

# Engaged Institution Initiative Strategic Plan

## The School of Public Health at the University of North Carolina

### *Becoming an Engaged Institution for Eliminating Racial and Ethnic Health Disparities*

## Background

For the University of North Carolina at Chapel Hill School of Public Health (UNC SPH) in the 21<sup>st</sup> century, achieving academic excellence requires a specific and driven focus to address the most pressing public health issues. Compelling recent evidence indicates that race and ethnicity correlate with persistent health disparities. We define health disparities as...

*inequities in disease and well-being that come from discrimination and unequal access to society's benefits, such as quality education, good jobs, decent and affordable housing, safe neighborhoods and environments, nutritious foods, and adequate healthcare. These inequities result in disproportionately higher rates of death, disease, and disability and have adverse consequences on the physical, mental, spiritual, and social well-being of population groups who, historically and currently, do not experience equivalent social advantage. These groups include, for example, African Americans, American Indians, Hispanics/Latinos, Asian Americans, Hawaiians and Pacific Islanders, people with disabilities, Lesbian/Gay/Bisexual/Transgender/Queer persons, and people with lower incomes.*

#### **Examples of Racial and Ethnic Health Disparities in the US and NC**

In 2005, African Americans and Hispanic Americans accounted for 70 percent of new AIDS cases in the U.S.

In 2003, 52 percent of the uninsured were racial and ethnic minorities.

In 2002, 50 percent of those infected with hepatitis B were Asian American and Pacific Islanders.

In 2001-2005, pregnancies per 1,000 Hispanic teens, age 15-19, in NC were more than 3 times the rate for White teens and nearly 2 times the African American rate.

In 2000-2004, the African American infant mortality rate in NC was 2.5 times the White infant mortality rate.

For American Indians living in NC, 1999-2003 age-adjusted death rates per 100,000 were at least twice the rate for Whites for diabetes, HIV disease, and homicide.

Fundamental demographic shifts in this nation magnify the importance and urgency of understanding why health disparities persist and developing the best practices and policies to eliminate them. The UNC SPH is committed to being at the forefront of this effort. Every discipline within public health—from health behavior and health education to nutrition, health policy and administration, environmental sciences and engineering, epidemiology, maternal and child health, biostatistics, and the Public Health Leadership Program as well as the North Carolina Institute for Public Health—can make a significant contribution to health disparities research and practice by working interactively.

By working together, the individual disciplines within the School of Public Health contribute information and current research from their particular field. Combining this input from different public health disciplines, these teams can develop research questions and design conceptual frameworks that reach across disciplines. While the approach is innovative, the science is absolutely sound. These teams adhere to accepted scientific methods to generate and test both behavioral and social change hypotheses. The theories—rooted in science but cultivated by collective study—are dynamic and always evolving. These hypotheses begin the process of asking why health disparities exist and, more importantly, discovering the answer.

Through this network of partners results can be shared quickly and systematically, and the production of new knowledge can be merged with the dissemination of innovations to eliminate racial and ethnic health disparities.

In essence, eliminating health disparities demands engaged scholarship. For the UNC SPH to become an engaged institution, however, is not without challenges. Already a successful and highly ranked research institution, we have strong investment in traditional modes of scholarship. With our large size, our tendency is to be compartmentalized and discipline-oriented, making change a slow process. Furthermore, leading models of engaged scholarship to eliminate health disparities are *not* found among our peer research institutions, and hence, the stimulus for change and adoption is not forceful.

Recognizing these challenges, the UNC SPH was one of 12 schools and graduate programs of public health selected to participate in the *Engaged Institutions Initiative Focused on Eliminating Racial and Ethnic Health Disparities*. Sponsored by Community-Campus Partnerships for Health with funding from the WK Kellogg Foundation, engaged institutions, according to the Foundation, are:

*Institutions that invest in lasting relationships with communities...these relationships influence, shape, and promote the success of both the institution and the community.*

From January 2006 to April 2007, each team from the 12 schools and programs worked intensively to develop its own plan to become a fully engaged institution focused on eliminating racial and ethnic health disparities. However, the teams also worked collaboratively by exchanging progress on goals, objectives, and strategies. The UNC SPH Engaged Institution Team had the full support of Dean Rimer. The 28 members included academic administrators, faculty, staff, graduate students, health agency officials, and community partners (see Appendix A). The Team was led by Eugenia Eng (Department of Health Behavior and Health Education), Brenda McAdams Motsinger (Office of the Dean), and Anissa Vines (Ethnicity, Culture, and Health Outcomes) and staffed by Betsy Havens (Department of Health Behavior and Health Education). External consultants to the Team included:

