

EVALUATORS' ANNUAL REPORT

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

Prepared by:

**Ann Zuvekas, DPA
4215 N Valiant Ct.
Annandale, VA 22003
703-978-2554
azuvekas@cox.net**

**Rhonda BeLue, PhD
The Pennsylvania State University
Department of Health Policy and Administration
604 Ford Building
University Park, PA 16802
814-865-6898
Rzb10@psu.edu**

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Ann Zuvekas, DPA

Ronda BeLue, PHD

This interim evaluation report of the Kellogg Health Scholars Program (KHSP) discusses the program thus far as it has moved from a pilot phase to an ongoing program. It focuses primarily on observations that can be used for mid-course corrections of the current program.

Although the two Kellogg funded predecessor programs, Scholars in Health Disparities Program and the 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.

This interim report is organized as follows:

- Background
- Approach
- Findings

I.BACKGROUND

In 2005 the W.K. Kellogg Foundation awarded a three-year grant of \$3.5 million 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. The KHSP has been extended and expanded through 2012 with a grant of \$10 million.

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 trained 95 Scholars in skills for positions in academic, health practice and health-related policy organizations to reduce and ultimately eliminate health disparities. Almost

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.*

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

During the first cohort (2006-2008) of the pilot program, six Scholarships were awarded in the Community Track and seven in the Multidisciplinary Track. Two additional Multidisciplinary Track scholars joined the first cohort; one partially funded by remaining funds from SHDP and the other by the training site. These scholars trained 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). Beginning with the 2008-10 cohort, training has been consolidated into eight sites, four for each track. Columbia University has dropped out, which occurred when its site director moved to another university; Morgan State switched from the MD Track to the Community Track; and the University of Michigan became a Community Track-only site.⁴

The 2008-12 program expansion provides for 40 scholars during its five years through three two-year cohorts. The first (2008-10) and third (2010-12) cohorts consist of two Scholars at each training site; the second (2009-11) cohort will have one Scholar at each site to assure overlap between the 2009-11 Scholar and those before and after. Thus, each site will always have two-three Scholars for continuity and network-building.

The KHSP has seven 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.
- Develop further leadership skill training in areas such as (a) preparing academic publications, presentations, and speeches, (b) designing research projects and obtaining research and project grants, (c) identifying, evaluating and managing financial and human resources, (d) developing, monitoring and evaluating programs, (e) creating and sharing

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

⁴ *UMich's MD Track site director moved to another MD Track site. He remains active in the program but UMich had no one to fill his KHSP shoes.*

an organizational vision; (f) working within minority-led and minority-serving research, advocacy, and policy organizations and building organizational networks and coalitions; (g) organizing teams, public speaking, chairing meetings, (h) having the ability to partner with communities, and (i) working effectively with political processes, policy and media communities, and with county, city and state boards, commissions and agencies.

- 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. (*2008 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 staff, site directors and faculty, Scholars, and others;⁵ 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. Although we have attempted to conduct web-based surveys, response rate has been disappointingly low, and we will no longer use that method.

III.FINDINGS

We report our findings under the following categories:

A. Major Findings

1. Success in training the next generation of leaders in affecting health disparities
2. Recognition of requirements for leadership skills and modifying training
3. Gradual building of synergies between the tracks
4. Building the Kellogg health disparities community
5. Increasing the program's impact

⁵ *We have completed intensive site visits to all eight training sites.*

6. Constructing a more stable program future

B. Other Findings

1. Variation among Training Sites
2. Website Enhancements
3. Recruiting
4. Orientation
5. Mentoring

Each is discussed below.

A. Major Findings

This section will discuss our major findings of the transition of the program, first from the two individual tracks to a jointly-funded pilot program and, more recently, to a larger ongoing program. Readers are also referred to our *Evaluators' First-Year Report* (September 4, 2007) and the Program's *Annual Report to the W.K. Kellogg Foundation for November 1, 2007 to October 31, 2008* (December 2008) for more descriptive material on the program and the individual experiences of the 2006-08 Scholar cohort.

1. Success in Training the Next Generation of Leaders in Health Disparities

Since their inception, the Kellogg Health Scholars Program and its predecessor programs have trained almost 100 future leaders with skills enabling them to establish careers in academic, health practice and health-related policy organizations that are trying to reduce and eliminate health disparities. Three-quarters the Scholars are from minority communities with more than three-fifths from underrepresented minorities. These alumni are leaders at 43 universities, 9 policy-related organizations and federal agencies, and 4 health practice organizations. "They are working to make their employer institutions into 'engaged institutions' through partnerships with community, to empower communities to address health challenges facing them, and to apply their research and teaching to the development and implementation of policies reducing and eliminating health disparities."⁶

The 2006-2008 Scholars:

Demographics: The 2006-2008 KHSP Scholars are a diverse group: nine 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

⁶ *Annual Report, p. 11.*

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, Presentations, and Awards: The new alumni have published in the *American Journal of Public Health*; *Culture, Medicine and Psychology*, *Annual Review of Public Health*; *Sexually Transmitted Diseases*; *Journal of Health Care for the Poor and Underserved*; *Social Science and Medicine*; *the New England Journal of Medicine*; *Annals of Epidemiology*; *Health Education and Behavior*; *Preventive Medicine*; *Journal of the Cross-Cultural Geriatric Society*; *Archives of Internal Medicine*; *Ethnicity and Health*; *Health Promotion Practice*; *Adolescent Health*; *Journal of School Health*; *Annals of Behavioral Medicine*; *Journal of Black Psychology*; *American Journal of Internal Medicine*; *Journal of Substance Abuse*, and other peer-reviewed journals. The 2006-08 alumni have publications ranging from zero to ten. They are frequent speakers at national conference, such as the American Public Health Association and their own disciplinary associations. (See Appendix 1).

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

Post-KHSP Placement: Of the 2006-08 MD-Track Kellogg Health Scholars: eight are in academia;⁷ one in a policy think-tank (The Brookings Institution). Of the 2006-08 C-Track Kellogg Health Scholars five are in academia,⁸ and one is working with a local community-based advocacy organization (Detroiters Working for Economic Justice) as a policy advocate/analyst.

⁷ *University of South Carolina (2), Baylor School of Medicine, Morgan State University, University of California at Berkeley, University of California at San Diego, University of California at San Francisco, and the University of Texas School of Public Health.*

⁸ *Georgetown University (2), American University, Colorado State University, MD Anderson Cancer Center.*

The 2008-10 Scholars.

Demographics: The 2008-2010 KHSP Scholars are also diverse: eight African- Americans, one Asian-American, three Latinas, one Middle Eastern-American, and two non-Hispanic Whites.

Pre-Program Disciplines: Five have doctorates in health behavior/community health/ health education; four were in epidemiology or social epidemiology, two in nutrition, and one each in social work, statistics, psychology, and health administration.

Scholar Research Areas: Among the current Scholars' research areas are: using quantitative methods to design interventions, risk factors for disease in populations, geographic determinants of health, acculturation and obesity in immigrant populations, social and environmental determinants of health, developmental psychology, racial segregation and hypertension, social capital and health promotion, and using CBPR to examine and modify risks.

Publications, Presentations, and Awards: (See Appendix 1).

2. Recognition of Leadership Skills and Training for Them

The KHSP was initially founded to train Scholars with three main emphases, 1) Research, 2) Community, and 3) Policy. Although the tracks' predecessor programs had been established to train the Scholars for tenure-track academic positions, by 2005 it had become clear that additional career paths were being considered by the Scholars/alumni. Although the skills in research, community, and policy are essential to academic careers in health disparities, they also can be applied in other settings. Of the 95 pre-KHSP Scholars, 13 are currently in non-academic positions 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. Accordingly, the KHSP pilot-project proposal rightly speaks of "leadership" training and skills that can be applied in multiple settings.

In this section, we will first discuss KHSP's training in the three emphases (research, community, and policy) before turning to its experiences with other leadership skills.

Skill Development: Research

A major key to the successful Scholar experience is working with mentors who will guide and collaborate with them 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. (See Other Findings for further discussion of mentoring).

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.

Skill Development: Community

Community Track Scholars spend much of their two years working directly with their partner community-based organizations. The latter include such organizations as the Healthy Black Family Project, Strengthening the Black Family, East Baltimore Development Incorporated, Programa La Salud, and Detroit Hispanic Development Corporation. 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 for health-disparities and CBPR projects.

Three of the MD Track sites have also emphasized community-based training, although most experiences have not been in CBPR. Morgan State University has moved from the MD-Track to the Community Track, beginning with its 2008-10 cohort. Its site director is an alumna of an MD-Track predecessor program. MD Anderson also collaborates with communities in its research, particularly with those along the Texas-Mexican border. The University of Pittsburgh does so with inner-city African-American neighborhoods. Both MD Anderson and Pitt remain part of the MD Track.

