

**Summary Document**

**Minority Faculty Retreat Proceedings  
January 30-31, 2006**

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### Introduction

Several recent publications focusing on methods for the elimination of racial and ethnic health disparities have stated that to do so, there must be an increase in the numbers of minorities in the healthcare workforce. We believe that an effective means of increasing the number of underrepresented minorities in the health workforce is to increase the number of underrepresented minority leaders in public health academic settings (Sullivan Commission). To address this issue, the Association of Schools of Public Health (ASPH) planned a one-day retreat of public health underrepresented minority faculty. The purpose of the retreat was to foster an open and candid dialogue with junior and senior faculty members to vocalize the difficulties surrounding minority faculty recruitment, retention, and ability to rise to leadership positions.

Seventy-four minority faculty from 36 schools and 8 programs attended what they deemed an historic meeting. Never before had there been a gathering solely of public health minority faculty for minority faculty. By inviting up to two representatives from each school (one junior and one senior faculty member), and representatives from eight programs, the retreat was able to be rather inclusive.

From this retreat, faculty learned that many of the issues and challenges faced by minority faculty are those faced by all faculty as they work to begin their careers: learning teaching skills, working with students, obtaining research funds, writing and publishing papers, doing service for the university, etc. However, for each of these areas there are added challenges for the minority faculty members, since they are scarcer at the school. As a result, minority faculty are often overextended and asked to serve on many school and university committees, as mentors, on local and national panels, in collaboration on papers, and so on. While attendees acknowledged that being sought after is to some degree beneficial, it can also serve to spread a faculty member too thin, and take away his or her ability to focus on tenure and promotion goals, and even remain as a faculty member at that institution. It is a precarious balancing act.

Meeting participants heard from senior minority public health faculty, and then worked in small groups to develop recommendations of how to increase the numbers of and retain minority public health faculty. It is the precarious balancing act mentioned above that the recommendations in part address.

*Given the sensitive nature of the presentations and deliberations at the retreat, this summary version of the proceedings does not include these discussions.*

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### Minority Faculty Retreat Breakout Group Recommendations

The recommendations below reflect discussions within breakout groups as well as additional thoughts shared when the full meeting reconvened. The input from minority faculty members attending this meeting was used to inform the Taskforce's selection of the final goals.

#### Teaching

The importance of teaching in the tenure and promotion process varies among universities and colleges designated as "Research 1" or "teaching institutions." This results in varied incentives for teaching. Problems minority faculty face in teaching include:

- Lack of resources to develop teaching skills in research-focused institution
- Being pulled away from teaching by administrative responsibilities
- Translating/including research in syllabi
- Incorporating public health practice in courses, and allowing public health practitioners to teach
- Lack of formal training in teaching
- Lack of school/program accountability for investment in their faculty
- Lack of support for development of distance education courses

#### Teaching Recommendations

The recommendations presented here in some cases will benefit all faculty, not exclusively those who are underrepresented minorities.

1. Develop core competencies in health disparities (similar in concept to Dr. Kristine Gebbie's work on competencies for preparedness), and develop course(s) on these competencies.
  - a. Set a timeframe for establishing course
  - b. Work with CEPH to establish parameters
  - c. Require SPH to have a course
  - d. Identify which SPH offer such courses already
  - e. ASPH or other entity make courses available online (archive of materials and outlines at the University of Pittsburgh is the beginning of such a repository)
2. Establish a small grant program to support integration of research and public health practice into teaching.
3. Offer pre-conference workshops on teaching (for faculty) at the annual APHA convention, on topics such as:
  - a. Use of alternative methods to support teaching (webcasts, webinars)
  - b. Teaching problem-based learning techniques
4. Emphasize practice-based teaching, research, and scholarship
5. Convene a cross-school committee to explore teaching requirements for junior faculty, and the protection of faculty time: encourage co-teaching with senior faculty.
6. Approach experts in the private sector to provide support on teaching skills, especially for junior faculty.
7. Develop objective criteria for evaluation of teaching (beyond student evaluation) (time spent in mentoring and advising students should be counted towards academic progression, counted towards teaching loads, and evaluated)

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8. Develop benchmarks for teaching at the assistant, associate and full professor levels to be used by all public health schools and programs
9. Appoint practitioners as faculty to teach in public health schools and programs.