- Meredith Minkler, DrPH, Professor of Health and Social Behavior, School of Public Health, University of California at Berkeley
- LaVerne Reid, PhD, Interim Associate Dean, College of Social Sciences and Behavioral Studies, North Carolina Central University
- Victor Rubin, PhD, Director of Research, PolicyLink in Oakland, California

The purpose of this document is to summarize the rationale, focus, and proposed strategic plan for the UNC SPH to become an engaged institution in eliminating racial and ethnic health disparities. This work is the culmination of 16 months of vigorous and multi-layered deliberations completed by the UNC SPH Engaged Institution Team, a smaller working group, and consultants.

## **Rationale**

The UNC SPH recognizes that genetics do not explain racial and ethnic health disparities. Rather, health disparities are rooted in social and economic inequities that result in lack of access to adequate income and shelter, safe jobs and neighborhoods, quality education, healthy foods, opportunities for physical activity, clean air, clean water, and adequate health and medical services. Eliminating the differences in health status that result from racial and ethnic inequities is among the six strategic initiatives for the 21<sup>st</sup> century, identified by the UNC SPH for inter-departmental and interdisciplinary collaboration throughout our School, and it is a significant element of our mission statement:

*Our mission is to improve public health, promote individual well-being, and eliminate health disparities across North Carolina and around the world.*

To find solutions to this insidious and complex problem, the UNC SPH framework for eliminating health disparities specifies developing and maintaining strong teaching, research, and service programs, as well as recruiting and supporting a presence of racial and ethnic diversity among faculty and the student body. By targeting racism and the disparities in health and access to health care for this nation's most vulnerable groups, we will offer not only hope and opportunity to all citizens, but also we will establish the UNC SPH as the leading public health research and training institution in the U.S. Examples of current UNC SPH capacity are:

- Every department has faculty and students whose work focuses on the health of racial and ethnic minorities.
- The *Minority Student Caucus*, founded in 1977, is a vehicle for bringing concerns of minority students to the attention of UNC SPH leadership, working to attract more students from diverse racial and ethnic backgrounds to the School, and organizing the annual *Minority Health Conference* to highlight health issues among racial and ethnic minorities.
- The *Minority Health Project to Eliminate Health Disparities* has organized the annual *Summer Public Health Videoconference on Minority Health* since 1994.
- The 10-credit hour curriculum for the *Interdisciplinary Certificate in Health Disparities* trains future health professionals through coursework in public health, economics, and sociology to support long-term and sustained public health efforts to address and, ultimately, eliminate health disparities.
- The *WK Kellogg Health Scholars Program* provides postdoctoral training in the community-based participatory research approach to increase the number of health science faculty with skills and career commitment to build the capacity of health agencies, academic centers, and communities to function as equal research partners in eliminating health disparities.
- *Special Assistant to the Dean for Diversity*, appointed in January 2006, develops strategies to increase recruitment and retention of minority faculty and assists with increasing racial and ethnic diversity in student enrollment throughout UNC SPH.
- The NC Institute for Public Health's *Emerging Leaders in Public Health Program* prepares minority scholars to become public health leaders and is co-sponsored with the UNC Kenan-Flagler Business School with funding from the WK Kellogg Foundation.
- Since 2002, when it was jointly established with the UNC School of Medicine, the *Ethnicity, Culture, and Health Outcomes Program* focuses on eliminating health disparities through research, training, education, and culturally-sensitive service.
- The UNC SPH *Coalition of Immigrants and Latino Health* partners with Area Health Education Centers throughout NC to improve access to health care for newly-arrived immigrant populations.
- The *UNC Center for Health Promotion and Disease Prevention* is one of 33 Prevention Research Centers funded by CDC, whose purpose includes building teams of interdisciplinary faculty and long-term relationships for engaging communities as partners in research. Other interdisciplinary centers at UNC provide potential opportunities to address racial and ethnic health disparities.

