

Women in Leadership

A Morning Chat with Dr. Deborah Parra-Media

Video Transcript

[Auto-generated transcript. Edits may have been applied for clarity.]

Good morning everyone. I'm going to go ahead and get us started here this morning.

Again, welcome to those who are here this morning.

And I'm sure we'll be having plenty more individuals join us here on this chilly Tuesday morning.

Thanks again for joining us. I'm Debbie Lammers. I'm the Assistant Vice Chancellor of Learning and Development.

I get the great pleasure of helping to coordinate this Women in Leadership series, along with Jan Gascoigne

who was not able to be with us today.

She's off traveling, and also with Laura, who is here today with us, who will be helping to facilitate our Q&A session here later

this morning. We have the distinct pleasure today of having Dr. Deborah Parra-Medina with us

today. She is the Executive Director for the Center for Health Equity,

and she has over 20 years of research and program experience in chronic disease prevention with underdeserved groups,

including women, Latino immigrants, youth, and the financially disadvantaged populations in diverse geographic and community settings.

She has served as the principal investigator on several federal grants focused on the development and evaluation of theoretically based cultural, health promotion interventions utilizing a lot of mixed method approaches.

All of her intervention research addresses health disparities, is conducted in collaboration with community partners,

and focuses on lifestyle behavioral changes with a socio-ecological framework.

That's a mouthful. Now, luckily, she's here today to tell us her story.

Like many of the women we've had spotlighted for this particular program, she has an amazing story to share with us.

And so instead of me going on about all of her accolades and the things that she has managed to accomplish, I'm actually going to turn it over

to her so that she can introduce herself properly and tell you her story and how she

has come to be here on this campus and how she has accomplished everything she has throughout her career.

So with that, I am going to turn it over to Dr. Parra-Medina.

Thank you so much for being with us today. Sure.

Thanks for inviting me to share a little bit about my career journey and pathway with members of our campus community.

I'm going to go ahead and share

right now. And

there we go. So, as Debbie mentioned, I am the Executive Director for the Center for Health Equity,

and this is a new center that was established on campus.

And it's been almost exactly a year since I joined Anschutz Medical Campus.

I joined in January of last year and I have currently my academic appointment in the Department of Family Medicine.

So here's a little bit of kind of what you can expect to hear from me today.

I'll introduce myself and kind of talk to you through my career path.

Then I will tell you a little bit about the center for Health Equity, and I'll conclude with sharing kind of some key insights

that I feel kind of helped me along the way in kind of developing as a leader and then I hope to leave plenty of time for Q&A.

So, let's begin. So I thought I'd start by kind of telling you just a little bit about my personal background.

And so I was born and raised in California and actually in a very small town called

San Ysidro.

And it's in the most southwest corner of California, and it actually is where the border crossing is for Tijuana, Baja California, and San Diego.

And we have the Welcome to California sign there. And what you see in the lower right hand corner is a picture of my neighborhood growing up.

And so kind of lived on a little small hill.

And what you see on the horizon is actually Mexico.

So that gives you a sense of kind of how close we were growing up.

And so I grew up in what I would call kind of a very kind of transnational way because I had family on both sides of the border.

We would cross on weekends to have Sunday family dinner with my grandmother and lots of, you know, cousins and aunts and uncles were present.

We would do shopping. Many family celebrations also occurred in Mexico.

Also,

the community I grew in was a kind of a small, tight knit community.

Also it's very bilingual, bicultural neighborhood where people were likely to address you in Spanish first before English.

I was actually raised speaking Spanish until I entered into elementary school.

What you see on the upper left hand corner in all the people in purple t-shirts,

that would be a family reunion photo from my dad's side of the family.

And my grandmother's favorite color was purple.

And so my dad was one of nine children, and my mother was also one of nine children.

So we had very large family. And we all lived pretty much kind of within a 20 mile radius.

And so kind of had that upbringing where, like, my cousins were really my best friends,

right? And we really enjoyed spending a lot of time together.

And so I share this picture just because we are large, you know, large, tight knit family.

and in that picture, there is five generations.

So there's my grandmother and my father's generation.

So I would say, they're first, what we call a first generation immigrants.

Right? Because they came to the US, and then my generation would be second generation.

Then my children are third generation, and then, of course, my fourth, my children's children are fourth generation immigrants.

But they're the fifth generation from my grandmother.

That makes sense. And so, one of the things I share is that, in my generation, which was,

the third...second generation immigrants, but the third generation kind of in terms of family,

I was the first one to actually go to college. And it's not that education wasn't valued,

right? Everybody received the message, right, that you had to, you know,

go to school so you can get a good career and, you know, take care of yourself and your family.

But not necessarily that it had to be college, right?

And so, after me in my generation, I think there might have been two other cousins who did go to college.

And I think it's really the generation after where many more of our young people in my family are pursuing college degrees.

And so what kind of, I don't know, got me motivated to do that, right?

And I feel like one of the things was

Upward Bound trio programs and talent search.