Skill Development: Policy

Virtually all Scholars are primarily interested in first reducing and then eliminating health disparities. They see the Scholarship as providing the skills that will make a difference in the world. Some easily grasp the connection between their work and affecting social, economic, and health policies. Unfortunately, academics are traditionally rewarded for their scholarly single-discipline achievements, which may exclude policy analysis. However, even for those alumni pursuing traditional academic careers, an understanding of their research's policy implications can make such research more valuable. For example, a Detroit project to examine the adverse health effects of truck exhausts has been used by advocates to challenge the imposition of a new railroad yard in their neighborhood, a study done in collaboration with KHSP's Michigan site. Such understanding of 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. As one Scholar said, "I saw the KHSP as the ultimate way to ensure that my research had an impact - both in the content area (social justice), and by learning the most effective way to disseminate that research."

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.⁹ They also noted improvement over time, especially in the Community Track. While skill-building in research and community primarily occur at the training-site level, skills in policy have been a shared responsibility between the sites and the KHSP program.

At the site level, policy training has focused on 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, the emphases of the mentors, the institutions' ties to the community and state/local policy groups, and other factors.

At the program level, policy training has had four elements: 1) establishing relationships with policymakers and policy organizations, 2) training at KHSP meetings, 3) participation in other seminars and conferences, and 3) facilitating consultation for scholars from Barbara Krimgold, Bonnie Lefkowitz, Jennifer Martin and other policy experts associated with the program.

Establishing relationships with policymakers and policy organizations: KHSP has established relationships with many policy groups concerned with health disparities, such as the 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, and 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 and the local affiliate of the National Center for Farmworker Health.

Training at KHSP meetings: At the four national KHSP meetings held in June 2006, February 2007, June 2007, and May 2008 speakers gave their policy perspectives and imparted skills, both didactically and through small-group discussions.¹⁰ At the June 2007 meeting in

⁹ MA Millsap, AM Chase, RK King, et al, "Leadership Development in the WKKF Health Fellows Program (Cambridge, MA: Harvard University), February 16, 2007.

¹⁰ These meetings are a critical part of the KHSP. In addition to their role in promoting skills in policy, the meetings are also important for training in other skills, and for developing synergies between the tracks. See discussions below.

Washington, DC, another element was added: workshops on special topics and meetings on Capitol Hill and policy/advocacy organizations 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. For the next annual meeting in June 2009, a similar format is planned, although it will also add interaction with Executive-Branch policy experts and decision-makers. Participants have been very supportive of these opportunities for interaction with policy makers and analysts.

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).

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 annual KHSP national conferences, 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. Both they and Barbara Krimgold are available to Scholars and their mentors.

Other Leadership Skills

In addition to the above three skill sets in research, community, and policy, the program is placing increased emphasis on helping its Scholars learn other career-enhancing competencies. The Harvard leadership study commissioned by the Kellogg Foundation encouraged this trend, noting approvingly that more-recent participants describe more skill-building efforts than earlier alumni.¹¹ The Harvard investigators especially cited obtaining grants, preparing and administering grants, developing and justifying budgets as areas to develop.

Some of these skills are most important for academic researchers (e.g., preparing a C.V., negotiating a tenure-track position). Others are applicable to both academics and non-academics (e.g., writing proposals, managing a project). Still others are critical for non-academic careers (e.g., preparing a résumé, conducting a briefing).

¹¹ *MA Millsap, op. cit.*

Scholars have also increasingly requested assistance in acquiring these skills, as reflected in their evaluations of sessions at KHSP meetings and by our interviews with them. As post-graduates, with most at prime family-building ages, they are re-examining their career choices from a new perspective. Many determine to remain on their paths in academia, but they are newly aware of the skills required to climb the ladder. Others prefer to seek non-academic positions, often in search of work-life balance. And, their eyes opened to multiple possibilities, a few intend to alternate among academic and non-academic positions.¹²

Accordingly, the ongoing KHSP program has now articulated a new goal:

Develop further leadership skill training in areas such as (a) preparing academic publications, presentations, and speeches, (b) designing research projects and obtaining research and project grants, (c) identifying, evaluating and managing financial and human resources, (d) developing, monitoring and evaluating programs, (e) creating and sharing an organizational vision; (f) working within minority-led and minority-serving research, advocacy, and policy organizations and building organizational networks and coalitions; (g) organizing teams, public speaking, chairing meetings, (h) having the ability to partner with communities, and (i) working effectively with political processes, policy and media communities, and with county, city and state boards, commissions and agencies.(2008 Annual Report)

Training-site directors and faculty mentors usually recognize the Scholars' concerns; most, however, feel uncomfortable in conducting such training themselves.¹³ Some sites can tap into resources such as the University of Pittsburgh's training and nurturing program for young faculty. Some have developed modules themselves, such as M.D. Anderson's tutoring in project management. But, without the KHSP program, no site offers the full menu of skills, and no training is uniform across sites. Thus, the KHSP provides the Scholars with the tools for success through multiple means: 1) KHSP national meetings, 2) e-workshops, 3) targeted workshops; 4) assistance with research and writing; and 5) other efforts.

National KHSP Meetings: At the annual KHSP conferences, sessions have included such issues as identifying funding opportunities, writing proposals, and 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. The 2008 conference was the first to be organized by both Scholars and staff, and it garnered markedly more enthusiastic comments; such planning is underway for the 2009 conference.

¹² We note that, for their generation long-term commitments to single employers are rare.

¹³ A few faculty mentors protest that training should be limited to those skills needed for tenure-track positions. Although their concerns can reflect some academics' disdain for non-academics, they can also be concerned about the need to increase the diversity of faculty in traditional schools

Electronic Workshops: New to the program in 2008 was the capacity for e-workshops, which provide meeting opportunities without the attendant travel and time costs. The workshops are taped and available to a program-limited audience on the KHSP web site. A small planning committee surveyed Scholars, who picked their high-priority topics. Based on their preferences, the first three sessions were: 1) Academic Job Search, 2) Job Search in Government and Non-Profits, and 3) Negotiating the Promotion and Tenure Track. The Scholars highly rated these e-workshops. Those for 2009 will likely feature policy and advocacy skills building, sharing of research topics and plans, and grants management.

Targeted Workshops: In addition to KHSP's own face-to-face and video conferences, 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". The Kellogg Health Scholars Program cosponsored with the National Cancer Institute (NCI) a methods workshop in March, 2008 – Third Annual Workshop on Behavioral Methodologies in Cancer Research for Underrepresented Investigators. Scholars at Pittsburgh participated in the University's The Postdoctoral Professionalism Series, Pitt Postdoc Intro2008, Maximizing Your Postdoctoral Success: An Orientation to a Full Academic and Social Life in Pittsburgh. The workshop included Setting Goals to Keep Your Career on Track, Build Your Research Portfolio by Utilizing New Resources, and Preparing Competitive Grant Applications: Developing Your Grant Writing Skills.

KHSP Scholars also hone their presentation skills at such conferences as the American Public Health Association and the University of Texas MD Anderson Cancer Center, Center for Research on Minority Health, "Disparities in Health in America: Working Towards Social Justice," 6th Annual Summer Workshop, June 21-27, 2008.

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.

Although most of the skills discussed above can be taught through the mechanisms also summarized previously, there can be profound implications for the individual Scholars, training sites, and the KHSP in general. Because the program is only two years – which can zip by, even though it may seem ample to Scholars at the beginning -- career choices require self-awareness and some early decisions. For example, tenure-track academic positions absolutely require publications in peer-reviewed journals. Few, if any, institutions have yet developed metrics for measuring success of applicants or junior faculty except on that basis. Yet some Scholars write few publishable papers during their Scholarship, which can make them less competitive or require them to seek funding for a third year. They may well be developing and growing in other areas, such as community or advocacy, but that may require different strategies. We suggest that the KHSP and its National Advisory Committee grapple with this issue.

3. Gradual building of synergies

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.

One of KHSP's attractions to applicants, according to our interviewing, is the synergy that they perceive among research, community and policy. As one applicant said, *"It was the best (& still is in my opinion) postdoc out there for folks with my interests: psychosocial factors in mental & physical health among people of color. No one else was doing anything like this. My past experience gave me a disciplinary focus; this fellowship allowed me to become truly interdisciplinary in my work."*

Yet achieving such synergy is a challenge. The Community Track's predecessor program was an early leader in the campaign to establish CBPR as a recognizable and respected field. It was difficult for many to see the movement of their Scholars program's grant to the Center for the Advancement of Health in 2005. Unfortunately, some of the members of the MD-Track's predecessor community also gave the impression that they regarded CBPR as an inferior research style. Some MD-Track members also hesitated to add policy as an emphasis, fearful that their research would not be seen as objective if they did so. Each track had developed its own traditions and styles, constituencies and staff. The program director Barbara Krimgold and the Community Track director Toby Citrin were left to determine which goals and activities to pursue in common, while still maintaining each track's strengths. Different management styles required learning to work together.

