The Health Equity Leadership Institute (HELI): Developing workforce capacity for health disparities research

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Introduction. Efforts to address health disparities and achieve health equity are critically dependent on the development of a diverse research workforce. However, many researchers from underrepresented backgrounds face challenges in advancing their careers, securing independent funding, and finding the mentorship needed to expand their research.

Methods. Faculty from the University of Maryland at College Park and the University of Wisconsin-Madison developed and evaluated an intensive week-long research and career-development institute—the Health Equity Leadership Institute (HELI)—with the goal of increasing the number of underrepresented scholars who can sustain their ongoing commitment to health equity research.

Results. In 2010-2016, HELI brought 145 diverse scholars (78% from an underrepresented background; 81% female) together to engage with each other and learn from supportive faculty. Overall, scholar feedback was highly positive on all survey items, with average agreement ratings of 4.45-4.84 based on a 5-point Likert scale. Eighty-five percent of scholars remain in academic positions. In the first three cohorts, 73% of HELI participants have been promoted and 23% have secured independent federal funding.

Conclusions. HELI includes an evidence-based curriculum to develop a diverse workforce for health equity research. For those institutions interested in implementing such an institute to develop and support underrepresented early stage investigators, a resource toolbox is provided.
clear evidence that scholars from underrepresented backgrounds are committed to health disparities research and service to their communities [5, 6], as researchers, they remain substantially underrepresented, particularly in academic and biomedical institutions.

Multiple studies have identified barriers faced by underrepresented groups for advancement and successful funding. For example, underrepresented researchers are less likely to be promoted than their White colleagues [8, 9], and to obtain National Institutes of Health (NIH) funding, even after accounting for differences in training, experience, and productivity [10]. Other barriers include the lack of institutional support and poor or nonexistent mentoring required for successful career advancement [3, 4]; overt discrimination and unconscious bias [11, 12]; loneliness and isolation within academic settings [4, 5]; disregard for their research interests; and expectations that they will lead university “diversity” efforts or serve as experts in all issues related to race or ethnicity [6, 11, 13]. In the face of such challenges, some scholars from underrepresented groups choose to leave academic institutions. Still others decide not to “rock the boat” in an effort to advance within the institution, while many express a desire for guidance from culturally responsive mentors to navigate and succeed in their paths [11, 13, 14].

Methods

Development of Health Equity Leadership Institute (HELI)

In order to address the compelling need among health equity researchers for career development and mentorship, the University of Maryland’s Center for Health Equity (M-CHE) and the University of Wisconsin-Madison’s Collaborative Center for Health Equity (CCHE) developed an intensive week-long research and career development institute with the broad goal of increasing the number of investigators—particularly those from underrepresented or disadvantaged backgrounds—engaged in health disparities and health equity research who successfully compete for tenure track academic positions and independent federal funding. Grounded in the M-CHE faculty’s previous Summer Research Career Development Institute [15], HELI was purposely designed as a structured means for bringing together investigators from various disciplines. Based on our experience and to distinguish our work from other programs, we knew that didactic lectures and sessions with limited interpersonal interaction would be inadequate. As such, HELI was designed to be a supportive and engaging environment in which participants could bring their full identities—professional and personal—to share experiences of marginalization and to jointly strategize methods for overcoming career barriers at their home institutions. This article describes key components of the institute and its programming, with special emphasis on those transformative elements that have contributed to its success. We also provide descriptive data about the scholars, evaluation data related to their HELI experience, and follow-up data on the scholars’ career paths since participating in the Institute.

Application and Selection Process

The HELI Call for Applications is distributed widely in the early spring, with outreach efforts focused on inviting applicants from both research-intensive and minority-serving institutions. The call specifically invites applications from early career researchers with a demonstrated commitment to eliminating health disparities through a record of work in this field. Applicants submit an online application, their curriculum vitae, a letter of support from a research mentor or department head, and a personal statement about their research interest and experiences. Faculty leads make the final selection with the goal of identifying a diverse cohort of scholars representing different disciplines including public health, medicine, clinical sciences, behavioral health, and the social sciences. Researchers from University of Wisconsin-Madison (UW-Madison) and the University of Maryland are deliberately encouraged to apply to advance their careers at our parent institutions. Prior to HELI, scholars and presenters receive biographical information, including headshots, about all attendees. This practice helps begin the community-building process and jump-start substantive scholar interaction, engagement, and networking once they are on site.

