ideas. Both site directors and community mentors have expressed desire for

such sessions. However, the KHSP has lacked the resources to support the travel of all mentors to the regular program meetings.

Mentors can help the Scholars to use their two years wisely. Scholars can be overwhelmed by multiple opportunities and needs: moving to and becoming acclimated to a new city (especially with a family), readying articles based on their dissertations for publication, finding data bases for new projects, exploring new learning opportunities, developing relationships with community-based and policy organizations, searching for post-Scholarship jobs, etc. Thus, the two years can slip away all too soon.

Responsibility for the best mentoring relationship also rests with the Scholars. Some understand what they need and are skilled in seeking and receiving it from potential or assigned mentors. Others may need to learn how to articulate and satisfy their needs. Some of the differences lie in life experiences and personality, while others partially stem from the institution's atmosphere, particularly one where questioning or appearing uncertain is frowned upon. Several Scholars have suggested that more extensive interviews with potential mentors would help assure a good mentor-trainee match.

One tool to guide the Scholar's research efforts is the two-year program plan with periodic required progress reports. Working together with their mentors, all Scholars develop such a plan.

2. Development: Community

Community Track Scholars will spend much of their two years working directly with their partner community-based organizations. The latter include such organizations as El Centro Hispano, Las Mujeres Mejorando el Futuro, and Historic East Baltimore Community Action Coalition. There they engage in community-based participatory research with one or more of the sites' long-term community-based organization and health and human service agency partners. Training site directors and faculty also help to guide their research, blending research, coursework and teaching experience. They also develop their skills to build capacity of communities, health-related agencies and academic centers to function as equal partners in CBPR, service and education. Scholars prepare papers for publication and presentation and collaborate with researchers in other disciplines health-disparities and CBPR projects.

3. Skill Development: Policy

The KHSP policy skill development builds on the momentum of the two predecessor tracks. The Harvard study cited that skills in working within the political process; interacting with government agencies; and interacting with county, city, or state boards or commissions were especially important.⁵ They also noted improvement over time, especially in the Community Track. This momentum had five elements: 1) establishing relationships with policymakers and policy organizations, 2) training at KHSP meetings, 3) participation in other

⁵ MA Millsap, AM Chase, RK King, et al, "Leadership Development in the WKKF Health Fellows Program (Cambridge, MA: Harvard University), February 16, 2007.

seminars and conferences, and 4) using two health policy consultants to advise on the effort, and 5) Scholars working with faculty and community mentors to incorporate health policy into health disparities research.

Establishing relationships with policymakers and policy organizations: KHSP has established relationships with many policy groups concerned with health disparities, such as:

- Asian Pacific Islander American Health Forum
- Congressional Asian and Pacific Islander Caucus
- Congressional Black Caucus Health Brain Trust
- Congressional Hispanic Caucus
- Families USA
- Joint Center for Political and Economic Studies
- National Association of Community Health Centers (NACHC)
- National Association of County and City Health Officials (NACCHO)
- National Center for Health Behavioral Change
- National Council of La Raza
- National Conference of State Legislatures
- Physicians for Human Rights
- PolicyLink
- Poverty & Race Research Action Council
- The Opportunity Agenda
- The Praxis Project

Individual training sites have also formed affiliations with community- and state-based health policy development and advocacy organizations in their own states, such as the Historic East Baltimore Community Action Coalition.

Training at KHSP meetings: At the three national KHSP meetings held in June 2006, February 2007 and June 2007, speakers gave their policy perspectives and imparted skills, both didactically and through small-group discussions. At the June 2007 meeting in Washington, DC, another element was added: workshops on special topics and meetings on Capitol Hill were organized. Scholars and their mentors visited with Members of Congress, staffers and advocacy organizations to share their work and establish relationships with these policy makers and advocates. Scholars and Mentors also met with the Congressional liaison office directors of the three Community-Track training sites, learning how these offices can provide a valuable role facilitating meetings and communications involving Members of Congress, staffers, and federal agency officials.

