

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@verizon.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 early² 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)³ 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 continuation 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

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.*

³ *Now called the Center for Advancing Health.*⁶⁷

health-related policy organizations to reduce and ultimately eliminate health disparities. Almost three-fourths were minorities and 61 percent were underrepresented minorities. The KHSP program has two tracks: the Community Track (successor to the CHSP) and the Multidisciplinary Track (heir to the SHDP).

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 (Multidisciplinary Track), Harvard University (Multidisciplinary Track), Johns Hopkins University (Community Track), MD Anderson/University of Texas (Multidisciplinary Track), UCSF/Berkeley (Multidisciplinary Track), University of North Carolina (Community Track), University of Pittsburgh (Multidisciplinary Track) and one historically Black institutional site, Morgan State University Program for Public Health (Multidisciplinary Track). Beginning with the 2008-10 cohort, training was 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 Multidisciplinary 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 has 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

⁴*UMich's Multidisciplinary Track site director moved to another Multidisciplinary 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 websites; 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, their progress reports 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 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 *We have completed intensive site visits to all eight training sites.*

5. Increasing the program's impact
6. Constructing a more stable program future

B. Other Findings

1. Variation among Training Sites
2. Recruiting
3. Orientation
4. 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 the larger ongoing program. Readers are also referred to our *Evaluators' First-Year Report* (September 4, 2007) and the *KHSP Evaluators' Annual Report* (January 2009) and the *Program's Annual Report to the W.K. Kellogg Foundation for November 1, 2007 to October 31, 2008* (December 2008) and *Annual Report to the W.K. Kellogg Foundation for November 1, 2008 to October 31, 2009* (November 2009) 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 117 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 2008-2010 Scholars:

Demographics: The 2008-2010 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 scholars have doctorates in psychology (of them, one is in medical psychology and one in social psychology). Of the remainder, three studied

⁶ *Annual Report*, p. 11.

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: community-based food systems; social and physical environmental health factors contributing to health disparities; cumulative health risks of minority single mothers; expanded access to primary care; determinants of health among immigrants; and social relations and longevity.

Publications and Presentations: The 2008-10 Scholars have already published in such journals as the *American Journal of Public Health*; *Culture, Medicine and Psychology*, *Annual Review of Public Health*, *American Journal of Epidemiology*, *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*; *Health and Place*, *Ethnicity and Health*, *Preventive Medicine*; *Journal of the Cross-Cultural Geriatric Society*; *Archives of Internal Medicine*; *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. They are frequent speakers at national conference, such as the American Public Health Association and their own disciplinary associations. (See Appendix 1).

Grants: Some 2008-10 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 Multidisciplinary 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 has founded the Center for Community-driven Policymaking. There was no 2007-09 cohort; the 2008-10 Scholars are in the middle of their training program.

The 2009-11 Scholars:

Demographics: Of the 11 Scholars, six are African-American, four are non-Hispanic white, and one is Asian-American.⁹ Eight of the 11 are women.

Pre-Program Disciplines: Entering Scholars came from varying academic disciplines, including health and behavior (3), epidemiology (2), immunology (1), communications (1), sociology and gerontology (1), social psychology (1), maternal and child health (1), and urban education (1).

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, University of California at Los Angeles, Pennsylvania State University, Morgan State University, and the University of Texas School of Public Health.*

⁸ *Georgetown University, American University, Colorado State University, MD Anderson Cancer Center, Albert Einstein College of Medicine.*

⁹ *The applicant pool for this cohort included a large group (29 percent) who did not list race/ethnicity.*

Scholar Research Areas: As their preparation indicates, Scholars approach the overarching issue of determinants and disparities with varying emphases, among them: schooling, education and health; the influence of immune systems on breast cancer of minority women; biological pathways translating social experiences (including racism) into health behaviors; barriers and facilitators to communicating family medical histories; reduction of youth HIV/AIDS risk behaviors; and neighborhood context related to healthy eating.

Publications and Presentations: (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. While the CHSP program 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. The SHDP program envisioned dual paths, one in academic tenure track positions and another in research-to-policy-and-advocacy positions, with the goal of building the field of health disparities research and advocating policies to reduce disparities and promote health equity. The KHSP maintains these two career paths. 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 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. In the Multidisciplinary Track, Scholars have one or more faculty research and career mentors, and some 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. The Program Offices are also committed to personal and career mentoring for Scholars and alumni of the program. (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 Youth Opportunities (YO!) in Baltimore, Las Mujeres Mejorando el Futuro (North Carolina), Union Baptist Head Start (Baltimore), and the Detroit Community-Academic Urban Research Center. 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. All Community Track Scholars also have a community mentor. 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.

Some Multidisciplinary Track sites have also emphasized community-based training, although most experiences have not been in CBPR. Morgan State University has moved from the Multidisciplinary Track to the Community Track, beginning with its 2008-10 cohort. Its site director is an alumna of the Multidisciplinary Track predecessor program. M.D. 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 through the following, but not limited to, community networks: Community Research Advisory Board, The Urban Immersion Field Experience, The Healthy Black Family Project and Health Advocates In-Research and Research (HAIR). The two current KHSP Scholars at the UCSF Multidisciplinary Track site have also worked with immigrant families, particularly Hispanic immigrant groups, on healthy child development issues.

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 Multidisciplinary Track set out specifically to enhance the policy experience and networking in the Kellogg Scholars Program by establishing an H. Jack Geiger Congressional Health Policy

Fellowship Program, for which alumni of its programs were eligible. Four alumni served in the congressional offices of Senator Kennedy, Congresswoman Christensen, and Congressman Honda as Geiger Fellows, which has enriched the policy connections of the entire Kellogg Community of Scholars. These alumni have gone on to work with the Asian American network; the policy center at the University of New Mexico; the Virginia health equity network; and the fourth is now one of two finalists for the new policy center at Morehouse/Vanderbilt.

KHSP has worked with all postdoctoral scholars in the predecessor and current program to develop individual research profiles which illuminate the policy relevance of the Scholars' research and findings.

The KHSP policy skill development builds on the momentum of the two predecessor tracks. The Harvard leadership study commissioned by the Kellogg Foundation stated 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.¹⁰ They also noted improvement over time, especially in the Community Track.¹¹ 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 is 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 4) 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, National Association of County and City Health Officials, 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.