The program has shown significant progress in this area in 2008. The Community Track seems to be less fearful of being taken over and lost. The MD-Track seems more respectful, if not entirely convinced, of the Community Track's strengths. These positive developments can be traced to:

- **Greater recognition of commonalities.** For example, it has become clearer that Community Track sites are also involved in policy, and that their local work can have national implications. Similarly, the MD-Track has demonstrated its community work, although the Community Track is much stronger in this area. Both need to incorporate more policy into their work. This recognition has led to the belief that many of the same skills can be taught to the Scholars in both tracks, and that all can benefit from each.
- **More familiarity.** The KHSP national meetings have been absolutely critical in this development. This has resulted in both human interaction, as well as both groups' learning about the research of the other. Scholar involvement in the planning of these

meetings gives them an opportunity to work together. One group planning the 2009 meeting is work on cross-track dialogues. 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."

- **Better establishment of CBPR as a field**, which increases the MD- Track's respect for CBPR and lessens the Community Track's fears about losing its identity.
- **More opportunities for collaboration.** The 2008 KHSP meeting featured issue areas, such as aging, on which the Scholars could collaborate. The 2009 planning committee is pursuing sessions of thematic groups, such as HIV/AIDS, politics of health disparities, and mental health of minorities. They have the potential to follow the path of a collaborative research group on migration and health that grew from the KHSP.
- **New Scholar cohorts without the predecessor programs' loyalties.** Applicants welcome and expect the synergies. As new Scholars join the program, they assume that the two tracks will work together and that everyone has something to contribute. One of the most dramatic moments of the 2008 KHSP conference was the whole 2006-08 cohort's picture and silver frames to the program's staff, without regard to the track of either the presenter or the recipient.

One example of the balancing of programs' identities and interests with the need for synergy has been the recruiting and selection of new Scholars. Recruiting is largely done centrally, although each track also has its own channels. But candidate selection is done entirely separately by each track.

As one training site director said, "After all, we're all trying to accomplish the same thing – reduce health disparities."

4. Building the Kellogg Health Disparities Community

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.

Fostering Relationships within the KHSP Community

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). They are one of the most powerful tools in building the KHSP community.

The Mary 2008 meeting was the first organized by both the track leadership and the 2006-08 Kellogg Health Scholars. The Scholars had strongly requested their involvement through their evaluations of previous meetings. Thus the meeting was designed to be more interactive, allow more time for networking, and increase the proportion of time that the Scholars spent as a program. Sessions were devoted to theme areas and potential collaboration. It also provided more opportunities to link research with policy and form close partnerships with policy and advocacy organizations committed to achieving social justice and reducing health disparities. The participants' evaluation comments were much more positive, especially about the interactive sessions and potential for collaborative research.

Electronic workshops permit more frequent interactions, useful in building community, as well as for imparting skills and sharing information. Special emphasis will be given to skill-sharing by minority-serving and minority-governed organizations with experience in health disparities policy development and advocacy.

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. The NAC replaced the previous configuration of three national advisory committees by a single. It has not yet met as a group, but plans are for it to do so in 2009. It can be a significant resource for the KHSP.

Site conferences and seminar series: 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: Back 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; The Community Track also maintains a site at www.sph.umich.edu/cdtrack/index.shtml. Both sites 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. (See Website under Other Findings below.)

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. 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 them 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 are both the result of and the impetus for community building. (See above).

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.

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.

- 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. Although this was initially a Community Track activity, the whole KHSP has participated, including broad-based social events.

- **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.
- **National Institutes of Health: KHSP has a longstanding relationship with NIH. In 2008** KHSP cosponsored with the National Cancer Institute (NCI)'s Third Annual Workshop on Behavioral Methodologies in Cancer Research for Underrepresented Investigators

5. Increasing the program's impact

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) its emphasis on minority Scholars;¹⁴ 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.

¹⁴*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.*

- 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. But KHSP's recent extension to 2012, along with its concentration of resources to fewer sites, as increased its institutional sway.

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:

- **The increasing willingness of Institutional Review Boards (IRBs) to approve or expedite health disparity and CBPR research.** 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".
- **The expression of one research division director for his need for non-traditional metrics to measure the progress of trainees and young faculty.** How does one measure and value such skills as ability to relate to a community, use of multidisciplinary methods, and policy research?
- **Impacts on individual training sites** such as 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 new three-credit CBPR methods course that started in the second quarter of the 2007-2008 academic term; 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; and 4) Pittsburgh has become a Research Center of Excellence in Minority Health Disparities, funded by the NIH National Center on Minority Health and Health Disparities.

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. Gradually, as the program continues, it and its participants will wield increasing influence, and recognition of its accomplishments will grow. Discussions began at the 2008 KHSP national meeting on ways to expand its impact and to effect change in the whole area of multidisciplinary health disparities research. Doubtless, these discussions will continue in 2009.

6. More stable future

The KHSP is now on a firmer footing, with its extension to 2012, and conversion from a pilot program to an ongoing one. This offers a sense of continuity to program stakeholders and outsiders alike. We note, however, that this extension/expansion results in training more than triple the number of Scholars (40 funded under this grant compared with 15 Kellogg-funded Scholars from the 2006-08 cohort) at less than three times the cost of the pilot program.¹⁵

The program is exploring other options to assure its future and expand its reach. These include:

*(1) utilizing existing traineeships funded by government agencies and other foundations (e.g., NIH and CDC traineeships); (2) combining the Program and its linked tracks with other programs addressing health disparities; (3) internalizing some Program costs in multicultural, diversity and other programs of universities serving as training sites; and (4) identifying foundation, private non-profit, non-governmental organizations (NGOs) and corporate sponsors of individual traineeships, individual training sites, and/or program tracks.*¹⁶

Such discussions are taking place between the KHSP and three parts of NIH: the Human Genome Institute (NHGRI), the National Institute of Aging (NIA), and the National Institute of Child Health and Development (NICHD) as well as with the Joint Center for Political and Economic Studies.

These options are necessarily part of an overall discussion of the strategic directions that KHSP will take in influencing the future of health disparities work. Clearly, they also have administrative implications.

¹⁵ Although the KHSP increased the Scholars' stipends from \$55,000 for those ending in 2008 to \$61,000 for those in the 2008-10 cohort, with subsequent annual increases.

¹⁶ Annual Report, p. 33.

B. Other Findings

In addition to the above major findings, we note findings in six other areas: 1) variation among sites, 2) website, 3) recruiting, 4) orientation, and 5) mentoring. With the exception of the first, we summarize these findings in the order in which they are likely to be encountered by someone moving through the program.

1. Variations among sites

Although alike in their common purpose to train KHSP Scholars, the training sites vary substantially from one another. Examples include:

- Whether teaching is required, encouraged, or discouraged. Different sites have drawn different conclusions on the trade-offs between the time required for teaching and the importance of this skill for young faculty.
- For the Community Track, whether field work is required at existing sites (Michigan), discouraged ((Johns Hopkins) or encouraged but not required (North Carolina). Again, there are difference in the judgment of the time requirements and the development of the skill of gaining a community's trust from scratch.
- Whether Scholars are encouraged to work on mentors' projects; what happens when they find their own?
- What resources (e.g., office space, equipment, technical support, data bases) are available?

We recognize that some variation will always exist. But the KHSP needs to make conscious choices as to how much and which variables are desirable and/or inevitable. The current situation is confusing both applicants and Scholars. Among the actions KHSP might consider are:

- The Program director(s) determine that variation is good or inevitable.
- The Program director(s) and the sites together decide what commonalities are needed and build them into the program. They could then be incorporated into the agreements between CFAH and the training sites. The National Advisory Committee could be helpful in these discussions.
- The web site and other recruitment materials could specifically and neutrally include differences in each site's description, as well as contact information for each site's Scholars/alumni.
- The program supplies a checklist of questions applicants should ask themselves and the sites as they go through the selection process. This list would also be available to sites.

2. Web site improvements

The website(s) is KHSP's most public face. Its design should reflect the scope and future orientation of the program. Doing so will require:

- **Providing a single website for the entire program.** Currently, it is very difficult to move from www.kellogghealthscholars.org to www.sph.umich.edu/cdtrack/index.shtml and back again.
- **Make the site more interactive,** which is what the KHSP's potential applicants and other audiences expect from their internet experiences.
- **Providing more photographs** of Scholars at work.
- **Including detailed site descriptions,** since applicants are asked to give their preferences for training. Include not only the information discussed above, but also better information about potential mentors.
- **Showing what the Scholars have accomplished,** with links to their papers and other achievements. Include quotes about their positive KHSP experiences; they are your best potential marketers, as they have already demonstrated in word-of-mouth efforts.
- **Indicating what resources are available** to KHSP Scholars, such as help in editing, and skill development discussed above.

We recognize that web site development is not inexpensive. But it is becoming more doable and will have a positive impact on the program's image.

3. Recruiting

The KHSP has recruited applicants through a number of channels: its web site, 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 has been 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 95 completed applications for the 15 filled places in the 2008-10 cohort, and 97 completed applications for the 9 places in the 2009-11 cohort.