Much of the program's training in health policy development around the issues of health disparities occurs at conferences sponsored or attended by the Scholars and alumni, especially at those conferences for which KHSP either plans or participates in the planning. Speakers and facilitators are often drawn from the policy world: policy decision makers and their staffs, advocate groups (e.g., Joint Center for Political and Economic Studies), policy research sponsors (e.g., Agency for Healthcare Research and Quality, foundations), health policy researchers, and

other health services researchers who include policy options in their publications and presentations. Most of the policy advocate groups are national in scope, although some have state and/or community foci in addition to their national work (e.g., PolicyLink).

Participation in other seminars and conferences: Examples of the conferences that have targeted policy skill developments are:⁶

- Asian Pacific Islanders Association Health Forum.
- Meetings/receptions of the Congressional Black Caucus Health Brain Trust.

One small example of the utility of such training and meetings: at the 2006 KHSP meeting, a presenter from one policy-advocate organization met a member of the 2004-2006 KSHD cohort. Their conversation led to the hiring of the Scholar by the organization; ironically, they had not previously met although they were located in the same city!

Using two health policy consultants to advise the effort: To strengthen its real-world training in health policy skills, the KHSP engaged two policy consultants. They advised on the program for the June 2007 KHSP national conference, taught some of the sessions on advocacy, helped Scholars prepare their one-page descriptions for introductory meetings on Capitol Hill, and planned those Hill meetings themselves. They will continue to advise the program.

Scholars working with faculty and community mentors to incorporate health policy into health disparities research: Institutional training in the development and analysis of policy options of health disparities research has varied according to the Scholars' interests and background (e.g., those in political science tend to seek such training more than those with clinical educations), the emphases of the mentors, the institutions' ties to the community and state/local policy groups, and other factors. Some mentors and Scholars have perceived that health disparities are closely linked to policies, others have not. And the traditional reward system for academic career paths has pushed young scholars to focus on achievement in their disciplines without consideration of policy implications. The KHSP is thus also targeted at changing the institutions' reward systems, albeit slowly. Although the process of policy change can be slow and may not immediately produce the scholarly output required for success in academia, understanding the process of translating research to policy early in one's career will allow Scholars to tailor their research portfolios to be able to feed this process/address these issues when their academic positions allow.

Other efforts: H. Jack Geiger Congressional Health Policy Fellowships offer an opportunity for those interested in insights gleaned firsthand from the front lines of policy-making. This program is also funded by WKKF and has enabled former Kellogg Fellows and Scholars to undertake participatory research training in the federal legislative policy-making process, working with Members of Congress who are addressing health disparities. Currently, a Geiger fellow is serving in the office of Senator Edward Kennedy. Scholars have served in the offices of Congresswoman Donna Christensen and Congressman Mike Honda, and Senator Edward Kennedy.

⁶ *These events also are opportunities for networking; also see below the section on other networking events.*

The Geiger program could be built upon, first by extending it to Alumni of the Community Track. Secondly, some of its successful features could be incorporated into future KHSP policy training, perhaps by providing a period in residence at a national, state, or local policy institution.

4. Skill Development: Tools for Leadership and Success in Academic, Policy and Community Health Institutions

The KHSP provides the Scholars with the tools for success through multiple means: a) mentoring; b) targeted workshops; c) assistance with research and writing; and d) other efforts.

Mentoring: (See section D1 above.)

Targeted Workshops: At the annual KHSP and other conferences, sessions have included such issues as identifying funding opportunities, writing proposals, writing for publication, job hunting, and negotiating the tenure process. The workshops, usually in presentation format, often are led by Kellogg alumni, as well as experts in the fields. According to Scholar evaluations, these sessions are generally highly valued and, in fact, Scholars request that even more time be devoted to them.⁷ In addition, Scholars/alumni are invited to participate in events such as the 2006 NIH/NCI Career Development, the 2006 University of Pittsburgh's Summer Research Career Development Institute in Minority Health and Health Disparities, and the 2007 NIH/NCI methods workshop, and the 2007 NIH-sponsored workshop: "Write Winning Grants".

Assistance with Research and Writing: The program has supported such assistance as statistics tutoring, research associates, multilevel modeling support and other types of technical support. CFAH also offers editing of journal articles.