¹⁰ MA Millsap, AM Chase, RK King, et al, "Leadership Development in the WKKF Health Fellows Program (Cambridge, MA: Harvard University), February 16, 2007.

¹¹ For example, with support from the Skillman Foundation, Michigan is now training seven Detroit communities in policy and advocacy.

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. The M.D. Anderson site at the University of Texas maintains close relationships with both national and local elected officials and always features presentations from those local and state political officials as well as national policy leaders and NIH research leaders.

Training at KHSP meetings: At the four national KHSP meetings held in June 2006, February 2007, June 2007, May 2008 and June 2009, speakers gave their policy perspectives and imparted skills, both didactically and through small-group discussions.¹² At the June 2007 and meetings in Washington, DC, another element was added: workshops on special topics and meetings on Capitol Hill, in the Administration (in 2009), 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 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. Participants have been very supportive of these opportunities for interaction with policy makers and analysts. One Multidisciplinary Track Scholar alumna, Shedra Amy Snipes, who visited the Department of Labor in June 2009 returned to visit them in October 2009 and succeeded in inserting a dozen health-related questions added to the DOL immigrant survey. Other meetings with the administration resulted in ongoing communication about measures of social determinants for Healthy People 2020, exchanges about possible employment and individual research grant opportunities. Notable among Hill visits was an insider briefing from the House Energy and Commerce Committee staff on the health reform bill then in preparation and an open invitation for scholars to comment.

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

¹² *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.*

and the Executive Branch, and planned those 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 encouraged this trend, noting approvingly that more-recent participants describe more skill-building efforts than earlier alumni.¹³ 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).

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.¹⁴

Accordingly, the ongoing KHSP program 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.¹⁵ Some sites can tap into

¹³ MA Millsap, *op. cit.*

¹⁴ We note that for their generation long-term commitments to single employers are rare.

¹⁵ 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

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. In addition, M.D. Anderson provides the scholars an opportunity to participate in its annual grant-writing workshop, "Write Winning Grants," and its writing and publishing workshop, "Writing and Publishing Scientific Articles." 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 and 2009 conferences were organized by Scholars, alumni and staff, and included a long and complex day of meetings with Congressional members and staff, with Executive branch officials and with advocacy organization leaders.

Electronic Workshops and Conference Calls: 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 website. 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.

Also the two tracks jointly planned, broadcast and participated in a webinar on policy activities. In March 2009 the e-workshop Advocacy 101 Translating Health Disparities / Community-Based Participatory Research into Policy: Skills for Community and Academic Researchers was the first step to prepare attendees to the June KHSP Annual Networking Meeting for a full day of visits to congressional, executive branch, and agency offices focused on setting the stage: framing the issue, and connecting with state and local policy/advocacy. KHSP's two policy consultants and Scholar alumni spoke during the webinar. The Community Track also held a get-acquainted webinar of its Scholars to get to know the first-year Scholars and integrate them into the KHSP network. And the Multidisciplinary Track continues to offer facilitating conference calls for its track's Scholars to discuss mutual topics of interest. The 2008 cohort of Multidisciplinary Track Scholars have had a get-acquainted conference call as well.

The password-protected webinars are also available on www.kellogghealthscholars.org. Now that the KHSP program has successful experience with the webinars, we encourage them to use the technology to explore other skills development and discussions. Scholars/alumni will soon be surveyed for their topic preferences; we also suggest reviewing this report for ideas (e.g., successful mentoring relationships, project management). While e-workshops lack the personal touch of face-to-face meetings, they are efficient in avoiding travel costs and time.

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 University of Pittsburgh's Summer Research Career Development Institute in Minority Health and Health Disparities. KHSP Scholars/alumni 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, "Celebrating Social Entrepreneurs Working toward Social Justice," 7th Annual Summer Workshop, June 25-28, 2009. In March, Kellogg alumna Dr. Dionne Godette organized a Global Health Symposium at the University of Georgia in which six alumni participated.

On July 29-30, 2009, Scholar alumna and KHSP NAC member Dr. Lisa Cacari Stone organized a thematic group meeting on Place Migration and Health, which included 12 pre-doctoral Kellogg Fellows (of whom two are also Scholar alums), two other Scholar alumni, and NAC member Dolores Acevedo-Garcia. All of these participants have participated in this thematic group in the June 2006, 2007, 2008 or 2009 Kellogg annual meetings.

In October the Kellogg pre-doctoral fellows program, headed by Barbara Krimgold, held a leadership development conference, in which 12 Kellogg Fellow alumnae, of whom three were also Scholar alumni and three were also Geiger Fellow alumni, two additional Scholar alumni who have worked with the Fellow alumni, and two guests from the Morehouse School of Medicine participated.

Many of the Kellogg Health Scholars, alumni from the predecessor programs, faculty and program staff attended the 2009 American Public Health Association (APHA) in November. Many Scholars and alumni from both tracks presented on APHA panels. Kellogg Scholars and friends are invited each year to a breakfast hosted by the Community Track at the APHA annual meeting. The APHA has also served a recruiting function as mentioned below.

Assistance with Research, Writing and Dissemination: 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. In addition, CFAH helps disseminate scholars' articles that meet its Health Behavior News Service guidelines to its extensive media contacts, which has resulted in a number of newspaper and radio stories. The KHSP's policy consultants assist the Scholars in preparing Scholar-specific statements featuring the practical implications of their work. In doing so, Scholars learn to discuss their work in user-friendly, jargon-free language.

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; others have a portfolio of a dozen or more published articles with several first author pieces. 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."* As one training site director said, *"After all, we're all trying to accomplish the same thing – reduce health disparities."*

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 members of the Multidisciplinary Track's predecessor community also gave the impression that they regarded CBPR as an inferior research style. A few Multidisciplinary 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 Nation Program Office 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 have required learning to work together.

The program has shown significant progress in this area, which 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 Multidisciplinary Track has demonstrated its community work. 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 face-to-face 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. 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." Thus far, though, the program has been unsuccessful in directly articulating the cross-track synergies to the Scholars.
- **Collaborative work in thematic groups** is proving fruitful. The 2008 and 2009 KHSP meetings featured cross-track areas, such as social determinants of health; place migration; aging; sexual and reproductive health; politics of health disparities; and community intervention/neighborhood engagement.