You know, at the time, in the 80s, when I was growing up,

EOP AA, educational opportunity and affirmative action, was very active and there were

federal investments and programs, right, to really bring in young people who had been

underrepresented, right, in higher education into the higher education system.

And so somewhere in ninth grade, somebody I know, this talent search program, how they do it,

right, they get lists and they identify children, you know, children with potential.

And I started getting pulled out of classes to get special tutoring, to get advice on courses to take and that sort of thing.

And I also was tracked into honors classes,

right? And so I ended up being with a small group of 20 to 25 other high school kids who were in the honors classes and in this specific class,

right? We were advised much about college and preparation.

And basically, the expectation is that that's what we were we were bound for.

And so I am always been very much a rule follower.

And so when people asked, told me to do something, I would do it.

And so, when I went to graduate, UCSD was really the school that was sponsoring many of these college readiness programs.

And I had really established a relationship with that school, and that's where I was planning to attend.

And then a family friend came to visit, and we got into a conversation about school and he basically asked me why I was picking UCSD.

I told him, well, I don't know. I mean, that's the school I know.

And he suggested that I apply to Berkeley.

He's like, you know, with all your student activities and grades and whatever,

you really would be competitive and you should really pursue going to the best school.

And I'm like, oh, okay. And in California, the UC system, there's one application and then you rank the campuses you want to be considered for.

And so I figured there was no risk. And so I picked Berkeley and UCSD and I submitted my application and I got into Berkeley.

That was, you know, a challenge.

I think this is one of, like, the biggest kinds of risks

I took, leaps of faith, right? To grow up in such a small, tight knit family.

Never really traveled much. And to leave home, right?

To go to college, my family didn't really understand, right? Like, why do you need to go 500 miles away when there's a perfectly good college here?

And you know, also, you know, being a young woman,

fairly kind of conservative family values, people didn't leave home until they were married.

And so that was also a little bit of a hush hush, like, we know why is she, you know, doing this?

People kept it to themselves, but I heard the side conversations,

right? So, anyway, I did end up going to UC Berkeley, and I'm going to

switch slides to kind of talk about, kind of my education pathway.

But I'm going to refer back to this slide here at the bottom on the left.

And this is the San Ysidro health center.

So this is the community clinic that was in our small neighborhood, basically,

if you drive this car on this neighborhood all the way down, basically at the bottom, you'd find this clinic.

And when I first moved into that neighborhood, that clinic didn't exist in that,

form, it was actually a small little house where some mothers had

identified the need for health care in the neighborhood because we didn't have any health care centers in our community.

And they created a free volunteer clinic to serve the neighborhoods.

And over time, it turned into this large FQHC that now serves all of the southern San Diego

and it's a quite successful clinic. But when I was growing up, it was that little house

that you see there in the insert. So, you know, from '84 to '89, I was at UC Berkeley.

I started as, like everybody else, right, a doctor or a lawyer.

I was a pre-med major. I was in biochem, and I found like that I hated it

and so I started looking for alternatives, and I took a public health course.

And in this public health course, I learned about the concept of health as social justice versus health as market justice.

And also in this course we were learning about primary care for all, and about

community health centers and the movement to build community health centers.

And there was an example of my community health center in our textbook.

And it just really resonated with me, right?

To be able to see my own lived experience in what was being taught in my class.

And so I really connected with the course material.

I connected with the faculty member who took me under their wing and engaged me and with the Student Health Advisory Committee and,

you know, trained me to be a peer health educator. I also, it was Berkeley, of course,

right, so I got involved in community activism. And really those are kind of where my roots for public health started.

And I created that inter...

There wasn't an undergraduate public health major, so I had to do an interdisciplinary field major and pretty much got to create my own

major by pulling courses across lots of different disciplines.

I am a bit of a nontraditional student. I always have been crossing boundaries, it seems like.

And I did get married when I was an undergrad, so which is a bit different for most people, right?

I met my husband as a freshman and we got married after my third year in college.

And also I had the opportunity to participate in the minority enrollment, public health summer program that really taught you about public health,

the master's degree program, the different specializations that you could have,

and really prepare this to take the GRE and write our personal statements and all that sort of thing.

I ended up applying for an MPH program, a master's of public health.

I applied to Berkeley, UCLA, and San Diego State. I really felt like at that point in my life that I wanted to be a health educator.

I wanted to go back to the San Ysidro Health Center and be a health educator and really work with my community to improve health outcomes.

And it just so happened also at the time that I was graduating that I was also expecting my first child.

And so when it came to a choice between Berkeley, you know, UCLA and San Diego, I chose San Diego, because that's where my family was.

I felt that at that time in my life, I needed family support because I was going to be having a small child.

And I wanted, you know, my mother could help me.

And so, you know, maybe, you know, reflecting back when you're thinking about pursuing, like, a PhD and about academic pedigree, right?

Maybe I would have thought staying at Berkeley or going to UCLA, right, would have been maybe the stronger approach. But I think in your career path and journey, right,

you're always balancing multiple factors in your life and you have to balance out multiple priorities.

