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Tenure Review

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PERSONAL STATEMENT

1. Overview

My definition of scholarship follows that espoused by the late Ernest Boyer, American educator and president of the Carnegie Foundation for the Advancement of Teaching: “The scholarship of engagement means connecting the rich resources of the university to our most pressing social, civic, and ethical problems, to our children, to our schools, to our teachers and to our cities.” It is in this light that since co-developing the blueprint for the establishment of the School of Public Health (SPH) in 1994, my teaching, research, practice, and service have sought to create opportunities designed to advance students’ competencies while instilling in them a sense of engagement and advocacy on behalf of vulnerable and marginalized populations.

At the time that I was asked to co-develop the SPH’s blueprint, no extant school of public health—domestically or internationally—relied principally upon problem-based learning (PBL) pedagogy or community-based learning. The city’s public health challenges, and the imperative to train future public health professionals in interdisciplinary teams, convinced me of the need to advocate for adoption of a PBL curriculum including community-based experiential learning.

Below, I provide a synopsis of my research, teaching, practice and service on behalf of the SPH, as well as how I have contributed to the advancement of its mission. Additionally, I will discuss my work’s contributions to the communities served by the SPH, to the field of public health as well as future directions in my role as faculty.

2. Research: Foci, Dissemination, Grant Submissions

Service-learning, and community-based participatory research (CBPR), are two major methodologies for community-academic partnerships that serve as the focus of my scholarship. CBPR received the endorsement of the Institute of Medicine in 2002, and constitutes a core competency in academic public health education. Additionally, I have expertise in cultural competency, community-based experiential education, PBL, collaborative learning, and adult learning. Thus, the community-academic partnerships that I have nurtured embody prevention as well as the recognition of local assets, as opposed to an emphasis on only needs and problems, in seeking solutions. The ongoing collaborations that I have fostered on behalf of the SPH are reflective of successful partnerships that can pave the way, for example, to prevention, harm minimization, and health promotion among many other equally important outcomes. The types of partner agencies I collaborate with include a wide array of populations, public health issues, and environments. A core theme in all of my collaborations is prevention. I have worked with at-risk youth, incarcerated women and girls, middle school children, and individuals affected by HIV/AIDS, among others.

As subsequent sections of this statement of purpose will document below, my research has primarily focused on the resiliency and vulnerability factors among at-risk youth – especially racial, ethnic and sexual minority youth; cancer and disparities in mortality in underserved and vulnerable populations; and community-based experiential learning in graduate public health education within the context of community-academic partnerships designed to advance prevention science.

My experience conducting intervention research with Latino youth (See Tab 2: Samples of peer reviewed articles) greatly facilitated my ability to address the magnitude of cancer and the stark disparities in mortality among the same ethnic group statewide. Since 2008, I have served as co-investigator of an evaluation of the Pennsylvania Cancer Education Network, Commonwealth of Pennsylvania, and Centers for Disease Control &

Prevention. My research has focused on the analysis and improvement of cancer education for underserved vulnerable minority groups participating in projects associated with the Pennsylvania Cancer Prevention and Control Division supportive of Act 33 and the Pennsylvania Cancer Control Plan. To date, my analysis has centered on the outcomes derived by Latinos relative to cancer prevention through early detection and intervention statewide. To effectively educate vulnerable groups, intervention strategies and evidence-based strategies were merged with principles of multicultural competence, stages of change, and health literacy. Analysis is ongoing and two manuscripts are emerging regarding the lessons learned through early detection and intervention among Latinos in Philadelphia County, as well as the inherent strengths of the lay health advisor model in reaching Latinos and other ethnic minorities at risk for cancer statewide (See Tab 2: Sample of Manuscripts in Preparation). These will be submitted to the *American Journal of Public Health* on or before December 15, 2010, in response to a Call for Papers for a theme issue devoted to community health workers and public health. My research on the vulnerable and marginalized has also enabled me to publish on children who are poor; the role of welfare on health; and community services supportive of health (See Tab 2: Samples of peer reviewed articles).