The place, migration, and health group's activities are the most developed. This group has its own e-newsletter, website, and communications network. The others, while in various stages of development, foster the tracks working together and, for example, were the major source of input to policy advisors on planning 2009 visits to Congressional and administration offices and advocacy groups. For example, the aging thematic group planned and carried out its own highly successful visit to the Agency on Aging in 2008.

- **Better establishment of CBPR as a field,** which increases the Multidisciplinary Track's respect for CBPR and lessens the Community Track's fears about losing its identity.
- **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 Scholars' presenting 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 balancing the programs' identities and interests with the need for synergy has been the recruiting and selection of new Scholars. Recruiting is largely done centrally, but candidate selection is done entirely separately by each track.

Unfortunately, in the summer-fall of 2009 the program hit a snag in its efforts at more coordination. Conflicts arose over the process for designing the new website, which escalated and consumed time and energy. A process is now in place to resolve the matter.

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 May 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. Based on this success, the planning process was duplicated for the 2009 meeting.

Electronic workshops: In addition to their skill-building functions, webinars provide an efficient way of networking within the KHSP community. (See above.)

National Advisory Committee: 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. The NAC replaced the previous configuration of two national advisory committees by a single group. It can be a significant resource for the KHSP.

It held its first substantive meeting at the June 2009 annual conference and, in fact, was so productive in considering strategic direction and program sustainability that it had an additional meeting the next day. We recommend that the NAC continue to be active through regularly scheduled conference calls on matters concerning the program's direction, such as strategic thinking; which functions should be program-wide and which track-specific; sustainability, and variations among training sites (See below.)

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, Johns Hopkins's Workshop on CBPR and the M.D. Anderson/Kellogg Program segment of the MDACC annual symposium on health disparities. Scholars and alumni from other KHSP training sites are also invited to these conferences. Internal seminars are often in conjunction with other fellowships at their sites.

Scholars, alumni, and mentors have expressed a desire for more opportunities to visit and collaborate with other KHSP training sites. This could be accomplished through holding the national meeting in a non-Washington location every other year, smaller site visits by groups of Scholars/alumni, and/or scholarships for travel for such visits and collaborative projects.

Construction of a Website: The program established its own website at www.kellogghealthscholars.org, which contains information on the program, profiles of Scholars, descriptions of the training sites and their directors, applications, descriptions of meetings and the papers presented, and Scholars' publications. Recognizing that the website is the KHSP's most public space, in 2009 CFAH began and largely completed it to be livelier, friendlier, more informative, more visual, and contain more resources and more demonstration of the Scholars' accomplishments. It effectively uses small "call-outs" of Scholar/alumni quotations concerning their experiences and impacts in the health disparities arena. It also contains more explicit descriptions of the experiences available at each training site. Yet to come are discussions of the resources available to the Scholars (e.g., data bases) and more photographs of the Scholars/alumni in action.

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 requests for ideas on data sets and methodologies. The same listserv 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, or, since 2008, Scholar-initiated, regularly scheduled Multidisciplinary Track Scholars' conference calls (facilitated by the track's program office). 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, sometimes to write letters of recommendations or reference calls (for employment and funding opportunities) and sometimes just to talk. The program staff also initiates such contacts. 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).

One of KHSP's ongoing challenges is including alumni in face-to-face networking opportunities, given the program's resource limitations. Alumni receive the KConnection, have telephone access to program managers, and meet at events of other organizations, such as APHA's annual meeting. As funds allow, they are included in KHSP conferences and events, but this is more difficult.

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 are encouraged to take a look at KLFA opportunities provided for alumni of the KHSP and predecessor programs, and some Scholar and pre-doctoral Fellow alumni have already registered for the 2010 meeting in Mexico and Cuba.

Fostering relationships with others

In addition to the above within-family relationship-building, KHSP also seeks to network with 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 378 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 and 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, through Barbara Krimgold, has a longstanding relationship with NIH, including co-sponsoring NIH conferences, poster sessions, and

workshops. KHSP participated in the December 16-18, 2008 NIH Summit, on the Science of Eliminating Health Disparities led by the National Center on Minority Health and Health Disparities (NCMHD). Barbara Krimgold had extensive discussions with NICHD and NIA about possible support of NIH for the KHSP. Toby Citrin and Barbara Krimgold have both had similar discussions with NCMHD. Toby Citrin has had discussions with the Genomic Institute as well. None of these efforts has resulted in program funding, but they brought opportunities for Kellogg Scholar and Fellow alumni at NIH events as well as advice about grantwriting for NIH grants.

5. Increasing the program's impact

Although 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, evidence is emerging of the program's positive impacts on academic training sites, organizations that employ alumni, and community organizations. The KHSP simultaneously offered substantial changes to institutions' *morés*: 1) its emphasis on minority Scholars;¹⁶ 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, but the change to two-three scholars at each training site and the cumulative numbers of alumni have increased its impact.

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

- Three different cultures and myriad subcultures exist among the three worlds of research, community and policy. They speak different "languages", have different *morés*, move at different speeds, communicate through different channels and have different reward systems. Each makes judgments about the others; sometimes, they are actively hostile.
- Research universities, the natural training sites, fiercely guard their independence, so that KHSP program managers must locate natural allies, gently guide them toward a common goal while still inspiring and sharing innovation between sites. Moreover, academia has traditionally been most effective in training and shaping leaders for academia, so that shifting to training both future academics and for other career paths can be a challenge.
- Because of available resources and the program's small size, its leaders 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 extension to 2012, along with its concentration of resources to fewer sites, has increased its institutional sway.