And for me, family and work life balance, you know, have always shaped kind of how I make my make my decisions and kind of what has driven my career path.

And so, I did, you know, my first semester. I had my daughter, and I also had this great opportunity to work with a faculty advisor who had a research project that was happening in my neighborhood in San Ysidro.

And so I got to work on a research project in my community.

I really felt real fortunate to have this faculty advisor.

I really learned a lot from him. And I remember as I was completing my master's degree, I was trying to figure out,

am I going to do a practicum, a comprehensive lit review, or a thesis, right, for my final project?

And I was thinking, you know, I'm going to do the lit review, get it over with.

And I approached him about it and he came back with this.

Well, that's fine, but the good students, they do thesis and I'm just like, oh my god, the challenge, right?

He's like basically it's like, what do I identify?

Am I a good student? Because if I'm a good student then I need to do a thesis.

And so, you know, I couldn't let that go.

So I decided, okay, I'm going to do a thesis.

And so I ended up doing a thesis. At the time, California had passed Prop 99, which is a tobacco tax.

So there was a lot of tobacco research and dollars happening.

And I don't know if you guys remember Joe Camel.

Maybe those of you who are online are younger and don't remember this cartoon character who promoted Camel cigarettes.

And so my study focused on the influence of cartoon tobacco ads on children...attitudes towards tobacco.

So I completed my thesis. I remember they suggested to me, oh, you know, I got a lot of positive feedback for them,

and they said you should submit it to go present at the national conference.

And I'm like, okay, let's do that, and so I did, and I was actually able to go and present my thesis findings at a national conference.

When I graduated, I had to figure out, okay, where am I going to go,

right? I had wanted to go be a community health educator in that community clinic, and I did end up getting a job offer at a local clinic.

I got a job offer at a national advocacy group, and then my advisor also offered me a position to stay on and be a researcher for this

statewide evaluation of the tobacco tax initiative.

And so I really kind of had to decide which pathway I wanted to take.

And so I ended up staying on with my advisor.

I got the research bug, so to speak.

I felt like there was more opportunities there for me and my career,

and they were paying a lot better than those FQHCs, and so I decided to stay.

One of the things that happened while I was working as an evaluation coordinator, I was kind of doing some work with some of the data,

and I came up with some outcomes related to how the tobacco tax was being,

I guess distributed in California, and I found some advantage to the tobacco companies.

And I remember sharing it at a staff meeting, and everybody thought it was so interesting that I should publish it.

And I had never really thought about what that was about or what that took.

And so I'm like, okay, I'll publish it.

What do I need to do? And then my advisor was like, well, you should send that to JAMA.

I'm like, okay. You know, it's a little bit of naivete, right?

Like, well, if they think that that's where I should do it, I should pursue that, right?

It was kind of safe and guided,

and so I did submit it and it got accepted.

Right, so like coming out with my master's degree, right, my first publication being in JAMA

and I just feel like it's that kind of luck. That's not usually how things, you know, come out.

But I felt very safe in taking these risks, right, because of the environment I was in.

And I trusted those who were around me. Also, this advisor wanted to build off of my thesis.

And so I got involved in grant writing pretty early.

And so, that was also super helpful.

I felt like in the environment I was in,

I was exposed to a lot of kind of hands on tangible applications and skill building, which is really the way I feel

I learned best, being able to apply what I learned in class, in practice.

Soon after, this advisor

got involved with a national grant funded by the National Cancer Institute that established a national network, Hispanic cancer

researchers. It was called the National Hispanic Leadership Initiative on Cancer.

And he invited me to be the project coordinator for this national study.

I feel like this had a big impact kind of on me as well, because this was, there were, you know, it's a multi-site trial, right?

So there was the University of California San Francisco, San Diego State, University of Texas, University of Florida, and New York.

University. And there were like, there was a PI at each of those institutions, and it was a Hispanic cancer researcher.

And so as the project coordinator, I got to travel to all these different campuses.

I got to meet all these investigators who were cancer researchers with Latino populations who are Latinos themselves.

And it was really eye opening to see...up to that point, I really hadn't had

role models of other investigators who were Latino, but who were also doing research with Latino populations and

being able to be in conversation with them and learn from them was really exciting.

And I feel like that exposure really prompted me to want to pursue my PhD.

And so, in '93, San Diego State and UCSD, had opened a doctoral program.

And it was a young doctoral program because I think I was like the third class when I got admitted.

So it must have started like in 1990. And

so I applied. I was admitted, I was able to get an F31 to support my

studies. I was able...that facilitated me being able to take advantage of things like, you know,

the John Hopkins, you know, summer institute.

And I went to UNC to study minority health and

it was a great time. And I think one of the things here is that my advisor was always like, super open and supportive of opportunities.

When I came to him and said, hey, I want to pursue a PhD. Hey, I think I want to apply for this F31.

Hey, I think I want to go apply to this, you know, summer institute in Chapel Hill.

And he would say great. And he would support me.