The HELI Scholars

A total of 145 researchers were selected as HELI scholars for the 2010–2016 cohorts, ranging from 22–26 participants per year. In 2014, instead of selecting a new cohort, the faculty directors invited all the HELI scholars from previous years to participate in an alumni HELI with programming specifically tailored for that group. Table 1 provides demographic and background data on all scholars to date.

The HELI Curriculum

HELI is held over a 5-day period on the campus of the University of Wisconsin-Madison. Faculty from the National Institute of Minority Health and Health Disparities (NIMHD) Centers of Excellence at Wisconsin and Maryland serve as core faculty facilitators and key resources for the HELI scholars. Additional instruction is provided by a former research scientist and NIH program officer in the Division of Cancer Control and Population Sciences at the National Cancer Institute. Faculty and deans from UW-Madison’s School of Medicine and Public Health and Institute for Clinical and Translational Research (ICTR) also highlight the university’s research environment.

Sessions (between 1 and 2 hours each) cover a variety of topics: translational research and health equity, integration of personal and professional lives, career development, funding, mentoring, and leadership. Sessions are designed to maximize participant interaction and discussion. All scholars attend all sessions; however, scholars may schedule individual meetings with the core faculty facilitators to discuss their specific career and research trajectories and with the NIH expert to discuss their research and potential funding mechanisms. Although specific sessions have varied somewhat from year to year based on feedback from the scholars, the core HELI curriculum outlined in Table 2 has remained stable. As can be noted, the HELI curriculum includes many sessions that one would expect to see in any institute focused on career development for junior health equity investigators. What may not be so evident is the attention devoted in HELI to promoting the integration of the personal and the professional dimensions. Throughout the institute, scholars are encouraged to reflect on and share how their lived experiences, both within and beyond their academic institution, intersect with their health equity research foci and community interests. This practice is based on the idea of “centering in the margins”—a key concept in critical race theory that shifts “a discourse’s starting point from a majority group’s perspective…to that of the marginalized group or groups…” By grounding themselves in the experiences and perspectives of the minority communities from which they largely come, critical race theorists integrate critical analyses of their lived experiences and disciplinary conventions to advance knowledge on inequities” [26]. In designing HELI, faculty have utilized a “centering in the margins” approach by attempting to create a safe environment in which participants can openly engage with and support one another, discuss their commitment to research with minority communities as well as their feelings of isolation and marginalization within the academy, and strategize methods for overcoming these significant career barriers. Accordingly, the HELI faculty share their own range of experiences as health equity researchers, validate the scholars’ feelings, and provide their insights into how
scholars can remain committed to health equity research while still advancing their careers.

This approach is utilized early in the HELI application process, and reinforced through the Research Scholar Presentations (Table 2, no. 4) in which each scholar presents to the group about who they are, what they do, why it matters to health equity, and what they need. After each presentation, the group is given an opportunity to ask more questions, provide resources, and make connections to their own or others’ work and experiences. These presentations are held early in the institute to facilitate rapport and trustworthiness among the cohort and faculty, as well as the development of professional and personal connections—connections that often endure far beyond the 5-day institute.

Another key session that highlights HELI’s “centering the margins” approach is the Scientific Autobiographies session (Table 2, no. 5) in which scholars are invited—aft...
Table 2. The Health Equity Leadership Institute (HELI) curriculum