¹⁶*This was not an issue at historically Black Morgan State University, which has a critical mass of senior faculty who are racial and ethnic minorities.*

The program has already 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 success of the program in placing some minority scholars as faculty at the training site institutions.** KHSP and predecessor program minority alumni have been on faculty at UCSF, the M.D. Anderson Cancer Center at the University of Texas and Baylor, Morgan State University, the University of Michigan, Johns Hopkins University, the University of North Carolina, and the University of Pittsburgh,
- **The increased 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" or establishing additional non-clinical IRBs.
- **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 of a school of public health strategic plan for community engagement to eliminate racial and ethnic disparities; 2) Johns Hopkins's offering a weeklong summer institute on CBPR, and its three-credit CBPR methods course offered jointly by the Schools of Public Health, Nursing and Medicine; 3) the HDEART Consortium (Health Disparities Education, Awareness, Research and Training), which has 22 Texas institutions as members, planning a parallel program to that of the KHSP University of Texas/MD Anderson; and 4) Pittsburgh's establishing a new position of Associate Dean for Diversity, Health and Health Disparities with the KHSP site director as its first holder. Michigan is evidencing more institutional enthusiasm to seek other funds for projects that

combine community, research, and policy. UNC has a new National Cancer Institute Grant for CBPR Training Core for Carolina Community Network. Pitt is extending its message to other institutions through collaboration with the Mayo Clinic's Center for Translational Research to create their own health disparity career development program. The Pitt Model is now being developed at the University of Wisconsin and University of Colorado.

- **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. Examples of these other organizations include the University of South Carolina (2 alumnae), Pennsylvania State University (2), and George Mason University (2). 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.
- **The program is actively contributing to the whole field of health disparities leadership** See, for example for Appendix 1, which shows the papers, presentations, etc. of the three cohorts. Other example are the contributions made to the widely circulated: 1) Ronald L. Braithwaite, Sandra E. Taylor, Henrie Treadwell, eds. *Health Issues in the Black Community*, 3rd ed (Hoboken, NJ: Wiley) 2009. Its contributors included mentors, alumni, and even one of the program's evaluators; and 2) Larry Cohen, Vivian Chavez, Sana Chemini, eds. *Prevention is Primary: Strategies for Community Well-Being* ((Hoboken, NJ: Jossie-Bass) 2007. One of the editors is a predecessor program alumna and several of its contributors are KHSP faculty mentors. Moreover, eight alumni and Barbara Krimgold are participating in preparing a revised edition.
- **The Community Track also is showing impact on its local partners.** As one site director stated, *"The communities in which our Scholars work have also had a very positive response to the KHSP. Given the usual heavy workload of our community partners, the presence of the Scholars represents real resources to the CBOs and the projects on which they work. The Scholars not only are able to provide effort, knowledge and skills for current projects (e.g. running focus groups or analyzing the results of focus groups or other data), but they are also able to initiate new projects (or aspects of current projects) that would not have been undertaken if not for their presence. The Scholars are also able to provide their insights to help solve problems our current projects encounter."*

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.

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.¹⁷

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

- Strengthening its efforts to think strategically about its future in consultation with the National Advisory Committee and site directors.
- Raising its public profile through such efforts as: 1) the website revamping; 2) placing notices about upcoming journal articles by Kellogg Scholars in the Health Behavior News Service for journalists, which results in media coverage of those Scholars' studies; 3) a special issue of the *Journal of Community Health Partnerships* highlighting the impacts of the Community Health Scholars; 4) publishing and distributing through other media the story of the program's impacts; 5) requesting that its Scholars/alumni make the KHSP part of their identification in papers and presentations; and 6) other methods yet to be determined.
- Building on its existing relationships with its training sites (e.g., to provide support to additional Scholars). Two of this year's Multidisciplinary Track Scholars are partially funded by their host. This can include other funders, such as (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.*¹⁸
- Such discussions have taken 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.¹⁹

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.

¹⁷ 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.

¹⁸ 2008 Annual Report, p. 33.

¹⁹ Unfortunately, the JCPES received only \$3.6 million of the \$17 million it had requested from the Kellogg Foundation, so the Center may not be the source of additional resources for the KHSP.

B. Other Findings

In addition to the above major findings, we note findings in four other areas: 1) variation among sites, 2) recruiting, 3) orientation, and 4) 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 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) or encouraged but not required ((Johns Hopkins and North Carolina). Again, there are differences in the judgment of the balance between 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 pointed out these variations in our last annual evaluators' report, but thus far there has been little attempt to discuss the issue. At the June 2009 national meeting, the site directors met and the question of variation arose, but no work plan was developed. The subject was an agenda item for a subsequent site directors' conference call and remains on the agenda for further discussion in the next quarterly call.

One helpful development has been the inclusion of more information about the sites on the revamped website, which should be helpful to applicants' matching their goals to the experiences best suited to them. Sites were asked for additional information for their site profiles, based on the questions raised in the last annual Evaluators' Report. Moreover, the website now includes the names of all Scholars who have trained at that institution to facilitate applicants' networking to learn more about specific sites.

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 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 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. Recruiting

The KHSP has recruited applicants through a number of channels: its website, presence at national meetings such as APHA, the M.D. Anderson/U TX Health Disparities Symposia, NIH Summits, brochure mailings to U.S. accredited Schools of Public Health, 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 96 completed applications for the 11 places in the 2009-11 cohort.²⁰

The admissions process is a shared task of the program offices and the training sites. The national program office has 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 national program office is responsible for ensuring that applications are complete before these are eligible for review by each of the tracks. The Community Track program office sends the packets to the sites, along with their scoring of the applicants. The Multidisciplinary Track program office provides online access to the application, as well as online scoring, to its reviewers (some of whom are NAC members) and sites. The candidates have telephone and/or in-person interviews with the sites, 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 Multidisciplinary Track requires that the ranking be done early in the process, while the Community Track delays the ranking until after the interviews.

For the 2009-11 cohort, the KHSP moved up its application and selection-announcements to be more competitive with other post-doctoral training programs, such as The Robert Wood Johnson Clinical Scholars. No applicants dropped out, and no selected Scholars declined admissions.

In general, the Scholars have reported that the admissions process was fair and effective.

3. Orientation

²⁰ Since one place did not fill in the 2008-10 cohort, that slot was added to the planned eight 2009-11 class. Two additional Scholars in the Multidisciplinary Track are supported by the KHSP and institution-specific fellowships.

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 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, 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.

We note that this is likely to become somewhat less problematic as, beginning with the 2009-11 there is overlap with the previous cohort, permitting new Scholars easier access to someone who has been through the training at that site. In addition, the revamped KHSP website contains much more information than previously, and the program has initiated telephone calls to new Scholars.

Additional actions that KHSP program managers might consider are:

- **Providing more time for orientation** at the annual meeting.
- **Preparation of 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.