Surrounding communities are already playing an integral role in our research and student field training arenas. Our partnerships with government and private organizations are deeply integrated into the daily work of the UNC SPH. However, our partnerships with civil rights and social justice organizations that represent racial and ethnic communities suffering from health disparities are not always held in the same esteem. We are also cognizant of the tendency for conventional research to be generated within the University and then driven from the top-down, using communities as experimental laboratories rather than engaging them as full partners in the research enterprise.

Convincing members of the public and academia that community engagement is a valuable venue for research is not easy. Besides a lack of clarity - for both the UNC SPH and communities, there is the difficulty of distinguishing community engagement from public service—an equally valuable, but entirely different, kind of exercise. Other stumbling blocks include the preconditions of and products from the scholarship of engagement, and the necessary infrastructure to initiate, sustain, and reward the scholarship of engagement. Furthermore, the University's traditional models of public service most often have been unidirectional—from campus to communities—and have not been tied to the core academic imperative of the University. As one of the crafters of the influential report, *Returning to Our Roots – The Engaged Institution*, by the Kellogg Commission on the Future of State and Land-Grant Universities, Chancellor James Moeser defined the engaged public university as:

*[F]ully committed to direct, two-way interaction with communities and other external constituencies through the development, exchange, and application of knowledge, information, and expertise for mutual benefit.<sup>8</sup>*

Directives from the highest echelons within the University of North Carolina at Chapel Hill call for engagement with communities as a core academic imperative. As stated by Chancellor Moeser:

*[C]ommunity engagement must be an integral part of a university's life, not something we practice if we have extra time or if the mood strikes us or if our schedule permits or if it happens to be convenient. We must consider it an obligation and a responsibility, something that we owe society.*

He assembled and charged the Chancellor's Task Force on Engagement to develop a plan to mobilize the capacity of the University in two-way partnerships with communities for responding to North Carolina's needs in the areas of education, health, and the economy. Recommendations from the Task Force articulate this commitment.

- Build awareness and understanding of engaged scholarship and service.
- Increase recognition and reward for engaged scholarship and service.
- Provide opportunities and incentives for engaged scholarship and service.

As a result of the Task Force's work, the Chancellor created the position of the Vice Chancellor for Public Service and Engagement in November 2006. In this role, Vice Chancellor Mike Smith has assembled the Carolina Engagement Council, an advisory board composed of faculty and academic administrators. The Council is to answer the question: *What must be done to insure that Carolina's tradition of public service continues and expands so that it is the leader in engagement by a public research university?*

Moreover, forces from government and philanthropic interests—often in the form of grant requirements—are requiring two-way community engagement in research as well as evidence of impact from the research on communities. Examples include:

- NIH *Clinical Translational Science Award (CTSA)* and *Centers of Excellence Partnerships for Community Outreach, Research on Health Disparities and Training (EXPORT)*;
- CDC *Prevention Research Centers*;
- Robert Wood Johnson Foundation *Building Community Support for Diabetes Care National Program*; and
- WK Kellogg Foundation *Turning Point: Collaborating for a New Century in Public Health*.

The concept of community engagement as scholarship has been introduced into university certification and ranking systems by the Carnegie Foundation, Council on Education for Public Health, and the *U.S. News and World Report*. UNC-CH has received the Carnegie classification as a community-engaged institution. It's not just philanthropists and government agencies promoting community engagement: There is also a strong demand from university students throughout the U.S. for learning through action that benefits communities, as reflected in the more than 400,000 students engaged each year in service-learning.

The UNC SPH can become more deeply and productively engaged with our communities and their organizations to eliminate health disparities. To achieve this engagement, we must hold ourselves accountable to improve racial and ethnic diversity and interaction among our faculty, students, and staff. Diversity is necessary to achieve the optimal research and educational benefits, and we enhance diversity by admitting students and employing faculty and staff who reflect the ways in which we differ. But a multicultural faculty, staff, and student body alone is not enough. It is equally important to promote intellectual growth within both our university family and members of the diverse racial and ethnic communities around us. We can do this by creating opportunities for intense dialogue about institutional racism and rigorous analysis of its effects on health. By creating and sustaining such a climate, we will encourage respectful discussions about diversity and create opportunities for cross-group investigation and enlightenment to "turn problems into solutions."