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 Community Track program office send the packets to the sites, along with their scoring of the applicants. The MD-Track program office provide to its reviewers and sites online access to the application as well as online scoring. 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.

One challenge arose in the process, since for the first time a single applicant was selected as a finalist by both tracks; since their processes and offer dates varied, the candidate knew of her selection by one track before the second could interview her. This prompted Barbara Krimgold and Toby Citrin to decide that, for the 2009-11 recruitment, no one could apply to both tracks.

4. Orientation

Scholars believe that they have had insufficient orientation both to the program and to their individual training sites.

To the program, where most of the formal orientation is at the annual meeting. Many found the time too rushed and the information too limited, although they were grateful to have the opportunity to network with other Scholars and alumni. They particularly do not seem to understand the opportunities and resources available to the KHSP community. The Community Track has a resource notebook, but the overall program and the MD Track do not. The lack of sufficient orientation is especially clear for those who have not yet completed their dissertations, since they are not yet focused on their postdoctoral experiences.

To the training site, which seems to be poorly organized in most cases.¹⁷ The problem can be exacerbated by turnover in administrative staff, to which the orientation duties often fall, and because of the rushed timing at the beginning of the academic year. No site has a site-specific orientation package, other than the information provided to all the university's incoming personnel (e.g., fringe benefits, security passes). For those new Scholars without extensive work experience, just finding living space, child care, etc. can be overwhelming. Their arrival is also often not anticipated for desk space, internet hook-ups, etc. No site has a description of the available resources, such as data bases or technical assistance.

¹⁷ We note that this is likely to become somewhat less problematic as, beginning with the 2009-11 there will be overlap with the previous cohort, permitting new Scholars easier access to someone who has been through the training at that site.

Actions that KHSP program managers might consider are:

- **Providing more time for orientation** at the annual meeting.
- **Preparation of overall and site-specific orientation packets**, to include more than administrative matters. The program might want to prepare one site-specific packet as a master that could serve as a model for other sites.
- **Specific assignment of on-campus and other Scholars/alums as a buddy system** for entering Scholars.
- **Calls to each new Scholar** to check on how the trainee is settling in; this could be combined with call about mentor relationships.

5. Mentoring

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. Moreover, some training sites do not sufficiently credit the value of mentoring when making personnel decisions such as tenure.

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.

Scholars' experiences with the KHSP's mentoring vary widely, from "My experience with my mentoring team exceeded my expectations." to "I thought the relationship would be closer than it actually ended up being. I didn't have much mentorship as a grad student and was hoping for better mentorship on the [Scholarship]." Some mentors are excellent; others are great with some Scholars but not with others; still others not satisfactory for any respondents. Some minority students prefer to have mentors of color as role models. Pittsburgh offers training to young faculty in mentoring, but it is not required of more senior mentors.

Among the approaches that KHSP should consider taking to address the mentoring issue are:

- **Assigning more than one mentor to each Scholar;** in the case of the Community Track, that would be more than one faculty mentor, since all trainees also have a community mentor. UCSF has two mentors for each trainee, 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. MD Anderson uses multiple mentors, with each providing particular skills and oversight.
- **Selecting Scholars who can articulate what they need.** While some have already developed this skill earlier in life, others have not.
- **Putting mentor descriptors on the web site.**
- **Having Scholars meet potential mentors during the interviewing process,** either in person or through other forms of communications.
- **At the training site, conducting orientation for mentors** as well as trainees. This is especially critical for community mentors, who often rely on Scholars for such orientation.
- **Preparing materials for mentors to use.** The Community Track has an abbreviated version of such materials.
- **Using e-workshops and other communications to train both mentors and Scholars.** This could overcome the prohibitive expenses of having mentors travel to a central location, as well as their reluctance to take the time to do so. The latter is a particular concern for community mentors, who have full-time commitments to their local organizations and perhaps boards of directors who do not appreciate the benefits of associating with the training site.

Our findings suggest that the KHSP is a strong program that is making significant contribution to the field of health disparities. And it shows the potential to become still stronger.

**APPENDIX 1:
PUBLICATIONS, PRESENTATIONS, AND AWARDS:
2006-08 AND 2008-10 KHSP COHORTS**

2006-08 COHORT

2006-08 COHORT: COMMUNITY TRACK

JAMES AMELL

Ornelas, I.J., **Amell, J.W.**, Eng, E., Royster, M., Tran, A. & Armstrong-Brown, J. (accepted for publication). Understanding African American men's perceptions of racism, male gender socialization, and social capital using photovoice. *Qualitative Health Research*.

Ayala, G.X., Ornelas, I.J., Rhodes, S.D., **Amell, J.W.**, Dodds, J., Mebane, E., Horton, E., Montano, J., Armstrong-Brown, J., Eng, E.A. (2008). "Correlates of dietary intake among men involved in the MAN Health Study". *American Journal of Men's Health*, 20 (10).

Sellers, S.L., Bonham, V., Neighbors, H.W. & **Amell, J.W.** (2006). Effects of discrimination and health promoting behaviors on mental and physical health of high SES African American men. *Health Education and Behavior*, 11/27/06.

Sellers, S.L. and **Amell, J.W.** (2003). Book Review: *Changing Methods- Feminists Transforming Practice*. *Affilia*, 18 (2), 235-7.

Caspi, A., Harrington, H.L., Milne, B., **Amell, J.W.**, Theodore, R., Moffitt, T.E. (1999). The human personality shows stability from ages 3 to 26. *Journal of Personality*, 71, 459- 513.

Caspi, A., Moffitt, T.E., Thornton, A., Freedman, D., **Amell, J.W.**, Harrington, H.L., Smeijers, J., & Silva, P.A. (1996). The life history calendar: A research and clinical assessment method for collecting retrospective event-history data. *International Journal of Methods in Psychiatric Research*, 6, 101-14.

Yonas, M., Eng, E., Hardy, C., Mohottige, D., Coad, N., Jones, N., Schaal, J., **Amell, J.W.**, Aronson, R., & White, B. (2008). Cancer Care and Racial Equity Study (CCARES): An innovative community and academic model for investigating disparities in systems of breast cancer care. Presented at the 136th Annual American Public Health Association (APHA) Annual Meeting; October, 2008.

Presentations

Amell, J.W. & Robert, S.A. (2008). "Resilience among low income African American and White men: Effects of social supports on mental health trajectories." Presented at the Society for Social Work and Research (SSWR) Annual Meeting; January, 2008.

APHA 2007: Ayala, G., Ornelas, I.J., Dodds, J., Mebane, E., Horton, E., Montaña, J., Rhodes, S., **Amell, J.W.** Armstrong-Brown & Eng, E. (2007). "Co-occurrence of health behaviors among African American and Latino men".

Amell, J.W. & Robert, S.A. (2006). Wisconsin's Family Care Initiative: Applying a mixed methods approach to evaluate a model home and community based long-term care program. Presented at the Society for Social Work and Research (SSWR) Annual Meeting; January, 2006.

Amell, J.W. & Robert, S.A. (2005). Wisconsin's Family Care long-term care redesign pilot program: Evidence and implications for long-term care reform. Presented at the Gerontological Society of America (GSA) Annual Meeting; November, 2005.

Amell, J.W. & Wasow, M. (2004). Service learning for first year undergraduate students regarding serious and persistent mental illness". Presented at the Midwest Biennial Social Work Education Conference; March, 2004.

Amell, J.W., Sellers, S.L., Bonham, V. & Neighbors, H.W. (2003). Cumulative effects of health promoting behaviors and discrimination on mental and physical health of high SES African American men. Presented at the Society for the Study of Social Problems Annual Meeting; August, 2003.

Eng, E., Schaal, J., Yonas, M., **Amell, J.W.**, Russell, K., Mohottige, D., Hardy, C., Jones, N., White, B., & Chammings, P., & Coad, N. (2008). Complexities, nuances, and mechanics of breast cancer care: Getting to systems change and racial disparities in breast cancer outcomes. Presented at the National Institutes of Health (NIH) Summit: The Science of Eliminating Health Disparities.

APHA 2007: **Amell, J.W.** & Robert, S.A. The effects of perceived social supports on depressive symptom trajectories among African American and White men. .

Amell, J.W. & Robert, S.A. (2005). Wisconsin's Family Care Initiative: Evaluation of access, choice, quality, and cost-effectiveness in home and community based long-term care. Presented at the 17th Annual Colloquium on Aging, University of Wisconsin Institute on Aging; October, 2005.

Amell, J.W. & Robert, S.A. (2004). Applying a mixed methods approach to evaluate a model long-term care program: Wisconsin's Family Care Initiative. Presented at the School of Social Work Health and Disability Concentration Poster Session, University of Wisconsin-Madison School of Social Work; November, 2004.

Amell, J.W. & Robert, S.A. (2004). Applying a mixed methods approach to evaluate a model long-term care program: Wisconsin's Family Care Initiative. Presented at the 16th Annual Colloquium on Aging, University of Wisconsin Institute on Aging; October, 2004.