4. 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. While the program does provide a financial incentive for academic mentoring at the sites, and does require an agreement between the Scholar and the site director and mentor/s, the financial stipend may not be sufficient to obtain adequate mentor time in all cases. Some potential mentors, especially distinguished faculty members, are simply too busy to be sufficiently available to Scholars. On the other hand, younger potential mentors are often stretched by the need for publications and other achievements required 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), preparing 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.²¹

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. M.D. Anderson uses multiple mentors, with each providing particular skills and oversight. The University of Pittsburgh has put together a mentor committee of up to five academic mentors.

²¹ *In October 2009 CFAH held a one-day leadership conference for its pre-doctoral program alumni that included useful tips on gaining the most from mentoring relationships, but available resources limited the Scholars' attendance.*

- **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 website.**
- **Having Scholars meet potential mentors during the interviewing process,** either in person or through other forms of communication.
- **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.

APPENDIX 1:

Highlights of Scholar Publications²² and Presentations by Cohort and Track 2006-08, 2008-10 and 2009-11 KHSP Cohorts

2009-2011 MD Track

LaKeisha Batts

Publications

Barrios RJ, Kheradmand F, **Batts L**, Corry DB. Asthma: pathology and pathophysiology. Arch Pathol Lab Med. 2006 Apr;130(4):447-51.

Darrell Hudson

Presentations

Hudson DL (2005). What youth are saying about youth violence. American Public Health Association.

Dara Mendez

Publications

Mendez DD, Spriggs AL. Race as a social construct: the genetic fallacy. Am J Obstet Gynecol. 2008 Apr;198(4):484; author reply 483-4.

Liverpool J, Francis S, Liverpool CE, Dean GT, **Mendez DD**. Leptospirosis: Case reports of an outbreak in Guyana. Ann Trop Med Parasitol. 2008 Apr;102(3):239-45.

Moultrie SZ, **Mendez DD**, Hogan VK, Whitmire T, Buescher P. Medicaid infant claims, costs and regional characteristics for women receiving maternity care coordination in North Carolina. Am J Epid Suppl. 2007; Jun 165(11): S18.

Renee Walker

Publications

Harralson TL, Emig JC, Polansky M, **Walker RE**, Cruz JO, Garcia-Leeds C. Un corazón saludable: factors influencing outcomes of an exercise program designed to impact cardiac and metabolic risks among urban Latinas. J Community Health. 2007 Dec;32(6):401-12.

²² Omits papers that are "in process", or not yet submitted for publication.

Presentations

Walker RE, Gerrity P, Chilton M. (2005) Routine and chaos: challenges to diabetes self-management in a low-income community. American Public Health Association.

2009-2011 CT Track

Joshua Garoon

Publications

Garoon JP, Duggan PS. Discourses of disease, discourses of disadvantage: a critical analysis of National Pandemic Influenza Preparedness Plans. *Soc Sci Med*. 2008 Oct;67(7):1133-42.

Uscher-Pines L, Duggan PS, **Garoon JP**, Karron RA, Faden RR. Social justice and disadvantaged groups. *Hastings Cent Rep*. 2007 Jul-Aug;37(4):32-9.

Garoon JP. Finding just cause. In young voices in health research. 2006, Geneva, Switzerland: Global Forum for Health Research.

Presentations

Garoon, JP (2008). On the ground and on the fly in rural Zambia. 58th Annual conference of the International Communication Association, Montreal, Quebec, Canada.

Garoon, JP (2005). The birds of sorrow: an analysis of facilitated small-group discussions among youth in the Trusted Partner IPC Project, Kenya. Washington, DC: PSI/AIDSMark.

Garoon, JP (2004). HIV/AIDS and the Abidjan-Lagos corridor: A literature review, Baltimore, MD: Johns Hopkins University Center for Communication Programs.

Chris Heaney

Publications

Heaney CD, Sams E, Wing S, Marshall S, Brenner K, Dufour AP, Wade TJ. Contact with beach sand among beachgoers and risk of illness. *Am J Epidemiol*. 2009 Jul15;170(2):164-72.

Simmons OD , Sobsey MD, **Heaney CD**, Schaefer FW 3rd, Francy DS. Concentration and detection of cryptosporidium oocysts in surface water samples by method 1622 using ultrafiltration and capsule filtration. *Appl EnvironMicrobiol*. 2001 Mar;67(3):1123-7.

Wilson SM, **Heaney CD**, Wilson OR, Cooper JR. Built environment issues in unserved and underserved African-American neighborhoods in North Carolina. *Environmental Justice*. 2008 1(2).

Wilson SM, **Heaney CD**, Wilson OR, Cooper JR. Community driven environmental protection: Reducing the PAIN of the built environment in low-income African-American communities in North Carolina. *Social Justice in Context*. 2008 Vol. 3:41-57.

Heaney CD, Wilson SM, Wilson OR. The West End Revitalization Association's community-owned and managed research model: development, implementation, and action. *Progress in Community Health Partnerships: Research, Education, and Action*. 20071(4).

Wilson SM, Wilson OR, **Heaney CD**, Cooper JR.. Use of EPA collaborative problem-solving model to obtain environmental justice in North Carolina. *Progress in Community Health Partnerships: Research, Education, and Action*. 20071(4).

Heaney CD, Wilson SM, Wilson OR. Beyond the manuscript: interview transcript. *Progress in Community Health Partnerships: Research, Education, and Action*. 20071(4).

Simmons III, OD, Sobsey MD, Schaefer FW III, Francy DS, Nally RA, **Heaney CD**. Evaluation of USEPA Method 1622 for detection of cryptosporidium oocysts in stream waters. *Journal of the American Water Works Association*. 2001: 78-87.

Simmons III, OD, Sobsey MD, **Heaney CD**, Schaefer FW III, and Francy DS. Concentration and detection of cryptosporidium oocysts in surface water samples by Method 1622 using ultrafiltration and capsule filtration. *Appl. and Environ. Microbiol*. 2001: 1123-1127.

Shalon Irving

Publications

Irving SM, Ferraro KF. Reports of abusive experiences during childhood and adult health ratings: personal control as a pathway? *J Aging Health*. 2006 Jun;18(3):458-85.

McGee,ZT, Davis B, Brisbane T, Collins N, Nurridin T, **Irving SM**, Mutakabbir Y, Martin K. Urban stress among African American youth: assessing the link between exposure to violence, problem behavior, and coping strategies. *Journal of Cultural Diversity* 2001. 8 (3): 94-104.