Other Efforts: Scholars/alumni can use the informal networking channels developed by the program, such as for suggestions on data sets or methodologies. In January 2007 CFAH and Harvard's Delores Acevedo-Garcia unveiled the new WKKF-supported website DiversityData.org. The site's data for metropolitan statistical areas include information on health and the social determinants of health. Program offices also respond to Scholar/alumni queries for assistance. For example, the program has provided assistance in setting up job interviews in Washington, DC. It also notifies those in its network of professional opportunities (see below on networking).

These leadership skill-building opportunities build on those of the predecessor programs. In fact, the WKKF Harvard leadership study documented that recent program participants describe more skill-building efforts than earlier alumni.⁸ The Harvard investigators especially

⁷ *Scholars also request that Scholars/alumni be more actively involved in the planning of such sessions, and that more sessions be interactive, such as using role-playing for teaching negotiating skills.*

⁸ *MA Millsap, op. cit.*

cited obtaining grants, preparing and administering grants, developing and justifying budgets as areas to develop.

So, too, are the skills needed for succeeding in non-academic leadership positions. Although the two predecessor programs initially were designed to produce only leaders for university-based careers, a significant number of alumni are now employed in health departments, federal agencies, foundations, health policy groups and other settings where the skills they learned in the postdoctoral program can be helpful in addressing health-disparity issues. So training in giving briefings, writing decision memos, and other skills become vital to their success.

The program may want to consider including an interviewing day at its annual meets, when academic and non-academic employers can speak to interested Scholars and alumni.

E. Building a Community of Health Disparity Experts

The KHSP builds a community of health-disparities experts both through developing relationships within the WKKF family and through relationships with others working in the health-disparities field.

1. Fostering Relationships within the WKKF Family of Fellows/Scholars

KHSP uses multiple methods to encourage networking within the WKKF Family of Fellows/Scholars. That "family" includes all those with ties to the program and its predecessors, e.g. mentors and former mentors.

Networking meetings enable scholars, alumni, mentors, training site leadership and national advisory committee members to join together and develop a sense of cohesiveness, joint mission, and the building of a powerful movement. (They also are used for skill development, as discussed above.) During the 2006-08 cohort, KHSP has held three such meetings.

A constant challenge in planning the KHSP-sponsored meetings is the need to balance content and skill-building with time for informal networking. In interviews, Scholars/alumni have expressed their desire for more time for the latter; they also requested more direct involvement in planning the meetings. Participants have also suggested that the presenters, panelists, and facilitators receive more explicit directions about their sessions' objectives.

National Advisory Committee: In both the design and the implementation of the KHSP, the National Advisory Committee has played a role. The Committee consists of highly regarded researchers and practitioners in health disparities, many of whom have had experience with other postdoctoral training programs. More recently, KHSP alumni members have been recruited; they add a different perspective of the program from the viewpoint of the trainees who are currently facing the challenges of launching and funding a career in health disparities. The committee not only offers practical advice, but it, too, serves as a network creator and maintainer. In the early

years, the committee met more regularly, usually in conjunction with one of the program's regular national meetings; lately, the program director has consulted its individual members by telephone.

Some members have requested that the committee schedule more frequent in-person meetings. Their discussions could provide more guidance and acceptance of the integration of the three KHSP themes – research, community, and policy. They also could discuss the variations among the training sites in the same track, including whether more similarities would be desirable. If so, they may also recommend whether to add more program specificity in contracts with training sites.

Site conferences and seminar series: In addition, Kellogg Scholars have organized conferences and seminars at their training sites, often inviting their whole universities, Scholars/alumni from the KHSP and other programs, other researchers, and community partners. Examples include the Harvard Annual Symposium on Racial/Ethnic Health Disparities; Morgan State University workshop on The War Within: Black Men's Mental Health, The Impact of Trauma and Violence, which attracted large attendees from the faculty, students, and community members; the annual MD Anderson meetings on health disparities for the University of Texas; and the Johns Hopkins's Workshop on CBPR. Scholars and alumni from other KHSP training sites are also invited to these conferences.