SHAWN KIMMEL

Freedom's Police: The Constitution of the Liberal Police State in the Early Republic's Theater of Civil Society (Ph.D. Diss., University of Michigan, 2007).

Sentimental Police: Struggles for 'Sound Policy and Economy' amidst the Torpor of

Philanthropy in Mathew Carey's Philadelphia, *Early American Studies: An Interdisciplinary Journal* 3:1 (Spring 2005), 164-226.

Philanthropic Enterprise: The Imperial Contradictions of Republican Political Economy in Philadelphia during the Era of Lewis and Clark, in Robert S. Cox, ed., *The Shortest and Most Convenient Route of Communication: Lewis and Clark in Context* (Philadelphia: American Philosophical Society *Transactions*, 2004), 52-101.

Presentations

APHA 2008: Building Strategic Capacity for Community-Partnered Policy Change to Achieve Health Equity in Detroit, Board Evaluation of a Community-based Participatory Research (CBPR) Partnership Process: the Detroit Community-Academic Urban Research Center.

The Political Ecology of CBPR: An Integrative Framework for Mobilizing Community-driven Intervention Research for Policy Change, SOPHE Mid-Year Conference, Chicago, Illinois, May 23, 2008.

APHA 2007: Toward Strategic Measures of Community-Partnered Capacity for Policy Change.

Building Strategic Capacity for Community-Partnered Policy Research to Eliminate Health Disparities," Society for Public Health Education Conference: "Partnerships to Achieve Health Equity, Alexandria, Virginia, November 1, 2007.

Poster Presentation, with Donele Wilkins, Detroiters Working for Environmental Justice vs. Hospital Medical Waste Incineration: the Strategic Value of Community-driven Environmental Justice Partnerships for Reducing Health Disparities, NACCHO Conference, Columbus, Ohio, July 12, 2007.

The Political Ecology of CBPR: Core Challenges to Building Community-driven Policy Partnerships for Eliminating Health Disparities," Invited Presentation, "Disparities in Health in America: Working Towards Social Justice" Workshop, M.D. Anderson Cancer Center, University of Texas Center for Research on Minority Health, Department of Health Disparities Research, June 28, 2007.

Toward a Strategic Framework for Tackling Health Inequities in *Healthy People 2020*, World Conference on Health Promotion and Education (IUHPE), "Research, Policy, and Practice for the 21st Century," Vancouver, Canada, June 12, 2007.

The Political Ecology of CBPR: Challenges to Building Sustainable Community-driven Partnerships for the Elimination of Health Disparities, International Symposium on Faculty Diversity and Environmental Justice Research, University of Michigan School of Natural Resources and Environment, June 8, 2007.

Beyond White Governmentality: The foundation of the antebellum colored citizens' convention movement, 1828-1835, Pennsylvania Historical Association Annual Conference, Philadelphia, October 20, 2006.

Scholarly preparedness after Katrina?: American studies and health policy in Crisis, American Culture Studies Conference “Battleground States: Scholarship in Times of Crisis,” Bowling Green State University, Ohio, April 1, 2006.

“Reforming ‘American’ policy space: Engaging public activism to transform practices of policymaking in the U.S. Discussion roundtable organizer and chair, National Conference of the American Studies Association, Washington, D.C., November 4, 2005.

Public health as social movement: Toward a vision of a ‘public health state,’ American Society for Bioethics and Humanities Seventh Annual Meeting, Washington, D.C., October 21, 2005.

Sampson against the Philistines: Legal reform and the struggle to constitute a democratic police in early nineteenth-century Philadelphia,” Conference of the Society for Historians of the Early American Republic (SHEAR), Philadelphia, July 23, 2005.

APHA 2008. Toward strategic measures of community-partnered capacity for policy change. **SD Kimmel**, B Israel, E Parker, R McGranaghan, D Wilkins and A Reyes.

Awards

2005 Early Career Scholar Award, American Society of Bioethics and Humanities.

2004 Publicly Active Graduate Education Award, *Imagining America* National Conference, University of Pennsylvania, Philadelphia, November 6, 2004.

2004 UM Rackham Interdisciplinary Program Award, School of Criticism and Theory, Cornell University, June-July, 2004 (Seminar with Michael Warner on “Secularism and Anti-Secularism”).

Chair Elect of the Policy Working Group of the Community-based Public Health (CBPH) caucus of APHA in 2008-2009

GISHAWN MANCE

Grant, K. E., Thomas, K. J., Carlson, G. C., Gipson, P. Y., **Mance, G. A.**, Smith Carter, J., Carleton, R. A., Taylor, J. J., Carothers, K. J., Ford, R. E., Sajous-Brady, D. L., Cardemil, E. V., & Lambert, S. F. (2008). Why aren't low-income urban youth more depressed: A test of two hypotheses. (Under Review).

Wilson, D., **Mance, G.A.**, Anderson, S., Foster, J. (2008). Racial socialization's moderating effects between poverty stress and psychological symptoms for African American youth, *Journal of Black Psychology*, (In Press).

LaVeist, T., Thorpe, R., **Mance, G. A.**, & Jackson, J. (2007). Overcoming confounding of race with socioeconomic status and segregation to explore race disparities in smoking, *Addictions*, 102, 65-70.

Gaylord-Harden, N. K., Gipson, P., **Mance, G. A.**, & Grant, K. (2008). Coping patterns of African American adolescents: A confirmatory factor analysis and cluster analysis of the children's coping strategies checklist, *Psychological Assessment*, 20(1):10-22.

Mance, G.A., Sanchez, B., & Jaha-Echols, N. (Forthcoming, Spring 2009). Community engagement and collaborations in community based research: The road to implementing project butterfly. In S.Y. Evans, C. Taylor, M. Dunlap, & D. Miller (Eds.). African Americans and community engagement in higher education. New York: State University Press of New York.

Mance, G.A., Mendelson, T., Jones, J., Byrd, B., & Tandon, D. (2007). Structured psychotherapy for adolescents responding to chronic stress – cultural adaptation: Baltimore. Center for Adolescent Health – Johns Hopkins University & Youth Opportunities Program – East Baltimore.

Wilson, D, **Mance, GA,** Anderson, S, Foster, J. (2008). Racial socialization's moderating effects between poverty stress and psychological symptoms for African American youth, *Journal of Black Psychology*, (In Press).

LaVeist, T, Thorpe, R, **Mance, GA.,** and Jackson, J (2007). Overcoming confounding of race with socioeconomic status and segregation to explore race disparities in smoking, *Addictions*, 102, 65-70.

Gaylord-Harden, N K, Gipson, P, **Mance, GA,** and Grant, K. (2007). Coping patterns of African American adolescents: A confirmatory factor analysis and cluster analysis of the children's coping strategies checklist, *Psychological Assessment*, (In Press).

Mance, G.A., Sanchez, B., & Jaha-Echols, N. (2007). Community engagement and collaborations in community based research: The road to implementing project butterfly. In S.Y. Evans, C. Taylor, M. Dunlap, & D. Miller (Eds.). African Americans and community engagement in higher education. New York: State University Press of New York. (Forthcoming, Spring 2009).

Presentations

Mance, G.A., Sanchez, B., & Jaha-Echols, N. (2008, July). The influence of culturally relevant information on mental health interventions for African American girls. Symposium paper presented at the 17th International Council on Women's Health Issues Congress 2008, Garborone, Botswana.

APHA 2007: Thorpe, R.J., **Mance, G.A.,** Francis, S.A., Jackson, J., & LaVeist, L.A. (2007, November). Racial disparity in smoking: overcoming confounding of race with socioeconomic status and segregation

Tandon, D., Templeman, A., **Mance, G.A.,** Mendelson, T., Byrd, B., Jones, J., Turner, A., & Sonenstein, F. (2007, May). Development of an intervention to promote adolescent mental health using community based participatory research: Process and preliminary findings. Symposium paper presented at the 15th Annual Meeting of the Society for Prevention Research, Washington, D.C.

Mance, G.A., Tandon, D., Templeman, A., Mendelson, T., Byrd, B., Jones, J., Turner, A., & Sonenstein, F. (2007, June). Collaborating with African American adolescents to develop a mental health intervention. Paper presented at the Biennial Conference of the Society for Community Research and Action, Pasadena, CA.

Gipson, P., **Mance, G.A.**, & Grant, K. (2005, August). Depression symptoms in Low income urban adolescents. Poster presented at the Annual Meeting of the American Psychological Association, Washington, D.C.

Mance, G.A. & Jaha, N. (2005, June). Let me tell you who I am: Cultural identity development of African American adolescent girls. Paper presented at the Biennial Conference of the Society for Community Research and Action, Champaign-Urbana, IL.

Mance, G.A. & Sanchez, B. (2004, October). From Caterpillars to Butterflies: A culturally-specific approach to assisting African American adolescent girls to womanhood. Paper presented at the Annual Meeting of the Diversity Challenge Conference. Institute for the Study and Promotion of Race and Culture. Boston, MA.