Presentations

Irving SM. (2005). Does parental death increase the risk of cardiovascular disease? American Sociological Association Annual Meeting.

Irving SM (2005). Unlocking the relationship between childhood maltreatment and health care utilization in adulthood. American Sociological Association Annual Meeting.

Irving SM (2004). The long arm of child abuse: The health effects of child abuse in adulthood. Gerontological Society of America Annual Meeting.

Irving SM (2003). Does parental death accelerate declines in self-rated health? American Sociological Association Annual Meeting.

Irving SM (2002). Unlocking the relationship between stressors and depression. National Institute of Mental Health Career Opportunities in Research (NIMH-COR) Annual Colloquium.

Jessica Ruglis

Publications

Freudenberg N, **Ruglis J**. Reframing school dropout as a public health issue. *Prev Chronic Dis*. 2007 Oct;4(4):A107.

Ruglis J. (forthcoming) Conversations with PAR and public health: response to 'Fat bodies, qualitative research and the spirit of participatory action research.' *International Review of Qualitative Research*, Special Issue.

Ruglis J. Dropout. In: Mathison & Ross (Eds.) *Battleground schools*, 2007 Vol.1: 194-203. Westport, CT: Greenwood Publishing.

Fox M, Mediratta K, **Ruglis J**, Stoudt B, Fine M. (forthcoming). Critical youth engagement: Participatory action research and organizing. In: Sherrod, Torney-Purta & Flanagan (Eds.). *Handbook of Research and Policy on Civic Engagement in Youth*. Wiley.

Terrinieka Williams

Publications

Keys C, McDonald K, Myrick S, **Williams TT**. Disabilities. In N. Salkind (Ed.) *The Encyclopedia of Educational Psychology*. 2008 Thousand Oaks, California: Sage Publications.

Williams TT, Jason LA, Pokorny SB. Youth attitudes towards tobacco control laws: The influence of smoking status and grade in school. *Journal of Child and Adolescent Substance Abuse*. 2007;17, 2-13.

Presentations

Williams TT, McMahan SD, Keys C. (2007). Predicting academic achievement among students with disabilities: A theoretical model. Symposium presentation at the 11th Biennial Conference of the Society for Community Research and Action. Pasadena, CA.

Williams TT, Viola JJ, Porcic I. (2007, May). A qualitative exploration of communication in hierarchal institutions. Roundtable discussion at the Annual Meeting of the Midwestern Psychological Association, Chicago, IL.

2008-2010 MD Track

Jamie Chatman

Publications

Chatman J, Garza M, Fryer C, Thomas S. (under review). Racial differences in social support and depression among adult mothers.

McPherron J, **Chatman J**, Houck P, Bensasi S, Karp J, Martire L, Houle J, Woods M, Block B, Thomas S, Quinn S, Ryeholds C. (in revision). Risk architecture for depression in older black and White adults.

Garza M, **Chatman J**, Hall D, Fryer C Thomas S. (in revision). Examining racial differences in the association of religiousness and trust in research and participation.

Presentations

Chatman J, Garza M, Fryer C, Thomas S. (2009) Racial differences in social support and depression among adult mothers. American Public Health Association.

Chatman J. (2009). Personal and behavioral factors affecting emotional well-being of single black mothers. Presented at the Annual Board of Visitors of the Graduate School of Public Health Meeting, University of Pittsburgh, Pittsburgh, PA.

Chatman J, Garza M, Fryer C, Thomas S. (2009) Racial differences in social support and depression among adult mothers. American Public Health Association.

Chatman J. (2009). Personal and behavioral factors affecting emotional well-being of single black mothers. Presented at the Community Research Advisory Board (CRAB), University of Pittsburgh, Pittsburgh, PA.

McPherron J, **Chatman J**, Houck P, Bensasi S, Karp J, Martire L, Houle J, Woods M, Block B, Thomas S, Quinn S & Reynolds. (2009) Risk factors for depression in older African American and White adults. Presented at the Annual meeting for the American Association for Geriatric Psychiatry, Honolulu, HI.

Chatman J. (2008). Disparities in depression among single black mothers during midlife. Presented at the Center for Minority Health Collegium of Scholars, University of Pittsburgh, Pittsburgh, PA. (Invited talk)

Karen Ertel

Publications

Ertel KA, Koenen KC, Rich-Edwards JW, Gillman, MW (forthcoming). Antenatal and postpartum depressive symptoms are differentially associated with early childhood weight and adiposity. *Pediatric and Perinatal Epidemiology*.

Glymour MM, **Ertel KA** and Berkman LF (forthcoming). What can life-course epidemiology tell us about health inequalities in old age? *Annual Review of Gerontology and Geriatrics*, Vol 29, 2009: Life Course Perspectives on Late Life Health Inequalities, Antonucci TC and Jackson JS, Eds.

Ertel KA, Glymour MM, Berkman LF. Social Networks and health: a life course perspective integrating observational and experimental evidence. *Journal of Social and Personal Relationships*. 2009 26(1): 73-92.

Gareis KC, Barnett C, **Ertel KA**, Berkman LF. Work-family enrichment and conflict: additive effects, buffering, or balance? *Journal of Marriage and Family*. 2009 71: 696-707.

Clark CR, Kawachi I, Ryan I, **Ertel K**, Fay ME, Berkman LF. Perceived neighborhood safety and incident mobility disability among elders: the hazards of poverty. *BMC Public Health*. 2009 9: 162.

Patricia Miranda

Publications

King DW, **Miranda PY**, Gor BJ, Fuchs-Young R, Chilton JA, Hajek R, **Snipes A**, Torres I, Hernandez-Valero MA. (forthcoming) Addressing cancer health disparities using a global “biopsychosocial” approach.

Miranda, PY, Schulz A, Israel B, Gonzalez HM. (under review). Context of entry and number of depressive symptoms in an older Mexican-origin immigrant population. *Journal of Immigrants and Minority Health*.

Miranda PY, Gonzalez HM, Tarraf W. (under review). Pathways between acculturation and health: does the measure matter?

Gonzalez HM, Tarraf W, West BT, **Miranda PY**. (under review) Antidepressant use among Asian Americans. *Journal of Depression and Anxiety*.