Outcomes derived from the community-based experiential education of public health students is another important area of research for me given my commitment to community-academic partnerships that advance prevention science. Since 2006, I have led the collection and analysis of quantitative and qualitative data derived from students' service-learning experiences, including preceptors' feedback. This has resulted in seven presentations relative to my research on community-based learning and service-learning at refereed national conferences. Currently, I am completing a manuscript entitled, 'What is Learned from a First-Year Master of Public Health Community-based Practicum,' developed in response to our research being selected among more than 180 abstract submissions to the *Journal of Public Health Management and Practice* (theme issue devoted to teaching and learning in the community to be published in 2011). The deadline for submission of this manuscript is October 29, 2010. (See Tab 2: Sample Publications: Manuscripts in Preparation).

A qualitative study I conducted in 2009 as part of a written class assignment I incorporated into PBHL 550 (Community-based Prevention Practice) has enabled me to develop and submit a manuscript to *Health Promotion Practice* focused on preparing students to work with communities. First-year public health students (n=70) enrolled in a class that includes a 120-hour community-based practicum responded to a two-part written assignment after viewing two parts of the documentary series, *Unnatural Causes*. Its themes and written assignments, and safe learning environment created by instruction combining Problem-based Learning and lectures allowed students to share their reflections identifying factors influencing their selection of a public health career; examination and awareness of differences in health status across populations; proposals for advancing public health, as well as the relationship between one's ability to walk in another person's shoes and effective public health practice (See Tab 2: Manuscripts Under Review; also, please see Tab 3: Samples of Course Assignments). Students' ability to work effectively and sensitively in communities is a key competency that public health professionals need to master given extant health disparities across populations.

As course director of Community-based Prevention Practice, I have gained expertise in the design of applied learning opportunities. In 2007, my research and practice in designing and evaluating community-based practicum experiences in graduate public health education enabled me to join the Association of Schools of Public Health's editorial team responsible for writing the fourth and final monograph of the Demonstrating Excellence in Practice Series (*Demonstrating excellence in the scholarship of practice-based service for public health, 2009.*) [See Tab 2: Sample of Peer Reviewed Articles, as well as Sample Publication of Monograph]

In 2009, my concern for young people, especially the vulnerable and at risk, led me to engage local executive directors and program staff of agencies serving lesbian, gay, bisexual, transgender, questioning and intersex (LGBTQI) youth. Over the course of approximately nine months, I attained a wealth of knowledge from these leaders and their staff relative to the plight of youth who seek their services, and who often are segmented from family and unable to take care of themselves. Our commitment to at-risk youth fostered the development of a consortium that collaboratively developed and submitted an R21 grant proposal (Exploratory / Developmental Research) application to the National Institute of Child Health and Human Development of the

National Institutes of Health in September 2010 (See Tab 2: Sample of R21 NIH Grant Submission). My efforts will capitalize on the resources of the Program for Lesbian, Gay, Bisexual & Transgender (LGBT) Health Research, housed in the school's Department of Community Health and Prevention.

This collaborative research adds to the small but growing body of scholarly knowledge about HIV prevention efforts conducted by the African American and Latino dominated House and Ballroom Communities (HBC) across the US. Current research focuses largely on issues of adult Men who have Sex with Men (MSM) in the HBC of New York, Chicago, Los Angeles and Detroit. Yet the vibrant Philadelphia HBC remains mostly unexamined up to now. My research aims to fill the gaps in our knowledge by way of a community-based participatory research project assessing HIV prevention and health promotion in the local HBC. As our initial explorations among key stakeholders - "House Mothers and Fathers" - suggests that a clear majority of HBC participants are gender-atypical youth rather than MSM, our study focuses on the HBC as a locus of social cohesion bridging a wide spectrum of racial minority youth. While the HIV/AIDS epidemic still disproportionately impacts racial/ethnic minorities, the CDC estimate that adolescents account for one-third to one-half of all new HIV infections in the US. Thus, HBC youth are viewed among the highest at risk for HIV vulnerability. Along with many House Mothers/Fathers, they are also often associated with one or more partnering community health agencies: Attic Youth Center, YHEP, Colours, GALAEI and Trans Information Project (TIP).