Mance, G.A. & Sanchez, B. (2004, July). Transitions: The evaluation of an African-centered rites of passage for African American adolescent girls. Paper presented at the Annual Meeting of the Black Graduate Students in Psychology. Ann Arbor, MI.

Gaskill, L. & **Mance, G.A.** (2003, May). The Relationship between chronic stress and symptomatology among urban, ethnic minority, low-income adolescents. Paper presented at the Annual Meeting of the Midwest Psychological Association, Chicago, IL.

Mance, G.A. & Jackson-Lowman, H. (2002, May). Depression in African American single mothers. Poster presented at the Annual Meeting of the American Psychological Society, Atlanta, GA.

Mance, G.A. & Jackson-Lowman, H. (2002, June). Effects of depressive symptomatology in African American single mothers on perception of child behavior. Paper presented at the Annual Meeting of the Black Graduate Students in Psychology, Ann Arbor, MI.

Thorpe, R.J., **Mance, G.A.**, Francis, S.A., Jackson, J., & LaVeist, L.A. (2007, November). Racial disparity in smoking: Overcoming confounding of race with socioeconomic status and segregation. Poster presented at the Annual Meeting of the American Public Health Association, Washington, D.C.

DIONNE SMITH

Smith, D. M. (2004). Nia's story: A hope in the unseen. In L. A. Flowers (Ed.). *Diversity issues in American colleges and universities: Case studies for higher education and student affairs professionals* (pp. 61-64). Springfield, IL: Charles C. Thomas.

Moore, J. L. III, Madison-Colmore, O., & **Smith, D. M.** (2003). The prove-them-wrong syndrome: Voices from unheard African American males in engineering disciplines. *The Journal of Men's Studies*, 12(1), 61-73. (Special Issue: African-American Men in the Academy).

Kub, J., Fredland, N., Soeken, K., **Smith, D. M.**, Lary, H., Roberts, J., B. Walton-Moss, B., Sharps, P., and Campbell, J. (2008). Boyfriend/girlfriend relationship abuse in early adolescence. Manuscript submitted for publication.

Smith, D. M., Gillum, T. L. , & Corbie-Smith, G. (2008). Analysis of counselor preferences among a sample of African American females attending a predominantly White institution. Manuscript submitted for publication.

Presentations

APHA 2008: **Smith, D. M.,** Banks, B., Albritton, T., Leniek, K., Akers, A., Youmans, S., Corbie-Smith, G., Wynn, M., Parker., D., Ellison, A., Council, B., Oxendine-Pitt, P., Henderson, S., & Stith, D. (October, 2008). In their own voices: Using CBPR to inform the design and implementation of a community-based HIV prevention intervention for rural African American adolescents.

APHA 2008: **Smith, D. M.,** Wynn, M., Parker, D., & Muhammad, M. (October, 2008). Using CBPR to explore rural, African American adolescents' knowledge, perceptions, and beliefs about adolescent dating violence: Implications for risky sexual behavior and mental health.

APHA 2008 **DM Smith,** M Wynn, D Parker, and MR Muhammad, Using CBPR to explore rural, African American adolescents' knowledge, perceptions, and beliefs about adolescent dating violence: Implications for risky sexual behavior and mental health

Smith, D. M., Albritton, T., & Corbie-Smith, G. (May, 2008). In their own eyes: Rural African American youth speak out about the design and implementation of a community-based HIV prevention intervention. 20th Annual National Conference on Social Work and HIV/AIDS. Washington, DC.

Smith, D.M. (April, 2008). In their own voices: African American female college students speak out about mental health utilization. 9th Annual Women's Health Research Day. University of North Carolina. Chapel Hill, NC.

APHA 2007: **Smith, D.M.** (November, 2007) In their own voices: Attitudes about mental health utilization by African American females at a predominantly White institution.

APHA 2007 **DM Smith.** In their own voices: Attitudes about mental health utilization by African American females at a predominantly White institution.

Smith, D.M. (2008, July). In their own voices: African American female college students speak out about mental health utilization. International Council on Women's Health Issues: 17th Congress. Gaborone, Botswana.

Smith, D. M., Wynn, M., & Corbie-Smith, G. (2008, June). Project GRACE: Rural African American youth speak out about the design and implementation of a community-based HIV prevention intervention. Meharry Research Ethics Conference. Nashville, TN.

Smith, D. M. & Cooper, A. (2005, September). The effects of domestic violence on young children: Establishing group services for caretakers. Southeast Early Head Start Center, Baltimore, MD.

Awards

2007: Grantee: NIH Summer Institute on the Design and Development of CBPR Research in Health.

2007: Grantee: Comprehensive Minority Biomedical Branch (CMBB) Professional Development Workshop.

2006: National Center on Minority Health & Health Disparities Scholar (NIH Loan Repayment Program).

2005: Excellence in Research Certificate: American Psychological Association-Division 17 Section on Ethnic and Racial Diversity Mental Health Postdoctoral.

LARKIN STRONG

Strong LL, Starks HE, Meischke H, Thompson B. Perspectives of Mothers in Farmworker Households on Reducing the Take-Home Pathway of Pesticide Exposure. *Health Educ Behav*. 2009 Jan 9. [Epub ahead of print]

Kuntz SW, Frable P, Qureshi K, **Strong LL**; Association of Community Health Nursing Educators.: disaster preparedness white paper for community/public health nursing educators. *Public Health Nurs*. 2008 Jul-Aug;25(4):362-9.

Strong LL, Thompson B, Koepsell TD, Meischke H. Factors associated with pesticide safety practices in farmworkers. *Am J Ind Med*. 2008 Jan;51(1):69-81.

Strong LL, Von Korff M, Saunders K, Moore JE. Cost-effectiveness of two self-care interventions to reduce disability associated with back pain. *Spine*. 2006 Jul 1;31(15):1639-45.

Strong LL, Zimmerman FJ. Occupational injury and absence from work among African American, Hispanic, and non-Hispanic White workers in the national longitudinal survey of youth. *Am J Public Health*. 2005 Jul;95(7):1226-32.

Presentations

APHA 2008. **LL Strong**, E Parker, SA Farquhar, C Keirns, BA Israel, A Reyes, and T Lewis. Relationship between perceived neighborhood conditions and health among Detroit caregivers of children with asthma.

APHA 2008. **LL Strong**, AJ. Schulz, BA Israel, S Weir, A eyes, Z Rowe and C Poe. Lessons learned: Conducting a pilot intervention within a CBPR framework.

Lopez ED, Harvey IS, Mason M, Maty S, **Strong LL**. Applying CBPR to health services research, policy, and practice. Academy Health Annual Research Meeting. Orlando, FL. June, 2007 (Workshop).

Strong LL, Thompson B, Starks H. Women's experiences reducing the take-home pathway of pesticide Exposure. Annual Meeting, Society for Public Health Education. Boston, MA. November, 2006.

2006-08 COHORT: MULTIDISCIPLINARY TRACK

PHOENIX DO

Elliott MN, Finch BK, Klein D; Ma S; **Do DP**; Beckett MK; Orr N; LN Sample designs for measuring the health of small racial/ethnic subgroups. *Statistics in medicine* 2008;27(20):4016-2

Do DP, Finch BK The link between neighborhood poverty and health: context or composition? *American journal of epidemiology* 2008;168(6):611-9.

Do DP, Finch BK, Basurto-Davila R, Bird C, Escarce J; Lurie N. Does place explain racial health disparities? Quantifying the contribution of residential context to the Black/white health gap in the United States. *Social science & medicine* (1982) 2008;67(8):1258-68.

GINA EVANS

Dissertation award from the American Anthropological Association.

CHANDRA FORD

Ford CL, Konrad TR, Godette DC, Corbie-Smith G. Acceptance of routine ELISA testing among black women STD patients: relationship to patient-provider racial concordance. *Sex Transm Dis.* 2008 Mar;35(3):211-3. No abstract available.

Ford CL, Miller WC, Smurzynski M, Leone PA. Key components of a theory-guided HIV prevention outreach model: pre-outreach preparation, community assessment, and a network of key informants. *AIDS Educ Prev.* 2007 Apr;19(2):173-86.

Ford CL, Whetten KD, Hall SA, Kaufman JS, Thrasher AD Black sexuality, social construction, and research targeting 'The Down Low' ('The DL'). *Ann Epidemiol.* 2007 Mar;17(3):209-16.

Godette DC, Headen S, Ford CL. Windows of opportunity: fundamental concepts for understanding alcohol-related disparities experienced by young Blacks in the United States. *Prev Sci.* 2006 Dec;7(4):377-87.

Ford CL, Daniel M, Miller WC. High rates of HIV testing despite low perceived HIV risk among African-American sexually transmitted disease patients. *J Natl Med Assoc.* 2006 Jun;98(6):841-4.

Corbie-Smith G, **Ford CL**. Distrust and poor self-reported health. Canaries in the coal mine? *J Gen Intern Med.* 2006 Apr;21(4):395-7. No abstract available. Erratum in: *J Gen Intern Med.* 2006 Sep;21(9):1009.