Construction of a Web Site: The program established its own website at www.kellogghealthscholars.org and, in addition, has its own page on the CFAH web site: www.cfah.org/programs/kelloggscholars, which contain information on the program, profiles of Scholars, descriptions of the training sites and their mentors, applications, descriptions of meetings and the papers presented, and links to research papers and other resources. Information on the predecessor programs is on www.cfah.org and www.sph.umich.edu/cdtrack/index.shtml. The sites could also list resources available for Scholars, such as databases, policy organizations, conferences and workshops, network contacts and areas of interest.

Distribution of Monthly E-Newsletter: Since 2003 CFAH has published its monthly e-newsletter *KConnection* (for Kellogg Connection), which is distributed to all KHSP Scholars and alumni, fellows in other Kellogg programs, site directors, mentors, faculty, National Advisory Committee members and others connected to the program. Its contents include program announcements, news of Scholars/alumni and others in the network, career and funding opportunities, health disparities related conferences, publications of interest, calls for papers, and Scholars/alumni request for ideas on data sets and methodologies. The same list serve is also used to announce more urgent matters or reminders when the next *KConnection* publication is not imminent.

Participating in and Encouraging Personal Interactions: The KHSP Scholars and alumni report that they often turn to their peers and others in the network for advice on data sets, methodologies, opportunities, sounding boards, career advice, and personal support, usually through e-mail or instant messaging. These interactions seem to vary by cohort. They also communicate and depend on the support of their fellow Scholars at the same training institutions; some who are the only Scholars in a site's cohort have rued the lack of a second Scholar at the

same site because they value those interactions. Scholars, alumni and faculty also serve as important marketers of health disparities as a field (e.g., through their seminars and conferences and their training institutions), as well for the program's recruiting of applicants.

Significant personal interaction also occurs between the KHSP program staff and the stakeholders, as well as with other people active in the health disparities arena. Scholars/alumni are encouraged to contact the director and associate director frequently, and they do. Sometimes it is to seek resources (e.g., help with editing a paper or advice on where to submit it), sometimes looking for contacts (e.g., names of people in proximate fields of research), sometimes seeking advice on career paths, and sometimes just to talk. The program staff also initiates such calls. Some alumni reported how much they value those contacts and that they plan to continue making them long after their traineeships are completed.

Collaborative projects: Some Scholars and mentors have suggested that Scholars formally collaborate on projects in either large or small groups. The collaborations should cross over between the tracks. Such collaboration could be facilitated at the KHSP conferences, as well as by supporting travel for researchers to work together at others' sites.

Additional WKKF resource: The Kellogg Fellows Leadership Alliance, to which the KHSP Scholars/alumni were introduced at the KHSP's June 2007 meeting, provides information and networking opportunities for alumni of WKKF fellows programs. Alumni were encouraged to apply.

2. Fostering relationships with others

In addition to the above within-family relationship-building, KHSP also seeks to network within the larger community of health-disparities professionals. It does so through sponsoring and participating in networking meetings, and partnering with other organizations dealing with health disparities.

Sponsoring and Participating in Networking Meetings: One of the program's major efforts for networking is through conferences. Among those have been:

- Annual Meetings of the American Public Health Association.
- Annual Meetings of the Community-Campus Partnerships for Health.
- 2006: Office of Minority Health's National Leadership Summit on health disparities.
- 2006: NIH Conference on Understanding and Reducing Disparities in Health: Behavioral and Social Sciences Research Contributions.
- 2007: NIH Summer Institute on the Design and Development of Community-Based Participatory Research in Health.

- 2007: Launch of the CFAH–Harvard web site DiversityData.org at the National Press Club.
- 2007: Conference on Social, Cultural and Economic Determinants of Health in Portugal.
- 2007 NIH Summer Institute on the Design and Development of Community-Based Participatory Research in Health.