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<tr>
<th>Translational research and health equity</th>
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<tr>
<td>1. Building trust between minorities and researchers: presentation on how the social and historical context affects the research interaction between potential participants and researchers [16–19].</td>
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<td>2. Translational research across the color line: the conceptual framework of 3 generations of health disparities research is examined to understand (a) data trends, (b) factors driving disparities, and (c) solutions for closing the gap. A fourth generation of research is proposed, specifically research grounded in public health critical race praxis, and interventions to address race, racism, structural inequalities, and the researcher’s own biases [20].</td>
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<td>3. Connecting with communities: multiple panel presentations throughout the 5-day HELI institute on a wide range of community-based health equity research. This includes a full-day trip to Milwaukee, WI to visit UW-Madison’s community-engaged research partnerships. The trip affords not only a chance to visit and learn from partner communities, but also to engage in additional social connections among scholars and faculty.</td>
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<th>Personal/professional development</th>
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<td>4. Research scholar presentations: presentations by each scholar structured as a 4-slide PowerPoint addressing: (1) who I am, (2) what I do, (3) why it matters to health equity, and (4) what I need. Several presentations are assembled as a session, and the sessions are integrated into the programming in the first 2 days of the institute in order to facilitate community building among scholars.</td>
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<td>5. Scientific autobiographies: core faculty facilitators model a reflection on factors that have shaped their identities as underrepresented investigators. Scholars then share their own reflections on connections between their career passion and their life experiences.</td>
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<td>6. Work-life integration and leadership: session highlights personal growth and leadership, personal values, health and wellness, and the concept of life/work integration.</td>
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<th>Career development and funding strategies</th>
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<td>7. Preparing for tenure review: advice from faculty on advancing through the promotion and tenure process, understanding an institution’s tenure guidelines, utilizing mentors, structuring and promoting a program of research, and highlighting community-engaged research partnerships.</td>
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<td>8. Acquiring and transitioning from a career development award: panel presentation on optimizing the chances of obtaining a career development award; making the most of one’s time on a career development award; and successfully transitioning off career development award funding.</td>
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<td>9. NIH grant writing, grantsmanship, and grant submission: overview of NIH grant solicitations and mechanisms, including those for health equity research, with an emphasis on the mentored career development awards, fellowships, diversity supplements, and research program grants.</td>
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<td>10. Mock NIH study sections: 2 HELI scholars are chosen to have their grant proposals reviewed in an open setting. Reviewers follow the standard study section format with HELI scholars as observers. At the end of the session, the chosen scholars reflect on the feedback.</td>
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<td>11. Tools and strategies for getting the most from mentor-mentee relationships: participants will reflect on the kind of mentoring they need now and will need in future stages of their careers, considering issues to discuss when establishing positive and open mentor-mentee relationships (“mentor” vs. “tormentor”), identifying and prioritizing the roles that mentors can play in their career, and discussing important factors to consider in mentoring relationships that are built around health disparities/health equity focused research [21–23].</td>
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<td>12. Cultural awareness in mentoring relationships: this session addresses diversity issues in science with a focus on fixing environments and systems through a series of small steps that individuals take in their mentoring relationships. HELI scholars are asked to reflect on and discuss their own racial and ethnic identity and work collaboratively to explore strategies to address race and ethnicity in their mentoring relationships, both as a mentor and a mentee [24, 25].</td>
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<td>13. Balancing perfection and productivity: in this session, panelists discuss common pitfalls that junior faculty members may face related to finding the right balance between teaching, service, and research; for example, acquiring a rudimentary understanding of an academic home; poor mentoring experiences; uneven collegial support; and overlooking the importance of discipline and vigilance in the pursuit of grant support, publishing, and teaching excellence.</td>
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<td>14. Scientific management skills 101: a panel of junior and senior investigators discusses skills necessary for managing a grant including hiring and overseeing personnel, purchasing, subcontracts and managing the grant budget, preparing progress reports, and ensuring protected time to meet the specific aims.</td>
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<td>15. Leadership competencies: discussion of core principles of leadership and case studies of common leadership challenges.</td>
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NIH, National Institutes of Health.
garnered in the final surveys and feedback sessions over the past 2 years as HELI has reached maturity, and (2) follow-up data on the scholars that have participated in HELI since 2010.

Table 3 shows evaluation results from the 2 most recent years of overall feedback by the scholars about their HELI experience. Feedback was highly positive on all survey items, with average agreement ratings between 4.45 and 4.84 based on a 5-point Likert scale. Scholars consistently report that HELI provided useful information about the social, economic, and cultural determinants of health and research approaches that could be used to better understand and address health disparities. They also consistently indicate that they received useful career and research guidance through the institute and that HELI promoted a safe environment for sensitive discussions related to isolation and discrimination.

Open-ended responses from the surveys and group feedback sessions provide rich data on scholars’ views of their HELI experience. The responses below were chosen from a large repository of scholars’ comments because they reflect sentiments that HELI facilitators have heard repeatedly over the years.