But he wasn't one to necessarily bring these opportunities to me,

right? I was always very much on the lookout, always, it seemed like looking for what I could do to

develop kind of my professional skills and get more knowledge and find opportunities,

right? And so I feel like, you know, a big thing about, you know, being successful, you know, people talk about preparation.

You know, being prepared when opportunities arise.

But I also don't think you wait passively for the opportunities to come and present themselves.

I do think that you need to be looking for the opportunities and being very proactive in creating the opportunities.

And during my PhD, I had another child.

And, also, you can see here in the bullet below that that baby is that I, I struggled in my doctoral program.

I actually failed my qualifying exam twice, and I had to do remediation, which meant meeting with

two faculty members over the course of semester, doing kind of independent study with them.

And then I had to take retake my qualifying exam orally in front of a committee.

And I was finally able to successfully complete that.

But it was a very, very challenging time.

And so I just, you know, I think that it's important that we realize that while we are pursuing things, we're going to experience challenges,

right? And that it's important to kind of learn from those experiences.

I found that the people I was working with were super supportive and they wanted me to succeed,

and they were trying to find ways to help me do that, as opposed to necessarily trying to find ways to push me out.

You know, during my doctoral program, as I said, I had many, like, applied opportunities that were provided to me.

So I was able to publish and continue to present.

And in 1997 or so, as I was completing my dissertation, I did go on the market for faculty positions.

I knew I wanted to go into a tenure track faculty position in the School of Public Health.

I went to the national conference, the American Public Health Association, where I applied and also got interviews.

I ended up with six interviews and one job offer.

So in 1990, just kind of a little context, this is what the Hispanic population looked like in the United States.

So in the dark blue areas, that's where you have the highest percent of the population that is of Hispanic origin,

right? Which is was a very kind of traditional,

I guess, communities, where Hispanic Latinos had settled, right?

Of course, the southwest, Florida, and New York.

And this also mirrored, remember that National Hispanic Leadership Initiative that I was involved with.

We had, you know, UCSF over here, San Diego, Texas, Florida, and New York, right?

Those were the sites that were doing Hispanic cancer research, and that's where the investigators were.

And that's kind of where the network was. Well, when I went on the market, it was 1998, and there was a demographic shift that was occurring.

And what we learned after the 2000 census, was that the Hispanic Latino population was beginning to shift its

settlement patterns in the United States.

And the phenomenon was termed the Latinization of rural America,

right? And so what you see in this slide is the change in Latino population between 1990 and 2000.

And in those dark areas, that's where you see the biggest changes in the Hispanic population.

And so you can see over here where the traditional population was right there in yellows,

that means that there wasn't big change, but the growth in the population was in the southeast.

And so sure enough, right, when I went on the job market, I got six interviews,

but they were all in the southeast. Texas, north Florida, South Carolina, North Carolina, Maryland.

And so although I wanted to stay in the southwest, right,

and be near my family, kind of in my safe zone,

all the positions that kind of were looking for my expertise at the time with Latino population health were in the southeast.

So I did end up taking my position at the University of South Carolina at the School of Public Health, where I was there...

I was there for ten years, where I went from assistant to associate professor in 2004.

And I had a appointment in the School of Public Health with the joint appointment at women in gender studies.

And it was an interesting time, right?

Because when I arrived in South Carolina, I was the only Latina faculty member in the School of Public Health,

and there were actually very few faculty in the whole university who were ethnic... my ethnic group, Hispanic Latino.

I knew one faculty member in geography, and then there were 2 or 3 more that were in the Spanish department.

And so when I arrived at South Carolina, I was pretty much bombarded with, tell us about Hispanic Latinos.

You know, they were like very eager. Like, this population is growing.

They have health and human service needs. We are not really sure how to support them or what to do.

And so there was a lot of demand for kind of knowledge.

And I kind of had to step back because I felt like, well, I'm from the California border area.

I know nothing about the South. I know nothing about the Hispanic population that is immigrating here.

They're very different. And so I feel like my career in South Carolina really ended up having kind of parallel tracks.

I was committed to Latino population health.

I wanted to do that work, but the infrastructure and capacity in population to do that work was really nonexistent.

So I ended up spending a lot of time doing basically community service, volunteering, organizing, supporting

small community based organizations around Latino population health but not necessarily doing research with those communities.

And I ended up developing my research program more around cardiovascular risk reduction with African-American populations

because that was a large population with high needs experiencing disparities in that region of the country.

And I was much more successful in convincing funding agencies that that was the priority population in the area of focus to invest in.

And I couldn't really convince them to invest in the Latino population in the South at that time

because even though it had grown a lot, it was very small.

It was only 2% of the population, and there was not a lot of data about them.

So they were fairly invisible. And so I think that that was a challenge, right?

As I was trying to develop myself as a Latino population health researcher.

And was limited really in my ability to do that.

And so even though I was successful in establishing a research program focused on, you know, health disparities,

cardiovascular risk reduction, primarily with African-American populations, I really wanted to do more work with the Hispanic community.

And in 2008 an opportunity came to go to UT Health San Antonio.