Partnering with other organizations dealing with health disparities: Listed below are examples of KHSP's partnership, those not cited under Section D3 above:

- The Community Health Scholars Program (CHSP) developed the **Community-Based Public Health Caucus of the American Public Health Association (APHA)**, a group of over 250 health professionals and workers from academe, practice and community organizations, devoted to enhancing the role of community and encouraging partnerships with community in public health research, policy-making and practice. It sponsored 16 sessions at the last APHA annual meeting. Although this was initially a Community Track activity, the whole KHSP has participated, including broad-based social events like this year's party in an inner-city Washington, DC neighborhood.
- **Community-Campus Partnerships for Health (CCPH)** has had a close relationship with the Community Track and its predecessor program. Its Executive Director serves on the KHSP National Advisory Committee. CCPH helps to market the KHSP, invites Scholars/alumni to attend and present at its conferences. CCPH also provides opportunities for Scholars/alumni and their partners to provide training and technical assistance as consultants in the CCPH Consultancy Network.
- **Kellogg partnerships with the National Institutes of Health:** In the past year, the Kellogg Scholars and Fellows programs have partnered with various offices within the National Institutes of Health (NIH) to cosponsor 1) a poster session and reception at the NIH Symposium on the contributions of Behavioral and Social Sciences Research to Reduction of Health Disparities; 2) an NIH grant writing workshop for minority health scholars to increase diversity in NIH grant funding; and 3) an NIH methods workshop on six key methodologies that significantly figure in NIH grant applications. There were Scholars and Scholar alumni from both tracks attending each of these joint workshops, and the program added a number of significant new program mentors at the NIH.

A new development in communicating within the broader health disparities community: A CBPR peer-reviewed journal, *"Progress in Community Health Partnerships: Research, Education, Action"*, supported by WKCF and Johns Hopkins University's Urban Health Institute began publication last year.

F. Program Administration

The overall management of the KHSP is CFAH's responsibility, including its responsibilities as WKKF grantee, e.g., fiduciary, contacts and reporting to the foundation). Some programs (e.g., semi-annual national meetings, background reading materials) are developed jointly for all participants. The Community Track's administration continues at the University of Michigan School of Public Health.

Operating support: The program offices provide program management support, including consulting with the National Advisory Committee of experts, recruiting and monitoring the training sites, administering and reporting finances, marketing the program, managing the admissions process, establishing networking opportunities, conducting symposia, communicating with Scholars, problem solving, providing enrichment activities, and interfacing with the Foundation.

Financially, the KSHP provided \$50,000 annual stipends to the Scholars. In addition, the program allots \$32,500 to each site, of which \$10,000 is allocated for site management, and \$5,000 for the mentors.⁹ The two tracks and the sites within each track vary in allocation of the remaining funds. For example, the Community Track provides \$5,000 for newly-completed Scholars at their new place of employment to continue their CBPR agenda, while the MD Track has provided \$7,500 specifically for health insurance.

Shared responsibilities between program offices and the training sites: As the admissions process discussed above illustrates, one of the program's management challenges is striking a balance between program office functions and those of the training sites. In some instances, the line is clear; for example, signed memoranda of agreement govern financial accountability for grant funds. But in most areas the boundaries are fuzzier. Major research universities and their faculties are proudly independent institutions. Moreover, the KHSP offers limited financial benefits, so that it cannot command attention or demand, for example, faculty mentors' time. Although it is becoming a more recognized entity, it has lacked the resources and name recognition of some other postdoctoral fellowship/scholarship programs. The KHSP directors must rely on persuasion and the good will and interest of health-diversity scholars. Fortunately, both Barbara Krimgold and Toby Citrin are well-known entities in that world and are inveterate and effective networkers.

G. Impact on Institutions

Effecting institutional change is much more difficult to accomplish than the training of individual Scholars, especially since academic institutions fiercely guard their proud traditional morés and autonomy. The KHSP simultaneously offered substantial changes to those morés: 1)

⁹ The \$5,000 may be split among mentors and, in the Community Track, participating community-based organizations.

its emphasis on minority Scholars;¹⁰ 2) its focus on health disparities, especially when concentrated on the social determinants of health; 3) its promotion of interdisciplinary studies when academe is still largely organized and rewards gained within single disciplines; and 4) its emphasis on defining and developing policy options. Moreover, the KHSP is a small program, so that one would expect relatively small institutional response to it.