### Research

In discussing the challenges of research for minority faculty, the discussion focused on enhancing the infrastructure needed to support junior faculty.

### Research Recommendations

1. Develop formal mentoring process for junior faculty, where junior faculty members are encouraged to balance team participation with their own independent research.
2. Advocate for changes in funding agency documentation and procedures that would allow multiple PIs to be named, commensurate with contributions.
3. Build a database of funding sources that are most likely to fund disparities research
4. Develop a funding mechanism to link minority serving and majority institutions for research collaboration.
5. Recommend to NIH that they develop K awards to help with faculty development.
6. Work at each level of promotion and tenure process (university, school, department) to alter the “value” ascribed to community based participatory research and disparities research, to recognize the lengthier process of implementing and publish such interventions and observational research.
7. Provide junior faculty with start-up funds and “community laboratory” infrastructure.
8. Ask deans to commit to hiring multiple underrepresented minority faculty members (to provide colleagues within the institution).
9. Encourage practice-based research.
10. Distinguish CBPR as an approach to (as opposed to the focus of) research.
11. Provide a list of journals that are most likely to publish health disparities and community-based research, and encourage additional journals to publish such work.
12. Encourage collaboration among faculty across schools and across fields
13. Encourage more funding agencies to encourage linkages between minority and majority serving institutions on research.
14. Encourage researchers to conduct research so that findings can be applied to under-represented minority communities.
15. Encourage private and public agencies to work together to address gaps identified by the research.

### Community-Based Participatory Research (CBPR)

- Faculty have opportunities to connect with senior investigators at other institutions
- Because of the importance of publication for faculty promotion, faculty need to be creative and put effort into turning CBPR into manuscripts; now it is not as hard as it used to be to get journals to publish CBPR
- Need community labs/infrastructure for CBPR: One assistant professor should not have the responsibility to build relationships on his/her own. Schools of public health, and external funders such as foundations, can invest in these infrastructures, so that when new faculty come to the school they do not have to start from scratch.
- Need solid ethical framework for doing CBPR

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- The community organization should lead the project and be in control of the money, not a public health agency
- Community perception of academia is not always positive
- Community's voices are often not heard in academic settings
- Doing CBPR is risky for faculty advancement: the community track is often not valued

### Service

Work in service is an integral part in work on addressing racial and ethnic health disparities. Defining service often results in confusion, in that it often enters into the realm of practice. Need to clearly differentiate the two in a scholarly way. It is recommended to include practice in service, as it is included in teaching and research.

“Service” in academia is defined to include working on

- Association activity-service to institution? Service to outside?
- “Scholarship of service”: Service informs the research
- School can define service – justify to CEPH
- Service to the community has to be valued by the academy – translated into promotion and tenure package.
- Need room for service that is not product-driven.
- Service to community needs to be valued by community. Include citizenship and civic engagement in definition.

### Service Recommendations: What ASPH Can Do

1. Prepare a manuscript to define service in a scientific, meaningful way.
2. Make available models of successful faculty service- and practice-oriented portfolios.

### Career Development

The group that discussed career development was comprised of seven assistant professors, eight associate professors, five tenured faculty, three research associates, and six administrators.

New pressures on new junior faculty include: support for higher education decreasing, less available state/other funds; overcoming the lure of industry; pressure of being a role model for students; tenure no longer providing life-long job security: at some schools, even tenured faculty are expected to raise salary.

Challenges for junior minority faculty include barriers to hiring; barriers to learning the “unspoken rules”; and serving on too many committees.

Meeting participants seemed concerned about how mobile they could or should be in order to maintain and advance their careers. It was said that this is the first generation of faculty of color who can move, who have more opportunities. One participant commented that, for minority faculty, universities are like minefields. Another commented that moving is part and parcel of higher education, and how knowledge leads to social change. Suggestions included:

- If possible, go to the Dean and ask for a pay increase, but be willing to say you will leave if you do not get what you need
- Pair up with senior people on campus who have “made it”
- Always be looking at other schools, and make connections with faculty from other schools

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- Be prepared to go down the long road of near-commitment with other schools, as necessary.