King DW, Duello TM, **Miranda PY**, Hodges KP, Shelton AJ, Chukelu P, Jones LA. (under review) Strategies for recruitment of health premenopausal women into the African-American Nutrition for Life (A NULIFE) Study.

Presentations

Miranda, PY. (2009). Conceptualizing measures of social determinants for health disparities: Latino experiences. Presentation for the University of New Mexico Mentorship and Education Program. Albuquerque, NM.

Miranda, PY (2009). Behavioral and social determinants of Latino health disparities. Presentation for Kellogg Health Scholars Program Annual Meeting. Washington, DC.

Miranda, PY (2009). The relationship between place and health disparities: Latino experiences. Presentation for the 7th Annual Disparities in Health in America Workshop: Celebrating Scholar Entrepreneurs Working Toward Social Justice. The University of Texas M.D. Anderson Cancer Center. Houston, TX.

Miranda, PY (2009). Behavioral and social determinants of breast cancer disparities in Latino populations: K01 Timeline. Presentation for Cancer Prevention Research Training Program, Division of Cancer Prevention and Population Sciences, The University of Texas M.D. Anderson Cancer Center. Houston, TX.

Miranda, PY. (2009). Place and health disparities: Latino experiences. Presentation for the Department of Health Disparities Research, The University of Texas M. D. Anderson Cancer Center. Houston, TX.

Miranda, PY. (2008). Sociopolitical context and depressive symptoms in an older Mexican-origin population. Presentation for University of Texas Medical Branch, Minorities and Aging graduate course (Dr. Kyriakos Markides). Galveston, TX.

Miranda, PY., Schulz A, Mentz, G, De Majo R, Zenk SN, Gamboa C, Gains S. (2008). Built environment as predictor of pedestrian activity; Findings from the Lean & Green in Motown Project. Presentation for the meetings of the American Public Health Association, San Diego, CA.

Lisa Goldman Rosas

Publications

Lara D, García SG, **Goldman L.** Conocimientos, actitudes y prácticas de los médicos mexicanos sobre el aborto: resultados de una encuesta nacional. Gaceta Médica de México, July-August 2003Suppl 1. Vol 139.000

Goldman L, Eskenazi B, Bradman A, Jewell N. Risk behaviors of pesticide exposure among pregnant farmworkers in Salinas, California. American Journal of Industrial Medicine. 2004 Jun;45(6):49:1-9.

Tatum C, Garcia SG, **Goldman L,** Becker D. Valuable safeguard or unnecessary burden? Characterization of physician consultations for oral contraceptive use in Mexico City. Contraception. 2005 Mar;71(3):208-13.

Goldman L, Garcia SG, Diaz J, Yam EA. Brazilian obstetrician-gynecologists and abortion: a survey of knowledge, opinions and practices. Reproductive Health 2005: Vol2(10).

Goldman L, Richmond K, Garcia SG, Yam EA, Becker D. Analyzing successful condom use among factory workers and students in Mexico and the Dominican Republic. Gaceta Medica de Mexico, 2006;142(S2):117-127.

Yam EA., Grossman A, **Goldman L,** García, SG. Introducing birth plans in Mexico: an exploratory study in a hospital serving Mexicans of low socioeconomic status. Birth. 2007 34(1):42-48.

Eskenazi B, **Rosas LG,** Marks AR, Bradman A, Harley K, Holland N, Johnson C, Fenster L, Barr DB. Pesticide toxicity and the developing brain. Basic and Clinical Pharmacology and Toxicology.2008 Feb; 102(2):228-36.

Rosas LG, Eskenazi B. Pesticides and child development. Current Opinion in Pediatrics. 2008 Apr;20(2):191-7.

Rosas LG, Harley K, Fernald LH, Guendelman S, Mejia F, Neufeld L, Eskenazi B. (forthcoming). Household food insecurity and dietary intake among children of Mexican descent: Results of a binational study.

Rosas LG, Guendelman S, Harley K, Fernald LH, Neufeld L, Mejia F, Eskenazi B. (under review) Factors associated with overweight among children of Mexican descent: results of a binational study.

Rosas LG, Harley K, Guendelman S, Fernald LH, Mejia F, Eskenazi B. (under review) Maternal perception of child weight among Mexicans in California and Mexico.

Sanchez-Vaznaugh, EV, Sanchez, BN, **Rosas LG**, Acevedo-Garcia D. (under review). Social disparities in obesity between and within Asian subgroups: the role of birthplace, US length of residence and Asian Ethnicity.

Presentations

Rosas LG, Neufeld L, Guendelman S, Fernald LC, Eskenazi B (2006). Household food insecurity, dietary intake and weight status in children of Mexican descent: Results of a binational study. American Public Health Association.

Eskenazi B, **Rosas LG**, Marks A, Bradman A, Harley K, Holland N, Johnson C, Fenster L, Barr D. (2006). In utero pesticide exposure and children's neurodevelopment: a summary of findings from the CHAMACOS cohort. American Public Health Association.

Bradman A, Rose R, Camacho J, Leonard V, **Rosas LG**, Eskenazi B. (2006). Improving environments in early childhood education (ECE) facilities in low-income Latino communities in California: an environmental health training program. American Public Health Association.

Rosas LG, Trujillo C, Bradman A, Camacho J, Eseknazi B.(2006) Improving children's environmental health through innovative technologies. American Public Health Association

Rosas LG. (2009). Overweight and diet among children of Mexican descent. Families CAN Contra Costa County Nutrition Collaborative.

Sanchez E, **Rosas LG**, Sanchez B. (September 8-11, 2009). Informing Latino childhood obesity prevention: The role of physical education policies in California. Roberto Wood Johnson Foundation Salud America Annual Conference. San Antonio, TX.

Emma Sanchez-Vaughn

Publications

Sanchez-Vaznaugh EV, Sanchez BN, Baek J, Crawford P. (under review). "Competitive" food and beverage policies: are they influencing childhood overweight trends? Invited submission to Health Affairs to be considered for their Childhood Obesity theme issue, March 2010.

Ryan Ibarra S, **Sanchez-Vaznaugh EV**, Sanchez BN, Castelblanch R (in revision). The effect of food security on BMI varies by birthplace-US length of residence. Journal of American Dietetics Association.