If achieving the synergy were easy, it would be long-since accomplished and replicated. But the challenges are daunting:

- Three different cultures and myriad subcultures exist among the three worlds of research, community and policy. They speak different "languages", have different morés, move at different speeds, communicate through different channels and have different reward systems. Each makes judgments about the others; sometimes, they are actively hostile.
- Research universities, the natural training sites, fiercely guard their independence, so that KHSP program managers must locate natural allies, gently guide them toward a common goal while still inspiring and sharing innovation between sites. Moreover, academia has traditionally been most effective in training and shaping leaders for academia, so that shifting to training both future academics and for other career paths can be a challenge.
- Because of available resources, the program's small size must move even more agilely to attract the support of academic decisionmakers in curriculum development, resources such as space, faculty time, and development of sustainability at the institutional level.

Nonetheless, the program has had some success as a catalyst. First, although its funds are small compared to bigger and better-known projects like RWJF's Health and Society Scholars Program, nonetheless they do help to increase the visibility and credibility of the site directors and faculty mentors within their institutions. Second, the KHSP has fostered such innovations as regular interdisciplinary seminars sponsored by the training sites, often in conjunction with other doctoral and postdoctoral fellowship programs, such as the RWJF's or the Yerby Fellows (Harvard.) Topics can range from individual research projects to methodologies and data bases to policy development. These seminars in turn not only showcase the strengths and methods of disciplines, but they encourage interdisciplinary communication and collaboration.

Other examples of institutional impact include: 1) the University of North Carolina's development a school of public health strategic plan for community engagement to eliminate racial and ethnic disparities; 2) Johns Hopkins' offering a weeklong summer institute on CBPR, and its school-wide curriculum committee's approval of a three-credit CBPR methods course starting second quarter of the 2007-2008 academic term; and 3) the HDEART Consortium (Health Disparities Education, Awareness, Research and Training), which has 22 Texas institutions as members, is planning a parallel program to that of the KHSP University of Texas/MD Anderson.

¹⁰*This was not an issue at historically Black Morgan State University, nor at the University of Michigan's Institute for Social Research, which has a critical mass of senior faculty who are racial and ethnic minorities.*

In academe, young Scholars and alumni may find it necessary to work within the traditional single-disciplinary reward system that also regards policy research as insufficiently rigorous. Their need to comply with the traditional morés may last until they have attained tenure. Nonetheless, their early exposure to multidisciplinary and policy perspectives is likely to re-emerge when they then have the freedom to pursue those interests. Those who choose non-academic careers may be able to draw on their experiences much earlier in their careers.

The KHSP has faced an additional barrier to institutional change that has troubled other health status, policy and services academic researchers in the last decade, that of Institutional Review Board (IRB) review and approval of research proposals. Because of scandals in the 1990s in clinical research, both the federal government and research institutions (especially those academic health centers) developed far more stringent IRB requirements for *all* research, not just clinical studies. The IRB panel members are often medical researchers unfamiliar with social science and policy research, so that, for example, elaborate protections of "informed consent" more suited to the risks of clinical studies are applied to all research. The more stringent requirements have also resulted in delays in start-up times, a particular problem for Scholars two-year time limit. Gradually, institutions have learned to adapt their IRB processes for non-clinical studies through mechanisms like "expedited review", but progress has been uneven.

The most probable impetus for institutional change comes from the successes of the Scholars themselves. Their achievements are bound to impress those skeptics of the viability of diverse multidisciplinary health disparities researchers who include policy options. Whether the Scholars then take positions at their training sites, other academic institutions, or other organizations, they spread the message. These successes build on themselves until a critical mass of such researchers is reached. The KHSP has contributed a healthy share of that critical mass.

There is no doubt that the KHSP is having an impact on individual Scholars and in preparing a cadre of diverse health disparities researchers and leaders. However, its impact thus far on the training institutions and other universities is necessarily limited by its small size. Gradually, as the program continues, it and its participants will wield increasing influence, and recognition of its accomplishments will grow.