Capitalizing on my research with a local consortium of agencies serving LGBTQI youth of color relative to the sexual transmission of HIV and other STDs in and across various subgroups, and Latino populations who increasingly exhibit more advanced stage of cancer when diagnosed including a lack of access to treatment, two foci enable me to continue advancing research on behalf of populations that are vulnerable and marginalized. First, I intend to advance future findings of my R21 study to inform the development of an LGBTQI-focused health-promoting R01 intervention to benefit young racial and ethnic minorities. This research is consistent with the policies of the Demographic & Behavioral Sciences Branch (DBSB) of the National Institute of Child Health & Human Development (NICHD) which promote a population-based perspective on the HIV epidemic, examining shared norms, values and beliefs, as well as demographic, social, and behavioral aspects of the sexual transmission of HIV and other STDs in and across various subpopulations.

My previously described research addressing the magnitude of cancer and disparities in mortality among Latinos in Pennsylvania has positioned me to co-develop a grant proposal to improve communication about modifiable risk factors with young Latinas at risk for breast cancer disparities. In collaboration with Dr. Ann Klassen, Associate Dean for Research at the SPH, we have been invited to resubmit an investigator-initiated research proposal to the Susan G Komen Foundation for the Cure designed to explore and contrast media, stakeholder/audience, and clinician views on how to address modifiable risk factors for breast cancer among younger women in low resource populations (November 2010). I will be facilitating 8-10 focus groups comprised of Latinas as well as conducting in-depth one-on-one interviews with 20 of them.

I also plan to continue my research on community-academic partnerships designed to advance the health and well being of communities (principally, at risk and/or vulnerable ethnic and racial minorities) as well as the professional development of public health students resulting from their work in communities. My scholarly contributions will be through publications derived from the analysis of the objectives initially set out by the collaborators as well as outcomes attained by all (partners; populations served; and students). I am equally invested in assessing the longitudinal impact of service-learning on communities, students and faculty, as well as in developing products of practical use to the populations I serve. Thus, I plan to continue investigating and concretely addressing ways in which the health and well-being of vulnerable and marginalized populations can be promoted, while enhancing students' competencies.

Having devoted my career to building and sustaining long-term community-academic partnerships premised on trust and collaboration, my research reflects an engaged scholarship supportive of social justice on behalf of vulnerable and marginalized populations. My scholarship is therefore inclusive, collaborative, and problem posing, and designed to capitalize on the strengths of faculty to address public health needs while engaging with community partners about their concerns. Implicit in this model is the stature of higher education

institutions committed to effecting change by engaging or serving to broker relationships with key stakeholders on behalf of communities. Ultimately, my work seeks to enhance academic public health education and research to effect greater benefit on behalf of communities while enhancing their influence on higher education institutions.

2. Education: Teaching Philosophy, Teaching Responsibilities and Mentoring

My teaching philosophy is grounded on the assumption that globalization is challenging us to consider the impact of everyday acts on people we do not yet know. The courses I teach incorporate an introduction to explain and apply core concepts and methods, combined with their application to challenges posed in public health practice. My classes include collaborative approaches focused on macro-societal issues to engage students in defining venues that will lead them to master and apply knowledge, test assumptions, and assess intended and unintended outcomes. The materials and activities comprising the courses I teach include group problem solving, case study analyses, community health and prevention journals, and community-based research projects.

My teaching at the SPH began in 1996, and has focused on developing competencies that enable students to engage in community outreach and prevention research and practice with sensitivity and humility; that is, to learn how to work with communities respectfully while acknowledging the influence of sociocultural, ethnic, linguistic, and diversity factors among others. As noted in the preceding section, service-learning, and community-based participatory research (CBPR), are two major methodologies for community-academic partnerships that equally inform my teaching. Students also benefit from my expertise in cultural competency, community-based experiential education, PBL, collaborative learning, and adult learning. My most significant contribution to students' development seeks to bridge theoretical and applied learning by assessing the role of contextual influences when collaborating with populations of diverse cultural, ethnic, racial and linguistic origin. This is critical to students' learning given the dynamic nature of social, economic and demographic variables affecting populations. Students' learning is further enhanced when they self-assess their assumptions in the context of interactions with populations that often, are different from them. With guidance from preceptors and faculty, the experiential learning jointly developed facilitates integration of knowledge gained in the classroom and its application in the 'real world.' Similarly, these opportunities provide teachable moments when they 'learn by doing' while engaging with service providers and program participants.