Sanchez-Vaznaugh, EV, Sanchez BN, Rosas LG, Acevedo-Garcia D. Social disparities in obesity among Asians: the role of birthplace, length of residence and Asian ethnicity. American Journal of Public Health. Invited resubmission.

Presentations

Sanchez-Vaznaugh EV. Sanchez, B. Evaluating the impact of competitive food and beverage policies (CF&B) on body weight patterns among California children and adolescents. Robert Wood Johnson Foundation Annual Healthy Eating Research Grantee Meeting, Minneapolis, MN.

Ryan-Ibarra S, **Sanchez-Vaznaugh EV.** (2008) Differential effect of food security on BMI by birthplace and years of residence in the United States among women in California. American Public Health Association, San Diego, California.

Sanchez-Vaznaugh E, Rosas LG, Sanchez B. (2009). Informing Latino childhood obesity prevention: The role of physical education policies in California. Robert Wood Johnson Foundation Salud America Annual Conference.

Besangie Sellars

Publications

Sellars B. Real talk from real men: African American men as feminists. book review for Ain't I a feminist? African American men speak out on fatherhood, friendship, forgiveness, and freedom, by AM White. Sex Roles 2009 Aug.

2008-2010 CT Track

Yvonne Ferguson

Publications

Ferguson YO, Eng E, Bentley M, Sandelowski M, Steckler A, Randall-David E, Piwoz EG, Zulu C, Chasela C, Soko A, Tembo M, Martinson F, Tohill BC, Ahmed Y, Kazembe P, Jamieson DJ, van der Horst C, and the UNC Project BAN Study Team. (forthcoming). Evaluating nurses? implementation of an infant feeding counseling protocol for HIV-infected mothers: the BAN study in Lilongwe, Malawi. AIDS Education and Prevention.

Presentations

Ferguson YO, Cavellini D, Council B, Ellison A, Garner J, Henderson S, Oxendine-Pitt P, Parker D, Stith D, Wynn M, Sallah S, Blumenthal C, Adimora A, Corbie-Smith. G. (2009) Is the glass half empty or half full: how community members perceive local politicians' role in addressing the HIV/AIDS epidemic in rural North Carolina. American Public Health Association.

Keon Gilbert

Publications

Gilbert KL, Quinn SC, Ford AF, Thomas SB. (forthcoming) The urban context: a place to eliminate health disparities and build capacity. *Journal of Prevention and Intervention in the Community*.

Gilbert KL, Quinn SC, Marshal M, Wallace J, Goodman RM, Butler J, Stall R. (under review) A meta-analysis of social capital and health.

Presentations

Gilbert KL, Quinn SC, Marshal M, Wallace J, Goodman RM, Butler J, Stall R. (2009) A meta-analysis of social capital and health. American Public Health Association.

Betty Izumi

Publications

Izumi BT, Wright DW, Hamm MW. Farm to school programs: exploring the role of regionally-based food distributors in alternative agrifood networks. *2009 Agriculture and Human Values*.

Presentations

Izumi BT, Schulz AJ, Israel B et al. (2009) Walk your heart to health: results of a community health promoter training program. American Public Health Association.

Caree Jackson

Publications

Jackson CJ, Mullis RM. (in revision) Lessons learned in developing a theater-based nutrition and physical activity intervention.

Latrice Pichon

Publications

Mayer J, Slymen D, Clapp E, **Pichon L**, Elder J, Sallis J, Eichenfield L, Weinstock M. Long-term maintenance of a successful occupational sun safety intervention. *Archives of Dermatology*. 2009 145(1), 88-89.

Pichon L, Mayer J, Hoerster K, Woodruff S, Slymen D, Belch G, Clapp E, Hurd A, Forster J, Weinstock M. (forthcoming). Youth access to artificial ultraviolet radiation exposure: practices of indoor tanning facilities. *Archives of Dermatology*.

Pichon L, Corral I, Landrine H, Mayer J, Norman G. (under review). Prevalence and correlates of sun protection behaviors among African Americans. *American Journal of Preventive Medicine*.

Pichon L, Landrine H, Corral I, Hao Y, Mayer J, Hoerster K. (under review). Measuring skin cancer risk in African Americans: is the Fitzpatrick scale culturally-sensitive? *Archives of Dermatology*.

Griffith DM, **Pichon L**, Campbell, B., Allen, J. (under review). YOUR Blessed Health: A faith-based, CBPR approach to addressing HIV/AIDS among African Americans. *AIDS Education and Prevention*.

Presentations

Campbell B, **Pichon L**, Griffith D, Allen J. (2009). YOUR Blessed Health: Educating faith-based organizations to mobilizing communities about HIV/AIDS awareness. Oral presentation at the Health Ministries Association MI Chapter Inaugural Regional Conference.

Campbell B, **Pichon L**, Griffith D, Allen J. (2009). YOUR Blessed Health: A faith-based, CBPR approach to addressing HIV/AIDS among African Americans. Oral presentation at the CDC/ASPH Institute for HIV Prevention Leadership 10th Anniversary Celebration.

Panel Speaker, Methodological issues in quantitative research on race and ethnicity, Summer 2009, University of Michigan, Ann Arbor, MI. "Professional Development Roundtable"

M. Taqi Tirmazi

Publications

Tirmazi T et al. (under review) Lessons learned: community based participatory research with Muslim communities" *Journal of Community Health Partnerships*.

Tirmazi T et al. (under review) "Muslim immigrant youth in the United States: a balancing act" Association of Muslim Social Scientists, Chester, UK.

Presentations

Tirmazi T. (June 2009). Immigrant Muslim youth in America: Islam, family, & well-being. Society for Spirituality and Social Work. Los Angeles, CA.

Tirmazi T.(March 2009). Muslim immigrant youth: A balancing act. Association of Muslim Social Scientists Muslim Youth Conference, Chester, England.

Tirmazi T.(November 2008). Muslim youth: finding their place in a changing environment. Race, Ethnicity, & Place Conference, Miami, FL.

Tirmazi T . (October 2008). Muslim women: overcoming challenges and creating their own space. Council in Social Work Education Annual Program Meeting, Philadelphia, PA.

Tirmazi T . (October 2008). Psychosocial adaptation of immigrant Muslim youth. Council in Social Work Education Annual Program Meeting.