IV. IMPLICATIONS FOR THE PRESENT AND SUCCESSOR KELLOGG HEALTH SCHOLARS PROGRAM

Our evaluation findings thus far have implications both for the remainder of the 2005-2008 WKKF grant, as well as for any possible extensions or expansions of the programs.

A. Implications for the Remainder of the 2005-2008 WKKF Grant

The following implications apply to the remainder of the current grant. These changes should then be carried into any extensions or expansions of the KHSP.

- Involving the Scholars/alumni more explicitly in the planning of the semi-annual conferences. This will allow them to feel more ownership of the conferences – and to communicate that ownership to their fellows. It is also likely to result in their addressing three needs that they have articulated to the evaluators: more training in career-building skills and opportunities (especially for those planning non-academic careers); more interactive sessions; more time for informal networking; and more tips on how to access the help they need at their institutions, such as finding mentors and developing supportive relationships with them. Meeting presenters, facilitators, and panel members should receive more explicit instructions about their sessions.
- Using networking meetings as an opportunity to discuss and practice the synergies among research, community, and policy, rather than being track-specific. More sessions should involve both tracks. As one site director said, "...[O]ur coming together would be better served as unique opportunities for Scholars and faculty alike to open up new space for thinking about, articulating, and moving the field toward health equity, the scholarship of engagement, and/or the scholarship of advocacy."
- Establishing mentor/mentee relationships between alumni and new Scholars that can help the entering Scholars to glean the maximum benefit from the program.
- More opportunities for networking, especially electronically and for smaller meetings.

B. Implications for KHSP Extensions and Expansions

- Strengthening the mentoring process: This would require that faculty mentors be compensated at a level above the current \$5,000, perhaps to approximately 10 percent of their current salaries. Doing so would permit some mentors to buy out their time from their departments; for those already on hard money, it could be used for equipment or research assistant time, both invaluable in university setting.
- Further, if more funds were available for travel, site directors, faculty and community mentors could be encouraged to come to meetings, where they could exchange tips on essential mentoring skills and organization with their peers. Their presence could also enhance the building/maintaining of the network of health disparities leaders.¹¹
- Fund two MD-Track Scholars per site, so that they could offer mutual support and share their insights on succeeding at a particular training site. This has proved its worth in the Community Track.
- Reduce the number of MD-Track training sites. Consideration should be given to consolidating the two University of Michigan training sites and the Morgan State/Johns Hopkins sites. In both locations the two KHSP tracks co-exist. Consolidation would

¹¹ We note that mentors for the RWJF Health and Society Program are required to attend annual national meetings; the requirement is possible because of higher stipends for the mentors and sufficient travel funds.

enable the two Scholars/site recommended above, increase the program's impact on training institutions, and lessen the administrative burden of the current seven sites on the CFAH.

- Consider incorporating a rotation with a national, state, or local policy-making, policy-developing or similar organization, akin to the H. Jack Geiger Congressional Health Policy Fellowships. This rotation would be during the two-year KHSP period.
- Consider, with the help of the NAC, how much variation in sites' programs should be allowed or encouraged. Write the sites' memoranda of understanding accordingly.
- Provide opportunities for Scholars to do cross-site, cross-track collaborative projects, facilitating them by allowing groups to meet at another conference or visit each others' sites.
- Build on KHSP's APHA foundation by organizing a plenary session at APHA on the scholarship of advocacy in eliminating health disparities and/or offering a Learning Institute at APHA on the scholarship of advocacy in eliminating health disparities.
- Convene National Advisory Committee meetings, which requires support for travel and meeting expenses.
- Faculty and Scholar Alums from both tracks edit a special issue of a journal on the scholarship of advocacy in eliminating health disparities.
- Provide better descriptions of the training sites' programs as part of the Scholar-recruitment process, including contact information for each site's Scholars/alumni.
- Harmonize the Scholar benefits across tracks and sites, as appropriate.

We offer these suggestions in the spirit of making a strong program even stronger. Based on our evaluation thus far, the KHSP pilot program is ready for funding as an ongoing program.