### **Career Development Recommendations: What the Faculty Member Can Do**

1. Collaborate: make it a normative part of how faculty do their work.
2. Budget time to write for several hours per day in order to fulfill the publishing requirements: try to have at least three publications under review at any time. Negotiate protected time for writing if possible. Try to publish two articles per year. Write about your teaching.
3. Use oral tradition towards publication: transcribe presentations and refine them into manuscripts.
4. Say “no” to “time wasting” committees, “yes” to good committees. Serve on NIH review/study sections, so that faculty around the country at peer institutions know who you are.
5. Be bold: meet people at conferences, meetings, etc. Use committee/service work in professional societies to your advantage.
6. Demystify the successful grant writing process by reading colleagues’ successful RO1 applications, K award applications, and tenure and promotion packages, curricula vitae and faculty dossiers.
7. Introduce yourself to someone at the university’s library, and familiarize them with your work: this could help you obtain resources, and keep you alert with current information.
8. Administrative responsibilities should be minimized
9. Use meetings like this one to learn tips for successful advancement/networking
10. Make the resource “The Compleat Academic: A Career Guide,” published by the [American Psychological Association](#), available to faculty.

### **Recommendations: What ASPH Could Do**

1. Develop faculty development workshops on career development.
2. Develop publication on career advancement issues specific to minority faculty; sell guide, and have funds support minority faculty group or workshops, etc.
3. Try to change culture of R01 as “gold standard”; look at other grants of similar magnitude (amount of money, number of years, etc.): not a consistent requirement across the board- not needed for all disciplines/specialties.
  - a. Concern that foundations are sometimes too intrusive, want to be involved in research – federal funding have less reporting requirements.
4. Advocate for “RFPs” on minority faculty advancement
5. Build infrastructure to help faculty connect nationally.
6. Develop “data bank” or list of experts on minority health to create a sharing space for minority faculty researchers.

### **Mentoring**

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At the retreat, two models of formal faculty mentoring were described. The Harvard School of Public Health assigns two mentors to junior faculty members. The primary mentor focuses on the same content area as the junior faculty member, and the second mentor provides “social” guidance. At the University of Texas at Houston, each junior faculty member selects a committee of mentors, who provide him or her with guidance and an annual review.

The general consensus of meeting participants was that mentoring for junior faculty is very important, but what exactly that means (how mentoring is defined), and how to assess the quality of the mentoring experience, was not clear. The faculty who discussed mentoring noted several concerns about mentoring in academia. For example, faculty are generally not trained to serve as mentors, and multiple mentors might be needed for different aspects of life as a faculty member. Specifically in relation to minority faculty, there are issues that need to be discussed concerning whether mentors and faculty can be from different backgrounds, of different genders, and different cultural frames of reference.

### **Mentoring Recommendations**

1. Define formal and informal faculty mentoring.
2. Institute formal faculty mentoring structures/processes at all schools of public health.
3. Engage public health professionals outside of the university to serve as mentors.
4. Increase awareness about the bias in assessment of performance of women and minorities.
5. Recognize that there may be gender differences in expectations in time spent on home/work activities.
6. Have ASPH coordinate a cross-institutional minority faculty mentoring system.
7. Offer an annual mentoring activity at conference such as the APHA annual meeting.

### **Institutional Environment**

To some degree, the faculty believed that it would be challenging to change the environment at universities without a critical mass of minority faculty.

1. Confidential relationships with peers outside our institution
2. Minority faculty school should get involved in advocacy on behalf of the school.
3. Accreditation put some “teeth” to diversity criterion process and outcomes (accountability).
4. Let administrators know who are in the pipeline.
5. Create a pipeline, starting with elementary school (“long-term pipelines”).
6. Use the network of the faculty (outside academia).
7. Prepare a set of recommendations and present to the higher echelons of the institutions (board of trustees, provost, chancellors).