In sum, the UNC SPH can lead this nation by transforming and modeling how a premier research-intensive university becomes an engaged institution committed to achieving health equity for and *with* communities of North Carolina and beyond. Community engagement, however, must include the full range of communities and associated organizations, including civic, tribal, religious, and secular communities; businesses; professional associations; academic institutions; and government agencies. Through these partnerships, we can take important actions that

- Expand our partnerships with communities and organizations that combat social injustice and that collaborate with populations that experience health disparities.
- Institutionalize the engagement of community partners in public health research, the training of future professionals, the provision of technical assistance, and advocacy so that partners have a voice in decisions that will impact their lives.
- Continue engagements with our traditional partners in the public and private sectors to provide human and financial resources to communities and organizations that represent the interests of populations suffering from racial and ethnic disparities in health status.
- Make racial and ethnic diversity and interaction across diverse groups a key component of our faculty and staff hiring plan, student enrollment plan, academic plan, and research agenda to advance our commitment to eliminating health disparities.

These actions are the focus of our proposed strategic plan for the UNC SPH to become an engaged institution in eliminating racial and ethnic disparities.

## Focus and Goals

Drawing on our beliefs in the power of communities and importance of partnerships, the UNC SPH will become an engaged institution that equitably invests in collaborative relationships with communities, governments, educational institutions, and businesses to eliminate racial and ethnic health disparities.

As noted earlier, we define health disparities as...

*inequities in disease and well-being that come from discrimination and unequal access to society's benefits, such as quality education, good jobs, decent and affordable housing, safe neighborhoods and environments, nutritious foods, and adequate healthcare. These inequities result in disproportionately higher rates of death, disease, and disability and have adverse consequences on the physical, mental, spiritual, and social well-being of population groups who, historically and currently, do not experience equivalent social advantage. These groups include, for example, African Americans, American Indians, Hispanics/Latinos, Asian Americans, Hawaiians and Pacific Islanders, people with disabilities, Lesbian/Gay/Bisexual/Transgender/Queer persons, and people with lower incomes.*

We propose a strategic plan with goals, objectives, and strategies that will position the UNC SPH as a national leader in eliminating racial and ethnic health disparities through engaged scholarship. This strategic plan is anchored in two overarching strategies for initiating and sustaining excellence in engaged scholarship to eliminate health disparities:

- **A UNC SPH Community Engagement Consortium** (referred to as the Consortium in this document) will assure our community partners that their voices are represented within the UNC SPH so that their voices can help sustain increasing diversity within the University and facilitate a continuum of academic-community partnerships that, in turn, will promote policy-focused evidence and action to eliminate health disparities.
- **A Connection Portal** will be a critical function of the Consortium and is proposed to ensure a single point of contact between community groups and the UNC SPH faculty, students, and staff with interests in initiating a range of engaged scholarship activities that promote health equity.

By housing the Consortium within a single University unit and having specific dedicated staff to facilitate the process of linking interested community partners and academic researchers and engage all the UNC SPH departments, centers, and institutes, we will help ensure that these connections are made in a timely and effective manner. It is an ambitious plan that will require strong leadership within the School and from our partners and will require accountability at multiple levels.

The goals of the strategic plan are threefold:

1. Cultivate diverse, committed, effective, and authentic community partnerships, engaged with the UNC SPH in eliminating racial and ethnic health disparities in North Carolina and beyond.
2. Promote and support the UNC SPH faculty, staff, and students in a continuum of community engagement activities, from listening to communities to generating and disseminating policy-relevant evidence, to eliminate racial and ethnic health disparities in North Carolina and beyond.
3. Position the UNC SPH as a leader in eliminating racial and ethnic health disparities and as an integral partner with the University in elevating and sustaining authentic community engagement.

**Goal 1: Cultivate diverse, committed, effective, and authentic community partnerships, engaged with UNC SPH in eliminating racial and ethnic health disparities in North Carolina and beyond.**

**Objective 1.1** The UNC SPH will create a Community Engagement Consortium that will provide: (1) infrastructure for community engagement to eliminate health disparities and (2) transparent mechanisms for community partners to have their voices represented within the UNC SPH.

**Strategy 1.1.A** The Consortium will be administered by the UNC SPH and housed in a University unit whose vision, focus, and goals align with those of this strategic plan. Possible units include:

- ❖ UNC SPH Office of Research,
- ❖ UNC Center for Health Promotion and Disease Prevention,
- ❖ UNC SPH NC Institute for Public Health, or
- ❖ UNC Program on Ethnicity, Culture, and Health Outcomes (ECHO).