The principal investigator who had led that national cancer control initiative, Dr. Emily Ramirez had been

recruited to UT Health San Antonio to establish a new research institute called the Institute for Health Promotion Research,

and she was recruiting faculty to join her in that effort.

And so I decided to leave South Carolina and go to San Antonio and it was a good decision for my career

in particular for my research focus, because all these ideas that I had tried to get funded in South Carolina,

where I couldn't convince researchers of the importance and impact, I felt like when I proposed those similar concepts in South Texas,

they were saying, of course you want to do that work in South Texas, right? Because the population, the Hispanic population was so large.

And so, when I went from South Carolina to UT Health, I was recruited and promoted to full professor with tenure.

And I was in the department of epi and bios and I really,

it was an opportunity there to really focus on research because I was primarily 100% research.

And I think that's kind of where I was really able to build kind of my NIH kind of research portfolio there.

And I started to be interested then in the different types of leadership positions,

right? Up to that point, I felt like I had become a leader of my own research teams as a principal investigator,

right? I was able to pull together my collaborators and hire my staff and lead a team from, you know, the development

implementation and that and kind of close out of a large research program.

But I wanted to kind of become, develop, my leadership qualities kind of more in kind of administrative roles,

right? I wanted to grow. And so I approached my director of my institute. I let them know about my desire to grow in leadership.

She kind of created a leadership position for me as an associate director of education and training programs for the institute.

So I was actually able to kind of develop skills and leading a training and education program within a center and get that running.

And I enjoyed that a lot. And I also applied for some other kinds of leadership positions within the Health Sciences Center.

Some I didn't get, I did others,

right?

And so kind of letting people know, right, about your interest in growing and kind of testing those waters and learning through those experience.

I think it's also important. And then, in 2016, another opportunity presented itself.

Think about going from Anschutz Medical Campus to Boulder.

Right? I was in a academic medical center, and then the flagship institution, UT Austin,

decided that they wanted to develop a research center focused on Latino population health.

And they were looking for an inaugural director. And so, you know, I wasn't on the job market.

I was contacted by the search committee to consider applying, and, you know,

I thought about it for a bit, and I really felt like it was time for me to kind of go that next step,

right? And to really focus on developing other scholars.

I've always been very interested in kind of building the pipeline of researchers in biomedical sciences.

And so I really saw this as an opportunity to do that.

There was also the added benefit that over time my children had settled in Austin.

And so there was also the advantage of some family reunification.

And so in 2016, I went to UT Austin, and I was there from 2016 to pretty much before I arrived here in 2024.

Yes. Another thing kind of also that drew me to UT Austin is that

at the time it was called an emerging Hispanic serving institution, and which meant that about

24% of the undergraduates enrolled were Hispanic Latino, and the threshold for being a Hispanic serving institution is 25%.

And so they were kind of on the edge of becoming a Hispanic serving institution.

And my thought at the time is if you want to impact kind of future generations,

leaders for the state of Texas, you know, the young leaders from the state are going to UT Austin, right?

UT Health San Antonio was a health sciences center. So we didn't have undergrads, right?

We only had graduate professional students. And so this was really an opportunity to really begin at the undergraduate level

of exposing people to research and really building that pipeline.

So, that was another kind of reason why I decided to go to UT Austin.

So I was there for eight years as the inaugural director.

I was recruited as a full professor, but also with an endowed chair.

And, again, had enjoyed a lot of success and satisfaction with that position.

And then in 2022

as the political landscape started to change in Texas, my adult children, post-Covid,

didn't have to go back to in-person work and their companies allowed them to work in any state.

And so they selected to come to Denver, Colorado.

So, and for other, you know, personal reasons, my daughter and her partner decided that,

you know, Texas wasn't the environment for them and their growing relationship.

And so they also came to Colorado, and they also took my two grandbabies with them.

And so I felt slightly abandoned, right, in Austin.

And I decided to see if there were any opportunities that were available to me in the region.

And it just so happened that the University of Colorado was searching for a director for a new center for health equity that they wanted to establish.

And so I thought, hey, that aligns with my experiences, my skills, my my commitment to eliminating health disparities.

And, it may be an opportunity, right, for me to also, go to to Denver, where my family is and be able to support them.

And it all happened to work out.

And so I came here in January of last year to basically launch the Center for Health Equity.

And, you know, the vision of the center is

to create inclusive communities where all the individuals and the families have the knowledge, resources, and support to thrive.

And our mission is really to advance community health,

wealth and well-being by eliminating eliminating systemic drivers of inequities

and leveraging community strengths to create opportunities through learning,

service, research, and advocacy. And so, you know, we're really focusing.

These are the strategies, right? The ways that we are going to accomplish our work, through learning.

And this is mutual learning.

So the center and community members learn from and teach each other, so that we have the knowledge to really advance the mission.

And so we know that the community are experts in their own lives.

They have ideas, solutions. They know what's happening in their neighborhoods,

and we bring other knowledge and skills to the table and that together, we can identify, and, try, right,

potential solutions.