During the 2010-2011 academic year, my teaching spans two required courses in the MPH program and two other required offerings in the DrPH program. I teach Prevention Principles and Practices (PBHL 540), and Community-based Prevention Practice (PBHL 550). Between 2003-2010, I served as course director for the latter (See Tab 3: Syllabus for PBHL 550). In this capacity, I designed and provided oversight for a required 120-hour community-based practicum for first-year students including periodic consultation with preceptors (See Tab 3: Samples of Community-based Learning). As can be seen by reviewing these abstracts, there is a wide range of experiences available to them. Additionally, I also provided oversight for students' placements in governmental, health systems and not-for-profit agencies regionally. I have also designed and provide oversight for an MPH course in Multicultural Competence in Community Health and Prevention (PBHL 670) [See Tab 3: Syllabus for PBHL 670] and a doctoral course in Community-based Participatory Research (PBHL 814) [See Tab 3: Syllabus for PBHL 814]. These enable me to provide expertise in developing and sustaining community-academic partnerships for health, fostering student engagement in chronic disease prevention among ethnic minority communities, as well as in designing and implementing prevention practices supportive of at-risk and vulnerable groups.

My commitment as an educator extends to training the next generation of public health professionals dedicated to working with the vulnerable and marginalized in the eradication of health disparities. Since 2008, I have engaged seven MPH students and one MS student in biostatistics to assist with my research in community-based experiential learning; cancer prevention through early detection and intervention among Latinos; and vulnerability and resilience factors among LGBTQI youth of color under the age of 24. All told, my teaching aims to challenge students to think about the multidimensional implications of their community-engaged work, facilitates their interaction with marginalized communities different from their own, and engages them in structured reflective discussion regarding how their own status in society is bound to impact their research and practice. My

teaching also integrates community residents and community-based preceptors in students' learning experience as well as encouraging them to engage in this reciprocal process and benefit from its strengths.

LGBTQI populations experience barriers accessing services, and are often underserved due to societal stigma, isolation, and the absence of supportive health and human services networks. Capitalizing on the work on LGBTQI youth of color that facilitated my submission of an R21 in September 2010, I am collaborating with the Goodwin School of Professional Studies to implement an on-line, three 4-hour course primer devoted to LGBTQI health advocacy in early 2011. Its aims are to empower students with the knowledge, skills and attitudes needed to more effectively serve LGBTQI populations as well as to sharpen their advocacy skills on behalf of the same groups. This course is intended to reach consumers, front line staff, volunteers, consultants, board members and/or advocates within agencies serving LGBTQI populations to encourage increasing awareness of the concerns of all gender and sexual minorities. It will expand upon concepts in LGBTQI cultural competency given that it is especially needed among individuals serving in an advocacy capacity. Health-related institutions including hospitals, physician offices, clinics and care centers, in particular, are environments where issues pertaining to LGBTQI patients, clients, and providers intersect. The course will address concerns affecting consumers, LGBTQI practitioners, staff, and advocates and, especially, the treatment of access and equity issues and other disparities identified as detrimental to LGBTQI populations. All told, this course aims to provide students with a set of essential competencies designed to ensure the provision of accessible, respectful, and safe health and human services for all gender and sexual minorities.

3. Service: School- & University-related; National Service; Contributions to the Community & Public Health

My service ethos and commitment to promoting academic public health education within the institution can be traced to 1994, when I was asked to co-develop the blueprint for the establishment of what today is Drexel University's School of Public Health. Given the opportunity to develop a school *de novo*, a national advisory board recommended that in order to make a difference, its design needed to reflect collaboration with community partners in response to the inherent health disparities in the region. Thus, I advocated implementing community-based experiential education premised on service-learning and community-academic partnerships for health. Today, these are signature features distinguishing the SPH as a national leader in academic public health education. Thanks to our community-based partners, the per capita MPH graduate contribution to service in the region surpasses 500 hours. At the time of the SPH's inception, I also co-developed a grant proposal funded by the Pew Charitable Trusts (\$300,000) in support of developing a community-academic partnership in North Philadelphia's 11th Street Corridor. I have also served as the SPH's chairperson of the Educational Coordinating Committee (ECC) since 2005. In this multifaceted role, I provide oversight on issues that crosscut the SPH, including interaction with the Faculty Senate. Between 2005-2008, my concurrent service as ECC chairperson and SPH representative to the Faculty Senate enabled me to expedite approval of academic programs mandated by the SPH's accreditation requirements as well as other noteworthy expansions of institutional significance. These included: 1) two Doctor of Public Health (DrPH) degree programs in community health and prevention, and health policy and social justice respectively; 2) PhD program in epidemiology and biostatistics; 3) five distinct academic concentrations in community health & prevention, environmental & occupational health, epidemiology & biostatistics, and health management and policy; 4) curricular conversion from academic semesters to quarters; 5) Master of Science degree program in Biostatistics; 6) certificate in epidemiological and biostatistical principles and methods for public health in the 21st century; and 7) executive MPH program in Sacramento, CA.