Ford CL. Usage of "MSM" and "WSW" and the broader context of public health research. *Am J Public Health.* 2006 Jan;96(1):9. Epub 2005 Nov 29. No abstract available.

Awards

Impact best graduate student award at UNC

ANGELICA P. HERRERA

Torres-Vigil I, Aday LA, Reyes-Gibby C, De Lima L, **Herrera AP**, Mendoza T, Cleeland CS. Health care providers' assessments of the quality of advanced-cancer care in Latin American medical institutions: a comparison of predictors in five countries: Argentina, Brazil, Cuba, Mexico, and Peru. *J Pain Palliat Care Pharmacother*. 2008;22(1):7-20.

King DW, Amy Snipes S, **Herrera AP**, Jones LA. Health and healthcare perspectives of African American residents of an unincorporated community: A qualitative assessment. *Health Place*. 2009 Jun;15(2):420-8. Epub 2008 Aug 22.

Thiel de Bocanegra H, Trinh-Shevrin C, **Herrera AP**, Gany F. Mexican immigrant male knowledge and support toward breast and cervical cancer screening. *J Immigr Minor Health*. 2008 Jun 13. [Epub ahead of print]

Gany FM, **Herrera AP**, Avallone M, Changrani J. Attitudes, knowledge, and health-seeking behaviors of five immigrant minority communities in the prevention and screening of cancer: a focus group approach. *Ethn Health*. 2006 Feb;11(1):19-39.

Recent presentations

APHA 2008. AP Herrera, JW Lee, RD Nanyonjo, LE. Laufman, and I Torres Vigil. Religious coping and caregiver well-being in Mexican-American families.

AMY SHEDRA SNIPES

Snipes SA, Thompson B, O'Connor K, Godina R, Ibarra G. Anthropological and psychological merge: design of a stress measure for Mexican farmworkers. *Cult Med Psychiatry*. 2007 Sep;31(3):359-88.

Thompson B, Coronado G, **Snipes SA**, Puschel K. Methodologic advances and ongoing challenges in designing community-based health promotion programs. *Annu Rev Public Health*. 2003;24:315-40. Epub 2001 Nov 6. Review.

MINDI SPENCER

Spencer, S. M., Albert, S. M., Bear-Lehman, J., & Burkhardt, A. (2008). Relevance of culture for self-reported functional limitation. *Journal of the American Geriatrics Society*, 56, 553-557.

McCallum, T. J., **Spencer, S. M.**, & Goins, R. T. (2008). Lost in summation: Depression among African American caregivers and noncaregivers. *Journal of Cross-cultural Gerontology*, 23, 77-84.

Goins, R. T., & **Spencer, S. M.** (2005). Public health issues among older American Indians and Alaska Natives. *Generations*, 29(2), 30-35.

Goins, R. T., **Spencer, S. M.**, Roubideaux, Y., & Manson, S. (2005). Differences in functional ability of rural American Indian and White elders with comorbid diabetes. *Research on Aging*, 27(6), 643-658.

Spencer, S. M., Schulz, R., Rooks, R., Albert, S., Thorpe, Jr., R., Brenes, G., et al. (in press). Racial differences in self-rated health at similar levels of physical functioning: An examination of health pessimism in the Health, Aging and Body Composition Study. *Journals of Gerontology: Social Sciences*.

Spencer, S. M., & Patrick, J. H. (in press). Revisiting traditional survey methodology to recruit and survey lesbian, gay, and bisexual older adults. In D. L. Streiner & S. Sidani (Eds.), *When research goes off the rails*. New York: Guilford.

Fredman, L., Cauley, J. A., Satterfield, S., Simonsick, E., **Spencer, S. M.**, Ayonayon, H. A., et al. (in press). Caregiving, mortality and mobility decline: Findings from Health ABC. *Archives of Internal Medicine*.

Goins, R. T., **Spencer, S. M.** & Byrd, J. C. (in press). Research on rural caregiving: A literature review. *Journal of Applied Gerontology*.

Goins, R. T., **Spencer, S. M.**, & Byrd, J. C. (in press). Research on rural caregiving. In K. C. Buckwalter & K. Chwalisz (Eds.), *Rural caregiving*. New York: Springer Publishing.

Hash, K., & **Spencer, S. M.** (in press). "You've got subjects": The promise of the Internet in research with lesbian, gay, bisexual and transgender populations. In W. Meezan & J. I. Martin (Eds.), *Handbook of research with lesbian, gay, bisexual, and transgender populations*. New York: Routledge.

Presentations

Spencer, S. M., & Albert, S. A. The influence of social capital and physical functioning on the health-related control beliefs of Black, Hispanic, and White older adults. 2008 annual meeting of the Gerontological Society of America, National Harbor, MD.

Goins, R. T., **Spencer, S. M.**, & Rogers, J. C. Assistive technology use among older American Indians: The Native Elder Care Study 2008 annual meeting of the Gerontological Society of America, National Harbor, MD.

Lim, S. H., **Spencer, S. M.**, Marshal, M., & Silvestre, A. Changing trajectories of depressive symptoms among aging men who have sex with men (MSM). 2008 annual meeting of the Gerontological Society of America, National Harbor, MD.

McCallum, T. J., & **Spencer, S. M.** Aranda and Knight revisited: An updated model of Sociocultural Stress and Coping 2008 annual meeting of the Gerontological Society of America, National Harbor, MD.

Blosnich, J. R., & **Spencer, S. M.** (2007, November). Beyond sticks and stones: School bullying in the lives of lesbian, gay, bisexual, and transgender (LGBT) youth (student's practicum project). Poster presented at the 2007 annual meeting of the American Public Health Association, Washington, DC.

Spencer, S. M., Albert, S. A., Bear-Lehman, J., & Burkhardt, A. (2007, November). Relevance of culture for self-reported functional limitation. Poster presented at the 2007 annual meeting of the Gerontological Society of America, San Francisco, CA.

Spencer, S. M., Schulz, R., Rooks, R., Thorpe, Jr., R. J., Brenes, G., Harris, T., et al. (2007, November). Racial variations in self-rated health in the Health, Aging, and Body Composition Study. Paper presented at the 2007 annual meeting of the Gerontological Society of America, San Francisco, CA.

Spencer, S. M., & Thorpe, Jr. R. J., Simonsick, E. M., Newman, A. B., & Whitfield, K. E. (discussant) (2007, November). Beyond racial differences in the Health, Aging, and Body Composition Study: Explaining health disparities in late life. Symposium presented at the 2007 annual meeting of the Gerontological Society of America, San Francisco,

Awards

Loan Repayment-NIH

National Institutes of Health, National Center on Minority Health and Health Disparities, Research Center of Excellence in Minority Health Disparities at the University of Pittsburgh (2P60MD000207-06; Co-Investigator, Community Research Engagement Core)

KALAHN TAYLOR-CLARK

Taylor-Clark K, Koh H, Viswanath K. Perceptions of environmental health risks and communication barriers among low-SEP and racial/ethnic minority communities. *J Health Care Poor Underserved*. 2007 Nov;18(4 Suppl):165-83.

Taylor-Clark KA, Mebane FE, Steelfisher GK, Blendon RJ. News of disparity: content analysis of news coverage of African American healthcare inequalities in the USA, 1994-2004. *Soc Sci Med*. 2007 Aug;65(3):405-17. Epub 2007 May 7.

Taylor-Clark K, Blendon RJ, Zaslavsky A, Benson J. Confidence in crisis? Understanding trust in government and public attitudes toward mandatory state health powers. *Biosecur Bioterror*. 2005;3(2):138-47.

Taylor-Clark K, Blendon RJ, Benson JM. African Americans' views on health policy: implications for the 2004 elections. *Health Aff (Millwood)*. 2003 Jul-Dec;Suppl

Blendon RJ, Benson JM, DesRoches CM, Raleigh E, **Taylor-Clark K**. The public's response to severe acute respiratory syndrome in Toronto and the United States. *Clin Infect Dis*. 2004 Apr 1;38(7):925-31. Epub 2004 Mar 16.

Blendon RJ, DesRoches CM, Benson JM, Herrmann MJ, **Taylor-Clark K**, Weldon KJ. The public and the smallpox threat. *N Engl J Med*. 2003 Jan 30;348(5):426-32. Epub 2002 Dec 19.

Presentations

APHA 2007: Session: Health Communication and Cancer. **K Taylor-Clark**, SF Wallington, KD Blake, KV Viswanath.

Session: Protecting our People: Disaster Response and Preparedness. SD. Taylor, **K Taylor-Clark**, B Torres, B Russell.

ANGELA D. THRASHER

Thrasher AD, Earp JA, Golin CE, Zimmer CR Discrimination, distrust, and racial/ethnic disparities in antiretroviral therapy adherence among a national sample of HIV-infected patients. *J Acquir Immune Defic Syndr*. 2008 Sep 1;49(1):84-93.