Another important concept is service, in that we really want to mobilize the assets of the university in service of health equity.

And also it's assets oriented, right, so we really want to build on community resources, community strength.

So the research will be conducted in partnership with community,

as I mentioned, to discover solutions that we need to advance our mission.

And then advocacy is also an important aspect in that we want to make sure that what we're learning,

it can be used in real time to advance, policies and actions to improve community health.

So, you know, beyond the peer reviewed publication, right?

What other ways are there to make what we're learning accessible and available to communities so that they can

advocate for changes in their environments to improve health?

The core values guiding our work. Grounded in partnership.

Courageous in service of equity and justice.

Honoring diversity. Building solidarity across different populations.

Again, it's strength based. Has an assets orientation and action oriented,

right? So we want to make sure that the information that's being gathered is being used to make changes in real time, if at all possible.

This is who's involved with the center right now.

Big part has been just learning. I've focused a lot of time learning kind of the landscape on campus.

Who's doing what? Building a team.

Brooke Dorsey Holliman, Associate Director, responsible for advancing, creating the strategic directions for our research program.

Rita Lee, she's the Director of Health Equity Action Lab is helping us with our education efforts.

Mark Ostrander, he's our Department of Director of Finance and Administration, Ajah Mejia, our Business and Services Professional.

And Dionisia de la Cerda, Data and Evaluation Management.

So, these are kind of like the core areas, right, that we're working in right now.

One of the main things that I did was really go out and do one on ones with faculty across campus.

And different stakeholders did one on ones and then several group meetings to really figure

out where those challenges for faculty who identify as health equity scholars and researchers.

What are the challenges for them? And being able to establish their programs of research.

And how might the center support them in that work? And, you know, here you can see some of the things that came out.

And a lot of them really had to do with kind of cultural,

campus culture and values,

right? So people are feeling like legislative threats of DEI felt the alignment

the work and methods for community health CBPR, health equity,

how those always don't align well with academic promotion criteria and the challenges of aligning those.

But the lack of understanding kind of campus wide about what health equity is as a science

supports for working in partnership with communities, which is core to health equity work.

The balance, helping find balance,

kind of what community needs and priorities are versus what faculty researchers needs and priorities are and how to make those align.

And another factor that they talked about was mentorship.

Many of the scholars on campus that are focused on health equity are junior scholars.

And so really, a kind of a gap in the mid and senior level of people who can help guide them as they develop their programs.

And so these are some of the issues that, you know, faculty have brought up.

And then thinking about well what can the center do to create an environment,

develop resources and support to help address some of these needs.

So we have developed a community of practice.

We are meeting monthly, and basically it's just coming together to kind of share collective wisdom, learn from one another.

One of the first things we did is develop some guidelines for what does health equity research look like, right?

For us, as community health equity scholars, what are the guiding principles?

And something that we can call, rely on to know that we are all moving in the same direction.

We've drafted those guidelines.

The next step is to take those guidelines to community and get community's input on what do you expect from researchers when they come to

they want to collaborate with you, on issues related to community health and health equity.

So that's an ongoing project.

The community practice meets monthly sharing works in progress, grant proposals, papers, that sort of thing.

In the fall of last year, we had our first community campus forum where we had almost 150 people attend, come to campus.

We had members from the community as well as the campus from, you know, government, clinics, nonprofit organizations, community volunteers.

And we really tried to highlight different efforts happening on campus and in the community that address health equity.

So we can really highlight what are the different initiatives, and actions that our people are taking and for people to meet one another.

The forum was called Healing the divide, healing the divide, in health outcomes, but also healing the divide between campus and community.

And it was really well received.

I think we learned a bit about what kind of the community wants to see from campus, and we're committed to pursuing those ideas.

We are going to, here's just some more pictures of the event and what people had to say about their experience that was there.

You know, the panels were really intimate and had a feeling of safety. Language justice was very important.

So, we knew community members were going to be there.

So we offered simultaneous interpreting in three languages during the whole day.

And, we really tried to balance our panels so that we had community voices and voices from campus on our panels as well.

And, we were really mindful of trying to get diverse representation on campus.

Following up from the community campus forum,

we're going to be doing quarterly community forums where we follow up on some of the issues that were raised by the community.

So the first community forum which will be held in the community as opposed to on campus,

will be on community engagement and health equity research.

So those guidelines that we're developing on how to work collaboratively with community.

We're going to have some community, input and vetting on those guidelines. In June we'll be focusing on mental health and wellbeing.

And then in September, we'll be focused on maternal health disparities.

And then we have the date set for our next forum which will be November 15th, here on campus.

So this is really around those focus areas related to learning and service,

right? So learning from each other and trying to mobilize university assets in support of community identified priorities.

Another activity that you're going to be hearing about coming up this spring is going to be the health equity inventory.

The AAMC Center for Health Justice has developed a tool.

It's basically a Redcap database that campuses can adopt to really inventory health equity activities that are happening across their campus.