**Strategy 1.1.B** The Engaged Institution Workgroup will recommend individuals for consideration by the UNC SPH leadership to serve as founding members on the Consortium. The Consortium's founding members will be responsible for crafting and implementing the following:

- ❖ Principles for Collaboration between the Consortium and the UNC SPH;
- ❖ Written documents on:
  - Purpose, specific roles, and functions of the Consortium,
  - Orders and procedures for nominating and appointing community partner representatives to the Consortium;
- ❖ The Connection Portal will:
  - Enable the UNC SPH and community groups to initiate and coordinate two-way communication and mutually beneficial access to each other's resources and
  - Provide technical support to the Connection Portal that will serve as the UNC SPH's single point of contact between community groups and the various University schools, institutes, centers, and programs that currently focus on the elimination of health disparities; and
- ❖ Identify potential sources of funding for staffing and operating the Consortium and Connection Portal

**Strategy 1.1.C** The Consortium will conduct outreach to community groups and market the following:

- ❖ The UNC SPH Connection Portal and its focus on eliminating racial and ethnic health disparities;
- ❖ The UNC SPH as an engaged institution committed to:
  - Lasting partnerships with communities to navigate and improve how the University functions,
  - Increasing the number of faculty, staff, and students with competencies in community engagement; and

- ❖ Opportunities for capacity building for community partners to engage with the UNC SPH

**Strategy 1.1.D** Through the Consortium, engage community partners to perform the following tasks:

- ❖ Lead the effort to define, interpret, and disseminate policy-relevant evidence from research to policy-making entities at the county, state, and national levels; and
- ❖ Provide training to the UNC SPH faculty, staff, and students on interpreting policy-relevant evidence from research and disseminating it to policy-making entities at the county, state, and national levels.

**Objective 1.2** The Connection Portal will provide resources, including referrals to annual training opportunities, research partners, and calls for proposals for a significant number of community groups and faculty, students, and staff throughout the University.

**Strategy 1.2.A** The Connection Portal will regularly monitor, extract from, and establish links through the UNC SPH website and with databases maintained by University units, such as:

- ❖ The Carolina Center for Public Service, where items such as applications to the University-wide Faculty Engaged Scholars Program may be accessed.
- ❖ The NC Institute for Public Health, which may act as a resource for continuing education and evaluation.
- ❖ The UNC Center for Health Promotion and Disease Prevention, where materials such as the lay health advisor training materials may be retrieved.
- ❖ Lineberger Comprehensive Cancer Center, which includes information such as research seminars.

**Goal 2: Promote and support UNC SPH faculty, staff, and students in a continuum of community engagement activities, from listening to and collaborating with communities to generate and disseminate policy-relevant evidence, to eliminate racial and ethnic health disparities in North Carolina and beyond.**

**Objective 2.1** In collaboration with the UNC SPH Office of Research, the Consortium will assess the needs and capacities among the UNC SPH faculty, students, and staff on community engagement approaches and methods to eliminate health disparities.

**Strategy 2.1.A** Conduct “listening sessions” with the UNC SPH staff to elicit their views and suggestions on what UNC SPH can do to integrate and recognize their work more instrumentally with community engagement research to eliminate health disparities.

**Strategy 2.1.B** Conduct an online survey for faculty to elicit their views and suggestions on what the UNC SPH can offer to integrate and recognize their work more instrumentally with community engagement research to eliminate health disparities.

**Strategy 2.1.C** Conduct an online survey for students to elicit their views and suggestions on what the UNC SPH can offer to integrate and recognize their work more instrumentally with community engagement research to eliminate health disparities.

**Objective 2.2** Working with the UNC SPH leadership, the Consortium will identify and obtain ongoing financial resources to support the Consortium and operate the Connection Portal.