“Attending HELI made a significant impact on my development as a health equity and childhood obesity researcher. [The sessions] helped me understand how to map out my 5- and 10-year plans, identify and begin relationships with new institutional mentors, and begin preparing for my promotion and tenure review process at the start of my new position. Of equal importance, I now have a network of peers who have an appreciation of and dedication to health equity research; this not only includes HELI scholars from my own cohort, but also scholars from other cohorts with whom I have connected in other settings.”

“HELI connected me to other health equity scholars and experts in the field, which validated my work and provided opportunities for expanding my own work. The topics on grant writing, tenure, and methods were particularly helpful. However, the most powerful aspect of HELI was the emotional connection it facilitated among a group of individuals who are doing amazing work but who feel isolated or unsupported in their work due to institutional or societal barriers.”

“The thing I would like to see you keep the most is the sense of safe space and the ability to talk about race issues and some of the experiences we’ve had that we can’t really talk about in our institutions. The isolation that some of us feel and deal with and bring here and actually have like minds and the networking that happens here is, for me, one of the most important things that I got out of this. You can learn how to write a grant somewhere else, but the safe space that’s here, the ability to share and have people that understand what you’re saying and not look at you like you’re odd. To be able to help you think through some of those situations when you’re having problems or difficulties or you’re facing that situation that feels like racism, you can bounce it off someone else and say, ‘Now what am I supposed to do with this and how do I fix this?’ That’s the most valuable thing I got here.”

“For the first 3 years of my tenure track position, I felt very incompetent. So I went to every training under the sun… I came to HELI 2010, the inaugural group, and… at the end… I said, ‘I finally feel like I am competent, like I can do this work.’ It was all of the discussions that we were having and just feeling validated. Other folks were saying the same things and experiencing the same things. When I left I finally felt competent and I just sailed on from there.”

Table 3. Evaluation results from 2015 and 2016 scholars’ Overall Feedback Survey (n = 43–47 responses)

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<th>Survey item</th>
<th>Mean±</th>
<th>SD</th>
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<tr>
<td>HELI allowed scholars to freely discuss feelings of isolation</td>
<td>4.78</td>
<td>0.51</td>
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<tr>
<td>HELI allowed scholars to freely discuss feelings of discrimination</td>
<td>4.74</td>
<td>0.59</td>
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<tr>
<td>HELI created a safe environment for sharing</td>
<td>4.72</td>
<td>0.84</td>
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<tr>
<td>HELI adequately addressed the social, economic, and cultural determinants</td>
<td>4.52</td>
<td>0.54</td>
</tr>
<tr>
<td>of health that contribute to disparities</td>
<td>4.84</td>
<td>0.37</td>
</tr>
<tr>
<td>I received useful career and research guidance to develop research programs</td>
<td>4.58</td>
<td>0.72</td>
</tr>
<tr>
<td>focused on health disparities and health equity</td>
<td>4.45</td>
<td>0.62</td>
</tr>
<tr>
<td>I understand evidence-based research approaches that are applicable for use</td>
<td></td>
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HELI, Health Equity Leadership Institute.

* Based on a 5-point Likert scale: 5 = strongly agree, 4 = agree, 3 = neither agree nor disagree, 2 = disagree, 1 = strongly disagree.

Fig. 1. Percent of Health Equity Leadership Institute (HELI) scholars by cohort with various academic career indicators. *In 2014, there were 3 new HELI scholars; the other participants in that year were alumni from previous years. The 2014/2015 cohort thus combines data from the 3 new scholars in 2014 with the 20 scholars in 2015.
“HELI was an important experience for me for [several] reasons: one, it helped me form contacts with folks I still see at conferences; two, it provided insight (and commiseration) for what I and other early-career folks are going through; three, it encouraged me to retain focus on issues of health equity and community research. And four, I received helpful feedback on a grant proposal.”

“What distinguishes HELI is the intentional and deliberate nature of intentional reflection. The intentional pre-survey and pre-work we had to do in advance. We hung out every night. The reflective nature is the secret sauce. You take us out of our silos where we’re all machines and let us just be. I said I needed to recharge when I came here. This is a space of collective strength and support.”

Finally, Fig. 1 provides follow-up information about the scholars’ career trajectories by cohort. The outcomes that we have chosen to track represent those that are most commonly and conservatively associated with successful career development in the biomedical sciences: retention in the workforce, career promotions, and the attainment of independent, federal funding. These data do not rely on self-report from the scholars, but rather are independently verified via public sources.

