DEVELOPING HEALTH EQUITY RESEARCHERS IN A TEACHING-FOCUSED ACADEMIC INSTITUTION

CALIFORNIA STATE UNIVERSITY LONG BEACH

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BACKGROUND

First generation-educated racial and ethnic minorities, people with disabilities, and those from disadvantaged backgrounds are gravely underrepresented in biomedical and behavioral disciplines, including health equity research careers. Institutional and contextual barriers that underrepresented faculty and students face when pursuing biomedical and behavioral research careers are formidable. However, academic institutions often lack the infrastructure and capacity to ameliorate these important issues.

METHODS

CSULB received a 5-year Research Infrastructure in Minority Institutions (RIMI) grant from the National Institute on Minority Health and Health Disparities. The purpose of RIMI is to:

- Enhance infrastructure and research capacity.
- Conduct applied community health research on conditions disproportionately affecting disadvantaged populations.
- Institutionalize successful strategies for supporting underrepresented faculty and students in establishing research careers.

The RIMI Project is a collaborative effort between 3 academic research centers: the Center for Health Equity Research, the Center for Behavioral Research and Services, and the Center for Latino Community Health. RIMI is comprised of 4 Cores:

- Administrative and Capacity Building Core – This core provides administrative structure and oversight for RIMI.
- Faculty Research Development Core – This core supports faculty capacity to conduct and disseminate research through the provision of:
  - Funding for four faculty health disparities research subprojects; Course release time and mentoring for RIMI faculty fellows; Two-day institutes on research-related topics.
- Academic Enrichment Programs for Students Core – This Health Disparities Research Scholars Program is a year-long program for graduate students that consists of:
  - Employment as part-time research assistant; a 3-unit introductory course on health disparities; Monthly seminars on research-related topics; Support for conference attendance; Meet monthly as a cohort.
- Shared Resources Core – Technical assistance in proposal submissions forms, and data management is provided to faculty and student researchers by RIMI staff through this core.

RESULTS

Twenty-one faculty members from 14 departments were supported to conduct independent research. Faculty were subsequently awarded three extramural grants (~$1mil).

Faculty and leadership staff published 25 manuscripts and conducted 61 scientific presentations. Four faculty fellows received tenure and promotion, which they attribute directly to RIMI support.

Twenty graduate students from 11 departments completed 16 conference poster presentations. All students attended a newly-developed, one semester Health Equity and Health Disparities Research in the U.S. course.

Seven Health Scholars were accepted into PhD programs that include the University of California, Los Angeles, New York University, Howard University, Biola University, University of California, Merced, Claremont University and Kent University, UK.

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CONCLUSIONS

After five years, progress has been made in fostering faculty and student health equity researchers and bridging research silos on a large, diverse, teaching-focused campus. New multidisciplinary collaborations were formed across campus and with community partners. The successes of mentored faculty and students highlight how incorporating research into the fabric and missions of minority institutions increases our ability as a nation to address health equity related issues.

ESTABLISHMENT OF CHER

The Center for Health Equity Research (CHER) was established as a new center in 2013 through funding from RIMI. CHER institutionalizes the progress made by RIMI as it will continue to support and conduct community-based research on health equity, health disparities, and minority health, and provide support, mentoring and training to faculty and students long after RIMI funding ends.