There is a lot of activity. This is a large, decentralized campus.

So really getting a sense of who is engaged in this work, what approaches are they using,

what populations are they working with, in which geographies

is going to be super important. And so we will be launching this inventory where

people will be able to contribute what they're doing. It could be clinical activities.

It could be research activities, it could be education activities, community engagement, administrative initiatives.

So anything that is happening on campus, that whose goal is to impact equity, we want to capture and include in this, in this inventory.

So you'll be hearing more about this and hopefully you will, if you are involved in any activity that's designed to impact health equity,

that you will contribute that activity to the inventory.

And, you can go to AAMC Center for Health Justice to learn more about this inventory

if you are interested. Another thing we'll be doing is developing what I'm calling a community driven data dashboard.

The community, what I hear from the community is that they perceive researchers, as being very extractive in their work, and that they're coming.

They want to do research, they need data, and that they take information.

But the community never learns anything from that information.

They never get any of that data back, and so we want to really address this by creating a community driven data dashboard.

That is a way where we can bring the information that in the knowledge that we

are learning and gathering from community and to reflect it back to community

so they have access to that data to be able to use for their own initiative and growth at activities that they're trying to design.

And so we're going to be adopting a new tool called streetwise

which is a mobile app that allows community to gather data and map data in their communities.

If you want to know more about this tool that we're adopting in this approach, I'm happy to answer some more questions about it as well.

But I'm very excited about this

activity. If you want to be engaged with the Center for Health Equity, join our listserv.

Here's our email. It's healthequity@cuanschutz.edu.

You can join our community of practice, learn about our events and activities and that sort of thing.

And just kind of summarizing, I feel like in my leadership journey,

some of the things I've learned were to kind of seize opportunities, right, when they came.

So and that doesn't mean like waiting for them to come your way,

but actively looking for and taking advantage of opportunities, even if you feel like it's reaching.

I think that's how you grow by reaching a little bit. Building relationships.

I feel like I've benefited a lot from cultivating networks both within and outside of the campuses that I work in,

really having a positive mindset, and growing and learning from failures and, you know, challenges are opportunities to grow.

And, you know, we receive a lot of, you know, rejection in academia.

And I never take it personally. I love red ink.

I love sharing my works in progress with people and letting other people give me feedback and share their wisdom and expertise.

I don't mind sharing things that are seem half baked. I'm just not afraid of that.

I never stop, you know, learning every role has value.

I feel like in every job I've learned something, I've gained skills.

And so I've always, you know, trying to keep up with new trends, going to conferences and really learning.

In terms of funding, I really stay connected to the different institutes, right, that support my work,

whether they're strategic plans, whatever their focus areas, where do they see the gaps and needs

so I'm tuned in to where the field is going.

And also I feel like, you know, everybody's journey is unique, right?

Everybody has different things going on in their lives, different things they want to balance and prioritize in their lives.

And so, everybody's pathway ends up being different, moves at a different pace.

And people make different choices based on, you know, different things that are important to them.

So you can't really compare your path to others. And I think that that's it for now, and I'd be happy to take some questions.

Thank you so much, Dr. Parra-Medina, that was amazing.

I appreciate you sharing what I learned.

You know, your some of your tenacity, your passion and and your resilience and just bringing a vision and your experience to our campus.

We are so blessed to have that here. And thank you so much. Given the time, what I would like to do is just quickly announce our next speaker.

And if you have like maybe ten minutes for people who can stay on and want to do some Q&A if that would work for you.

I want to invite all of you to join us on April 10th, where Jori Leszczynski will be joining us.

I think Jori's actually on the call today, so I'm really glad she's here.

She is our Assistant Vice Chancellor for Animal Resources.

She's the Director of OLAR, which is the Office of Laboratory Resources and our university veterinarian.

And so I think, you know, Jori's been on this campus for quite some time.

And I know, Jori, you're going to have great insights to share with us in April.

We look forward to having you join us. So at this point, it's 8:30.

We recognize the time. We thank all of you joining. For those of you that can stay on or would like to stay on for Q&A,

we would love that. Deborah, you're getting some love in the chat, so I hope you can see that.

So what I would like to do at this point, if people have questions, I'm going to ask you to come off mute and maybe your video as well.

If you can't, that's okay. But we'd like you to come off audio at a minimum to ask any questions that you might have.

So let's open that up for some Q&A.

You can either raise your hand or just come right off your audio.

Love all these comments coming in for you. Really nice balance.

Go ahead. Someone just joined. Sounded like there might have been somebody trying to ask a question.

I'm going to go ahead and just go to a couple of the questions that we had prior to the session.

One of the things that I thought, you know, this is a very big question,

but, you identified some of the challenges that people felt on our campus.

I may ask if you would want to maybe expand that a little bit in terms of biggest challenges you see around health care

in underserved populations more broadly.

And, you know, kind of what you would identify as things that we could or should be really evaluating as we look at

health care access or other equities in underserved populations in the coming year.

You know. Yeah. This is not a new issue, right?

I mean, it's pretty much been present, like, in my whole career.