Overall, 85% of scholars who were in academic positions during HELI participation remain in academic positions as of December 2016. Seventy-three percent of HELI scholars from the first 3 cohorts (2010, 2011, and 2012) have been promoted; 23% have secured independent federal funding. Notably, this latter measure does not reflect the total percent of scholars who have secured independent non-federal funding. Anecdotally, we know that many HELI scholars have diversified research funding portfolios drawn from non-federal sources (eg, foundations, private research centers, institutional initiatives).

Discussion

Although a 5-day institute such as HELI is unlikely, in itself, to lead to career success and satisfaction for junior investigators in the field of health equity, it can play a key role in supporting, engage, mentor, and promote the careers of junior investigators conducting health equity research with marginalized communities. As we have noted at HELI, the barriers mentioned at the beginning of this article continue to impact the lives of these junior investigators. By creating an open and inclusive environment, HELI attempts to provide scholars with social support they need to address these barriers and challenges. HELI not only engages scholars in robust discussions about health equity research with underrepresented communities and mechanisms that can fund their research, but also provides career guidance, leadership development, mentoring, strategies for work-life integration, and a close community of scholars that serve as mutual sources of support, validation, and resilience. Indeed, what makes HELI distinctive is the creation of a trusting, open atmosphere in which racism, painful experiences and fears, can be shared, and young scholars feel less alone in their academic journey. Scholars have rated the institute highly and have provided extensive narrative comments about the value of their HELI experience. We remain in contact with most of the HELI scholars and have seen many advance their careers, get promoted, and secure research funding. HELI alumni are returning as institute faculty and participating as NRMN Master Facilitators and mentors. The NRMN Web site can be accessed through the URL: https://nrmnet.net/

Given the crucial importance of health equity research in improving overall human health, academic medical and public health institutions can play a key role in supporting junior investigators in this field, particularly those from underrepresented communities themselves. By developing a range of strategies and exemplary practices, institutions can promote greater inclusion of underrepresented scholars and communities, address biases and discrimination that stifle investigators’ careers, and provide critical support and culturally aware mentoring for investigators whose research will contribute to the reduction of health disparities. We have described HELI in this manuscript in order to share exemplary practices that contribute to this effort and to the overall development of a diverse health disparities workforce. In an effort to encourage other institutions to host their own version of HELI, we are sharing tools that can advise and guide implementation via the HELI Resource Toolbox (https://uwhelri.com/ heli-resource-toolbox). The toolbox contents include: a sample HELI application, a sample pre-event survey, 5 years of past HELI programs, daily evaluation survey samples, and a sustainability discussion.

Acknowledgments

This project was sponsored by NIMHD grant no. 5P60MD003428 (A.A., C.A.S.). Additional support was provided by the Clinical and Translational Science Award program through the NIH’s National Center for Advancing Translational Sciences, grant no. UL1TR000427 to UW ICTR; National Institute of General Medical Sciences award U54GM119023 from the National Institutes of Health Common Fund and Office of Scientific Workforce Diversity; an NIMHD grant awarded to the University of Maryland’s Center for Health Equity (2006MD006737; S.B.T. and S.C.Q., Principal Investigator [PI]); the UW-Madison’s Division of Diversity, Equity & Educational Achievement; and the Dean of the UW-Madison’s School of Medicine and Public Health. The content is solely the responsibility of the authors and does not necessarily represent the official views of the NIH. J.B. was supported in part, through his Mentored Career Development Award to Promote Diversity (K01CA134939; PI). C.S.F. was supported in part, through his Mentored Research Scientist Development Award to Promote Diversity (K01CA148789; PI). M.A.G. was supported in part, through her Mentored Research Scientist Development Award to Promote Diversity (K01CA140358; PI). Thanks to Jared Jobe, Ph.D., PABMR; Christina J. Hower, M.S.; and Brenda Gonzalez, B.S., for past assistance, and Caitlin Scott, M.S., for current assistance with HELI program initiatives and evaluation data collection and analysis, and to Cen Chen, M.P.P., for her assistance with this paper. We graciously thank all HELI scholars for their participation and feedback.

References

7. Pololi LH, et al. The experience of minority faculty who are underrepresented in medicine, at 26 representative U.S. Medical Schools.