Ford CL, Whetten KD, Hall SA, Kaufman JS, **Thrasher AD** Black sexuality, social construction, and research targeting 'The Down Low' ('The DL'). *Ann Epidemiol*. 2007 Mar;17(3):209-16.

Thrasher AD, Golin CE, Earp JA, Tien H, Porter C, Howie L. Motivational interviewing to support antiretroviral therapy adherence: the role of quality counseling. *Patient Educ Couns*. 2006 Jul;62(1):64-71. Epub 2005 Jul 14.

Thrasher AD, Ford CL, Nearing KA. Cost-effectiveness of screening for HIV. *N Engl J Med*. 2005 May 19;352(20):2137-9; author reply 2137-9.

Corbie-Smith G, Moody-Ayers S, **Thrasher AD**. Closing the circle between minority inclusion in research and health disparities. *Arch Intern Med*. 2004 Jul 12;164(13):1362-4.

ANITA WELLS

Bowie JV, **Wells AM**, Juon HS, Sydnor KD, Rodriguez EM. How old are African American women when they receive their first mammogram? Results from a church-based study. *J Community Health*. 2008 Aug;33(4):183-91.

Chasnoff IJ, **Wells AM**, McGourty RF, Bailey LK. Validation of the 4P's Plus screen for substance use in pregnancy validation of the 4P's Plus. *J Perinatol*. 2007 Dec;27(12):744-8. Epub 2007 Sep 6.

Stolley MR, Sharp LK, **Wells AM**, Simon N, Schiffer L Health behaviors and breast cancer: experiences of urban African American women. *Health Educ Behav*. 2006 Oct;33(5):604-24. Epub 2006 Aug 21.

Fitzgibbon ML, Stolley MR, Schiffer L, Sanchez-Johnsen LA, **Wells AM**, Dyer A. A combined breast health/weight loss intervention for Black women. *Prev Med*. 2005 Apr;40(4):373-83.

2008-10 COHORT

2008-10 COHORT: COMMUNITY TRACK

YVONNE OWENS FERGUSON

Linnan LA, **Ferguson YO**. Beauty salons: a promising health promotion setting for reaching and promoting health among African American women. *Health Educ Behav*. 2007 Jun;34(3):517-30. Epub 2007 Apr 13.

Ferguson YO, Quinn SC, Eng E, Sandelowski M. The gender ratio imbalance and its relationship to risk of HIV/AIDS among African American women at historically black colleges and universities. *AIDS Care*. 2006 May;18(4):323-31.

Piwoz EG, **Ferguson YO**, Bentley ME, Corneli AL, Moses A, Nkhoma J, Tohill BC, Mtimuni B, Ahmed Y, Jamieson DJ, van der Horst C, Kazembe P; the UNC Project BAN Study Team Differences between international recommendations on breastfeeding in the presence of HIV and the attitudes and counseling messages of health workers in Lilongwe, Malawi. *Int Breastfeed J*. 2006 Mar 9;1(1):2.

Linnan LA, **Ferguson YO**, Wasilewski Y, Lee AM, Yang J, Solomon F, Katz M Using community-based participatory research methods to reach women with health messages: results from the North Carolina BEAUTY and Health Pilot Project. *Health Promot Pract*. 2005 Apr;6(2):164-73.

Awards

NIH, UNC University Center for International Studies, American Public Health Association and the Society for Public Health Education.

BETTY IZUMI

Izumi BT, Rostant OS, Moss MJ, Hamm MW. Results from the 2004 Michigan Farm-to-School Survey. *J Sch Health*. 2006 May;76(5):169-74.

LATRICE PICHON

Mayer JA, Hoerster KD, **Pichon LC**, Rubio DA, Woodruff SI, Forster JL. Enforcement of state indoor tanning laws in the United States. *Prev Chronic Dis*. 2008 Oct;5(4):A125. Epub 2008 Sep 15.

Pichon LC, Arredondo EM, Roesch S, Sallis JF, Ayala GX, Elder JP The relation of acculturation to Latinas' perceived neighborhood safety and physical activity: a structural equation analysis. *Ann Behav Med*. 2007 Nov-Dec;34(3):295-303.

Galindo GR, Mayer JA, Slymen D, Almaguer DD, Clapp E, **Pichon LC**, Hoerster K, Elder JP. Sun sensitivity in 5 US ethnoracial groups. *Cutis*. 2007 Jul;80(1):25-30.

Woodruff SI, **Pichon LC**, Hoerster KD, Forster JL, Gilmer T, Mayer JA. Measuring the stringency of states' indoor tanning regulations: instrument development and outcomes. *J Am Acad Dermatol*. 2007 May; 56(5):774-80. Epub 2007 Feb 5.

Mayer JA, Slymen DJ, Clapp EJ, **Pichon LC**, Eckhardt L, Eichenfield LF, Elder JP, Sallis JF, Weinstock MA, Achter A, Balderrama C, Galindo GR, Oh SS. Promoting sun safety among US Postal Service letter carriers: impact of a 2-year intervention. *Am J Public Health*. 2007 Mar;97(3):559-65. Epub 2007 Jan 31. Erratum in: *Am J Public Health*. 2007 Aug;97(8):1350.

Pichon LC, Mayer JA, Slymen DJ, Elder JP, Lewis EC, Galindo GR. Ethnoracial differences among outdoor workers in key sun-safety behaviors. *Am J Prev Med*. 2005 May;28(4):374-8.

Oh SS, Mayer JA, Lewis EC, Slymen DJ, Sallis JF, Elder JP, Eckhardt L, Achter A, Weinstock M, Eichenfield L, **Pichon LC**, Galindo GR. Validating outdoor workers' self-report of sun protection. *Prev Med*. 2004 Oct;39(4):798-803.

AMANDA E. TANNER

Tanner AE, Zimet G, Fortenberry JD, Reece M, Graham C, Murray M. Young Women's Use of a Vaginal Microbicide Surrogate: The Role of Individual and Contextual Factors in Acceptability and Sexual Pleasure. *J Sex Res*. 2008 Nov 15:1-9. [Epub ahead of print]

Tanner AE, Katzenstein JM, Zimet GD, Cox DS, Cox AD, Fortenberry JD. Vaginal microbicide preferences among midwestern urban adolescent women. *J Adolesc Health*. 2008 Oct;43(4):349-56. Epub 2008 Jun 5.

Tanner AE. Perceptions of acceptability and utility of microbicides in Ghana, West Africa: a qualitative, exploratory study. *SAHARA J*. 2008 Apr;5(1):11-8.

Redd JL, Zura RD, **Tanner AE**, Walk EE, Wu MM, Edlich RF. Personal emergency response systems. *J Burn Care Rehabil*. 1992 Jul-Aug;13(4):453-9. Review.

Presentations

APHA 2008. Moderator: **AE Tanner**. Women and HIV: Emerging Issues.

TAQUI TIRMAZI

Awards

Howard University Graduate School 50th PhD Anniversary Fellowship (2007 – 2008)

Council of Social Work Education Minority Fellowship (2007 – 2008).

2008-10 COHORT: MULTIDISCIPLINARY TRACK

JAMIE CHATMAN

Heflinger CA, **Chatman J**, Saunders RC Racial and gender differences in utilization of Medicaid substance abuse services among adolescents. *Psychiatr Serv.* 2006 Apr;57(4):504-11.

KAREN ETREL

Ertel KA, Glymour MM, Berkman LF. Effects of social integration on preserving memory function in a nationally representative US elderly population. *Am J Public Health.* 2008 Jul;98(7):1215-20. Epub 2008 May 29.

Subramanian SV, Ertel K Is the use of self-rated health measures to assess health inequalities misleading? *Int J Epidemiol.* 2008 Dec;37(6):1436-7; author reply 1437-40. Epub 2008 Sep 23.

Subramanian SV, **Ertel K** Self-rated health may be adequate for broad assessments of social inequalities in health. *Int J Epidemiol.* 2008 Nov 26. [Epub ahead of print]

Ertel KA, Koenen KC, Berkman LF. Incorporating home demands into models of job strain: findings from the work, family, and health network. *J Occup Environ Med.* 2008 Nov;50(11):1244-52.

PATRICIA MIRANDA

Schulz AJ, House JS, Israel BA, Mentz G, Dvorchak JT, **Miranda PY**, Kannan S, Koch M. Relational pathways between socioeconomic position and cardiovascular risk in a multiethnic urban sample: complexities and their implications for improving health in economically disadvantaged populations. *J Epidemiol Community Health.* 2008 Jul;62(7):638-46.

Zenk SN, Schulz AJ, Mentz G, House JS, Gravlee CC, Miranda PY, Miller P, Kannan S. Interrater and test-retest reliability: methods and results for the neighborhood observational checklist. *Health Place.* 2007 Jun;13(2):452-65. Epub 2006 Jun 30.

LISA ROSAS

Rosas LG, Eskenazi B. Pesticides and child neurodevelopment. *Curr Opin Pediatr.* 2008 Apr;20(2):191-7.

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EMMA SANCHEZ-VAZNAUGH

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