**Strategy 2.2.A** Identify and apply for funds to support the Consortium and operate the Connection Portal.

**Strategy 2.2.B.** Use the assessment’s findings to learn the training needs of faculty, staff, and students on the topics of community engagement approaches and methods to eliminate health disparities; the findings will help inform the job description, announcement, and selection criteria for the proposed Consortium/Connection Portal staff position. Responsibilities for Consortium/Connection Portal staff will include:

- ❖ Linking the UNC SPH faculty, staff, and students with:
  - Ongoing research, practice, and teaching to eliminate health disparities through community engagement, and
  - Resources, points of contact, and training opportunities on community engagement to eliminate health disparities.
- ❖ Serving as a point-of-contact for communities and organizations seeking the UNC SPH collaborators, matching community groups with faculty and students, and vice versa.
- ❖ Serving as a point-of-contact for communities and organizations seeking the UNC SPH students for field placements, matching community groups with students, and vice versa.
- ❖ Responding to capacity-building needs of community partners to successfully engage with the UNC SPH.

**Objective 2.3** The UNC SPH Connection Portal staff will create at least three mechanisms to increase awareness among SPH leadership, faculty, students, and staff of the value of scholarship of community engagement to eliminate health disparities.

**Strategy 2.3.A** Establish two annual awards to recognize a tenure-track and a fixed-term UNC SPH faculty member who each demonstrates excellence in the scholarship of community engagement to eliminate health disparities.

**Strategy 2.3.B** In conjunction with the University Research Council, Lineberger Comprehensive Cancer Center, ECHO, and/or EXPORT, offer a competitive small grant program annually to the UNC SPH faculty and their community partners to conduct pilot research to eliminate health disparities.

**Strategy 2.3.C** Encourage all new UNC SPH faculty and senior administrators to apply to the annual Tar Heels Bus Tour of North Carolina.

**Objective 2.4** The UNC SPH Connection Portal will establish at least three mechanisms to increase opportunities for students at the UNC SPH and local minority-serving institutions to complete practica or internships with the UNC SPH faculty and their community partners on health disparities research projects to ensure school-wide continuity and to respond to the communities' needs.

**Strategy 2.4.A** The UNC SPH Career Services Expert within the Office of Student Affairs will coordinate practicum opportunities with each UNC SPH Department's Field Coordinator to:

- ❖ Document the relationships/partnerships that have been established and where gaps may exist.
- ❖ Provide orientation and training for all MPH students prior to field practica on core concepts:
  - Cultural humility
  - Institutional racism
  - Relationship-building
  - Community engagement
  - Health disparities
- ❖ Provide ongoing support seminars or workshops that bring together students engaged with racial and ethnic communities to compare notes, mentor one another, and encourage on-going focus on community engagement.

**Strategy 2.4.B** The Interdisciplinary Certificate in Health Disparities Program will offer a 1-2 credit hour course on:

- ❖ Mentoring skills,
- ❖ Serving as role models, and
- ❖ Building a "pipeline" to the SPH to increase diversity among both faculty and students.



**Strategy 2.4.C** The UNC Special Program for Graduate Research Education will offer mentored summer field research experiences to students from minority serving institutions in community engagement to eliminate health disparities.

**Objective 2.5** The UNC SPH Special Assistant to the Dean for Diversity will establish initial procedures for increasing the number of candidates from racial and ethnic minorities and the number of those hired.

**Strategy 2.5.A** The Consortium, in conjunction with the UNC SPH Special Assistant for Diversity and Office of Student Affairs, will conduct or create workgroups as needed to:

- ❖ Review the impact of “not hiring our own” on the UNC SPH’s capacity to increase the pool of racially and ethnically diverse candidates for faculty and staff positions.
- ❖ Review recommendations from initial and follow-up consultations between Diversity Consultant Joanne Moody and the UNC SPH stakeholders (Dean, Chairs, Special Assistant to the Dean for Diversity, and others) on recruiting, hiring, and retaining racially and ethnically diverse faculty.
- ❖ Review strategies from peer institutions, such as the University of California at Berkeley’s Multicultural Concerns Committee, which recommends:
  - A “head-hunting” strategy for each search that emphasizes personal contacts and an approach that increases penetration into the candidate pool.
  - A broader, multidisciplinary approach with more circulation of search information to all departments well in advance of the search process.
  - An externally-funded Visiting Diversity Scholars Program to look over possible candidates when anticipating future searches in specific disciplines.