Since 2007, I have served as MPH curriculum director within my department, and thus am responsible for planning and managing the implementation and assessment of its coursework. In collaboration with a faculty subcommittee, I conduct periodic assessments including the restructuring of learning objectives and various other curricular components consistent with guidelines advanced by the Association of Schools of Public Health and other national groups committed to academic public health education. I also review and approve all student academic major requests, assign students a faculty advisor, and review and approve all student research proposals submitted to the Institutional Review Board. I also ensure appropriate faculty coverage to meet curricular demands, including identifying and recruiting adjunct faculty as appropriate. I also facilitate students'

annual review of competencies in preparation for two national credentialing examinations (National Board of Public Health Examiners, and Certified Health Education Specialist). Lastly, I seek to ensure that the experiential needs of second-year CHP concentration students are appropriately matched relative to the selection of community-based sites and preceptors.

Since 2009, I have served as a member of the steering committee of Drexel University's Intercultural Engagement and Diversity Initiative, designed to promote equality among faculty, staff and students. I have facilitated focus groups on issues pertaining to campus-wide diversity, as well as facilitating a discussion inclusive of faculty and staff based on Beverly Tatum's book on the development of racial identity, *Why Are All the Black Kids Sitting Together in the Cafeteria?* In 2010, I was invited to serve as co-chair of a university-wide faculty committee created to solicit feedback from their peers on pressing diversity concerns.

I have always maintained a commitment to service opportunities that enable me to contribute my expertise in community-based learning, as well as in building effective community-academic partnerships for effective public health practice nationally. These have included editorial review roles in six national journals; research grant and fellowship grant reviews sponsored by the National Institutes of Health, the US Department of Health and Human Services, as well as the Association of Schools of Public Health (ASPH). Since 2005, I have also worked closely with the ASPH, including collaborations such as the Master's degree in public health core competency development project (leadership workgroup), as well as currently serving as a member of its public health practice coordinator's council. Between 2007-2009, I was also a member of the ASPH's editorial team responsible for writing one of the monographs within the Demonstrating Excellence in Practice series (*Demonstrating excellence in the scholarship of practice-based service for public health*).

I have established lasting partnerships with agencies in the Philadelphia region focusing on the needs of those who are vulnerable and marginalized. Whether working with Planned Parenthood Southeastern Pennsylvania or Congreso de Latinos Unidos, Inc., to empower at-risk youth, I view collaboration with community partners as indispensable to the goal of giving a voice to historically marginalized populations. My efforts have been devoted to developing tools that enhance funding opportunities, improving their programs and data collection methods, as well as relying on the social capital inherent in community residents. The SPH's mission to 'identify the societal conditions required for people to be healthy, and to advance practices that improve the health of vulnerable populations,' is consistent with my orientation to make a difference in people's lives and to honor each person's dignity. Service to community-based agencies in the region is personally important and gratifying to me. I currently serve on the boards of Safeguards, MANNA, and Essential Elements. Equally important has been my work with the Philadelphia Department of Public Health. Much has been given to me by many great role models I have been privileged to work with in Philadelphia.

4. Summary

Implicit in my scholarship of engagement and community-academic partnerships devoted to public health is a commitment to social justice and to the vulnerable and marginalized. I aim to instill these values in my students, and thus promote hands-on approaches to apply these values in the context of their community-based learning activities. Similarly, in my research and public health practice, I aim to include both public policy as well as advocacy dimensions, while ensuring that my work is relevant to improving the health and well being of the vulnerable and marginalized. My service to the SPH, the University and nationally is equally supportive of the same values. More important, these values embody genuine community-academic engagement and serve as the basis for improving the health of communities while fostering a higher sense of purpose among faculty, staff and students.