And, I feel like

it has to be, you know, multi-pronged approach.

As long as our health care system is organized the same way,

right? Fundamentally, in terms of how access is through health insurance,

right? And you need to get insurance either through the marketplace, the federal government, through need based programs, or your employer,

right? I think that that access, right, that's a fundamental kind of

the system, the way it's organized, it's going to be a challenge that while people don't have access to those financial resources,

right? Health insurance through any of those mechanisms. So there's always a gap, right?

So there's always going to be people who don't have access to those tools to make it financially more accessible.

And that ends up leaving, right, this patchwork of safety nets that people have to negotiate.

That's super complicated.

And, that's not even considering other sorts of issues related that are part of other the segment of other people's lives,

right? I think right now there's a big, focus on non-medical drivers,

right? And the organization, health care system and insurance is one, but there's all these other,

right? And I think that that's where some of the focus is now, health related social needs.

And how are we going to address those social drivers like housing, you know, food security, quality education, quality employment,

right? So in the Center for Health Equity, it's community health, wealth and well-being,

right? People like, what does the wealth have to do with it?

Well, if people don't have opportunities for quality education, jobs with a living wage that offer health insurance,

right, they can't build that financial security for their families.

They can't have health and well-being, right? Those things are fundamental.

And so I think we're beginning to look at, you know, how do health care providers partner with other sectors such as housing,

transportation, other human services to meet the needs of the whole person?

And so I think that that's a lot of where the focus is right now on these kind of multi-sector partnerships and trying to focus on these other

social drivers that impact people's ability to be, you know, achieve their kind of full health.

I think these social determinants of health have just been such an important part of the work that we are trying to do at this campus.

And I think what you're doing at the center will really help, you know, help us understand what is most needed and how we can,

you know, help to provide that, whether it's through the center or through other organizations with your advocacy.

I think that you're that's really, what you're all about.

And you're doing a great job creating some great things. Let me open up the floor again and see if there's any other questions.

Otherwise, I may have 1 or 2 more. Go ahead.

I thought I heard some feedback there. Let me try to try one more.

You touched on this a little bit. We have some younger folks in the audience.

Both students and early career faculty. What advice do you have for them in terms of bringing, you know,

you talked about at the end a little bit, building relationships and really, you know,

kind of advocating for yourself and kind of in what you're looking for. Any other words

of wisdom or ways that they can get involved with the work in health equity that you would recommend?

I mean, definitely, you know, if they want to learn more about the center or any of our initiatives, you know, reach out and schedule time.

I'm always happy to meet with people, hear about kind of where they want to grow and build.

I feel like that's a big part of always kind of how I have operated is I enjoy kind of hearing

listening to people kind of where they are now and where they see themselves in the future.

And knowing that allows me then to create opportunities, right, that align and will give them the experiences they need to get them moving on their pathway.

But at the same time, same aligned with the mission of the overall like center and the work that we're trying to do so that we can both grow in a positive way. So, and I feel like

there has to be persistence. You know, I did mention that, like failure, right?

We get a lot of rejection. Like my first RO1 proposal I submitted four times, right, in order to get it funded. and the one that I submitted the most that got funded got submitted seven times.

So, that's like the maximum.

And at that point, I told my colleagues, like, you know, this is the last time I'm gonna submit it because obviously they're not interested,

right? Because it just kept getting at the borderline.

It's like either that's the impact or something about this that just they don't want to interest.

It's not going to get they don't want to give it a [unintelligible], right?

And so but yeah, I mean, it's just every time you take the feedback you get and you do your best to address the concerns,

and then you resubmit it, or you do another pilot study or you write another publication, right?

That's going to give more support for the your approach or what you're proposing or to convince them that you can do it.

But yeah, I mean, it's the rare occurrence, right, that something gets funded on the first try or accepted after the first submission.

So and like I said, I've come to like enjoy feedback.

You know, I know people, especially in careers, they feel like it's a personal kind of criticism.

You know, when they you see the ink and that's and I'm just like, give it to me, I want it.

So I think you really... so at some point that switches right and you're happy, you know, that other people are willing to share.

Take time to read your stuff and give you feedback to make it better.

Yeah, and I think what I love about this campus is I think everybody has their heart in the right spot.

So when they're giving feedback, it's always coming from a place of we want you to be better.

We want our work to be better, we want our campus to be better.

And I feel like that goes through many, much of the work that happens here.

I hope you will continue a very long journey with us and your family here in Colorado.

It has been such a pleasure to have you and learn more about you.

Dr. Parra-Medina, you are just amazing and such a great example of what can be done in a career

that continues to learn and grow and create impact.

And I'm so grateful for you. So I'll close us out.

Yes. You're welcome. I again, look at all the love in the chat.

We ask you all to fill out your evaluation when you receive that.

And we look forward to seeing you all on April 10th. Thank you so much, and I hope everyone has a wonderful week.

Thank you. And really all, reach out if you want to know more about the center or get involved, or just want to meet more one on one, happy to do it.