**Strategy 2.5.B** The UNC SPH Special Assistant for Diversity will meet with the UNC SPH faculty search committees well in advance of each search process to share ideas, stimulate discussion, and move toward an action plan on:

- ❖ Increasing the pool of racially and ethnically diverse applicants
- ❖ Meeting with each candidate to explain the UNC SPH Diversity Plan and the UNC SPH Strategic Plan for Becoming an Engaged Institution in Eliminating Racial and Ethnic Health Disparities
- ❖ Recruiting racially and ethnically diverse faculty
- ❖ Serving as the liaison to the Consortium, as needed and requested, to recommend diverse community representatives and faculty from other departments to serve on the UNC SPH faculty search committees.

**Goal 3: Position the UNC SPH as a leader in eliminating racial and ethnic health disparities and as an integral partner with the University in elevating and sustaining authentic community engagement.**

**Objective 3.1** The UNC SPH will serve as a model for the University in creating opportunities for intense dialogue among our faculty, students, and staff as well as with members of surrounding racial and ethnic communities on the topic institutional racism and rigorous analysis of its effects on health.

**Strategy 3.1.A** The UNC SPH Connection Portal will solicit co-sponsorship and funding support from the UNC Vice Chancellor for Public Service and Engagement and the UNC Associate Provost for Diversity and Multicultural Affairs to support two annual trainings on institutional racism for the UNC SPH faculty, staff, and students.

- ❖ These trainings will be conducted by Ron Chisholm, Director of the People’s Institute for Survival and Beyond, and Diana Dunn, Institute trainer.
- ❖ A process evaluation will be completed by representatives from the offices of the Associate Provost and Vice Chancellor with regard to:
  - Extent of participation in the training itself and follow-up activities after training

- Monitoring changes in diversity among students who applied to and enrolled in UNC and among faculty and staff in the candidate pools and those hired.

**Strategy 3.1.B** The UNC SPH will share the Engaged Institutions Strategic Plan with other University units and schools.

**Strategy 3.1.C** The Connection Portal will work with representatives from the Carolina Center for Public Service to offer a 1-2 credit elective seminar for undergraduates on community engagement to eliminate health disparities.

**Strategy 3.1.D** The UNC SPH Office of Research will promote, support, and facilitate the involvement of faculty from other schools and units in addressing racial and ethnic health disparities through community engagement.

**Objective 3.2** The UNC SPH and the Connection Portal will provide leadership, working models, and technical assistance to other University units on community engagement principles, strategies, and evidence-based practices to eliminate racial and ethnic health disparities.

**Strategy 3.2.A** The Connection Portal will co-sponsor a series of colloquia (and other communication channels) with faculty from other UNC units and their community partners on factors contributing to health disparities and innovative community engagement approaches and methods to address them.

**Strategy 3.2.B** The Connection Portal will work with the UNC SPH Director of Communications to identify ongoing channels of communication throughout the campus to increase the UNC SPH visibility and its efforts to eliminate racial and ethnic disparities.

**Strategy 3.2.C** The Connection Portal will work with the UNC SPH External Affairs to develop internal and external funding sources for the implementation of this strategic plan in partial fulfillment of the UNC SPH priority to eliminate the gaps in health due to race and ethnicity.

**Strategy 3.2.D** The Connection Portal will develop and implement activities that nurture and build the capacity of University-wide research offices, programs, and cores to engage community partners in managing the "business of partnerships." Examples include:

- School of Medicine's CTSA Community Engagement Core
- Office of Sponsored Research on sub-contracting with community-based organizations
- Office of Human Research Ethics on training and certification for non-traditional investigators

## In conclusion

With a tradition of public service to communities of North Carolina and beyond, and a mission that includes eliminating gaps in health due to race and ethnicity, the UNC SPH is committed to listening to the concerns, needs, and hopes of a wide range of community partners as well as to recognize and build on their strengths. We are uniquely positioned to engage community partners in promoting interdisciplinary approaches to address health disparities, pioneering state-of-the-science methods for gauging our impact and that of our partners, and documenting innovative processes and outcomes to inform policy and the public. To have the capacity to address the causes for the insidious and complex problem of racism and its effects on health will require a common language and rigorous analysis. The creation of the climate necessary to determine solutions will require two-way partnerships that are long-term and mutually transformative.

## Appendix A:

### Engaged Institutions Initiative (EII) Team<sup>1</sup> School of Public Health University of North Carolina at Chapel Hill

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<sup>1</sup> Credentials intentionally omitted