### **Changing the Institutional Environment: Recommendations for ASPH**

1. Facilitate development of a “Sullivan Report” specific to public health schools and programs.
2. Support the development of a database of minority doctoral graduate students.
3. Advocate for “health disparities” to be addressed explicitly in credentialing and competency projects.
4. Articulate that universal access to health care is needed in the United States.

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5. Facilitate meetings of minority faculty with Deans and Assistant Deans (create opportunities to continue the conversation).
6. Recommend to CEPH that minority senior faculty be among reviewers and chairs/participants of site visit teams.
  - Increase number of practitioners and community organization representatives on site visit teams
  - Include issues of minority faculty in reviewers' trainings.
7. ASPH should inform about "social justice" issues to the schools.

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### Kellogg/ASPH Minority Faculty Retreat Hyatt Regency Tamaya, Albuquerque, NM January 30-31, 2006 Agenda

#### Monday

- 8:00 AM Breakfast and Informal Networking
- 9:00 AM Welcome: Dean Kyle
- 9:30 AM Issues Facing Minority Faculty at Accredited Schools and Programs of Public Health: Facilitated Panel Discussion
- Panelists: Dr. Joseph Coulter, Dr. Robert Fullilove, Dr. Thomas LaVeist, Dr. Stephen Thomas, and Dr. Antronette Yancey
- Facilitator: Dr. James Kyle
- 11:00 AM Preliminary Results from a Faculty Research Self-Assessment Tool  
Dr. Yvonne Bronner
- Noon: Lunch
- 1:00 PM “Public Health Without Minority Faculty”: A Hypothetical Scenario  
Dr. Neil Henderson
- 1:30 PM Breakout Group Overview and Instructions  
Developing a Strategic Plan to Support Minority Faculty at Schools and Programs of Public Health
- Group A: Teaching (Dr. Rene, facilitator)  
Group B: Research (Dr. Yancey, facilitator)  
Group C: Service (Dr. Bronner, facilitator)
- 3:00 PM Break
- 3:30 PM Breakout Groups  
Group D: Career Development (Dr. Thomas, facilitator)  
Group E: Mentoring and Time Management (Dr. Robert Fullilove, facilitator)  
Group F: Contextual Issues – Institutional Environment  
(Dr. Henderson and Dr. Quinn, co-facilitators)
- 5:00 PM Reconvene to share key concepts
- 7:00 PM Dinner

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### Tuesday

7:30 AM Breakfast

8:30 AM Facilitated Discussion Regarding Draft Strategic Plan:  
Additional Thoughts and Implementation

10:30 AM Development of Recommendations to Share with the Task Force:  
Suggested Benchmarks for Accredited Schools and Programs of Public Health to  
Work Towards Elimination of Racial and Ethnic Health Disparities

Noon Boxed Lunch  
Meeting Adjourns

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### References Made Available to Meeting Participants

- Final Proceedings Report from the February 2005 W. K. Kellogg Foundation Seminar "Racial and Ethnic Health Disparities: Schools of Public Health Respond as Engaged Institutions"
- Call for submissions for a new journal focusing on community participatory research -- Progress in Community Health Partnerships: Research, Education and Action
- Linking Scholarship and Communities: Report of the Commission on Community-Engaged Scholarship in the Health Professions (Executive Summary)
- Community-Engaged Scholarship Toolkit promotional flyer
- Grantmakers In Health View From the Field: "Addressing Health Disparities by Engaging Institutions"
- In the Nation's Compelling Interest: Ensuring Diversity in the Health Care Workforce - Slide Presentation
- Demonstrating Excellence series:
  - Academic Public Health Practice
  - Practice-Based Teaching for Public Health
  - Practice-Based Research
- Presentation on Faculty Self Assessment by Dr. Yvonne Bronner
- Presentation by Dr. Neil Henderson - "Public Health Without Minority Faculty"

**Minority Faculty Retreat  
Hyatt Regency Tamaya Resort  
Albuquerque, New Mexico  
January 30-31, 2006**



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