Published in final edited form as:

Acad Med. 2009 August ; 84(8): 1118–1126. doi:10.1097/ACM.0b013e3181ad1cb1.

Reducing Health Disparities Through a Culturally Centered Mentorship Program for Minority Faculty: The Southwest Addictions Research Group (SARG) Experience

Vanessa Lopez Viets, PhD,

is research assistant professor, Department of Psychology, Center on Alcoholism, Substance Abuse, and Addictions, and a Southwest Addictions Research Group mentee, University of New Mexico, Albuquerque, New Mexico

Catherine Baca, MD,

is visiting research assistant professor, Pediatrics Adolescent Medicine, Department of Pediatrics, and a Southwest Addictions Research Group mentee, University of New Mexico, Albuquerque, New Mexico

Steven P. Verney, PhD,

is assistant professor, Department of Psychology, Center on Alcoholism, Substance Abuse, and Addictions, and a Southwest Addictions Research Group mentee, University of New Mexico, Albuquerque, New Mexico

Kamilla Venner, PhD,

is research assistant professor, Department of Psychology, Center on Alcoholism, Substance Abuse, and Addictions, and a Southwest Addictions Research Group mentee, University of New Mexico, Albuquerque, New Mexico

Tassy Parker, PhD, and

is assistant professor, Department of Family and Community Medicine, Center for Native American Health, University of New Mexico, Albuquerque, New Mexico

Nina Wallerstein, DrPH

is professor, Masters in Public Health Program, Department of Family and Community Medicine, School of Medicine, and principal investigator and mentor, Southwest Addictions Research Group, University of New Mexico, Albuquerque, New Mexico

Abstract

Purpose—Ethnic minority faculty members are vastly underrepresented in academia. Yet, the presence of these individuals in academic institutions is crucial, particularly because their professional endeavors often target issues of health disparities. One promising way to attract and retain ethnic minority faculty is to provide them with formal mentorship. This report describes a culturally centered mentorship program, the Southwest Addictions Research Group (SARG, 2003–2007), at the University of New Mexico (UNM) that trained a cadre of minority researchers dedicated to reducing health disparities associated with substance abuse.

Method—The SARG was based at UNM's School of Medicine's Institute for Public Health, in partnership with the UNM's Center on Alcoholism, Substance Abuse, and Addictions. The program consisted of regular research meetings, collaboration with the Community Advisory Board, monthly symposia with renowned professionals, pilot projects, and conference support.

The authors collected data on mentee research productivity as outcomes and conducted separate mentee and mentor focus-group interviews to assess the strengths and weaknesses of the SARG program.

Results—The SARG yielded positive outcomes as evidenced by mentee increase in grant submissions, publications, and professional presentations. Focus-group qualitative data highlighted program and institutional barriers as well as successes that surfaced during the program. Based on this evaluation, a Culturally Centered Mentorship Model (CCMM) emerged.

Conclusions—The CCMM can help counter institutional challenges by valuing culture, community service, and community-based participatory research to support the recruitment and advancement of ethnic minority faculty members in academia.

Universities have historically had a poor track record in recruiting and retaining faculty from underrepresented groups, with African Americans holding only 5%, Latinos holding only 3%, and Native Americans holding only 1% of full-time positions and with even less representation at the senior level.¹ The number of racial/ethnic minority medical faculty is similar at approximately 7%.^{2,3} These ethnic minority groups are greatly underrepresented in academia considering that African Americans, Latinos, and Native Americans constitute approximately 30% of the U.S. population.⁴ Faculty of color, however, are indispensable to institutions of higher education as role models, mentors, and advocates for students of similar backgrounds.

Minority academicians are more likely than their nonminority counterparts to address disparities of health care and health status. They often dedicate their skills to serving their communities^{3,5,6} and expanding knowledge creation by challenging traditional Western concepts of research.⁷ Also, ethnic minority patients prefer to seek treatment from minority versus nonminority professionals.⁵ With the “quality chasm” lamented by the National Institute of Health (NIH), in which effective clinical interventions tested in academic research settings are not translated into practice and policy settings to improve health, especially in underrepresented and minority communities, it is even more important for minorities to move into academic research to engage their communities which face these disparities.³

Despite the need for more faculty of color, many researchers cite structural barriers in academia, such as a lack of institutional support (e.g., limited time to devote to research due to heavy teaching loads), a lack of institutional commitment (e.g., lack of financial support for research related to minority concerns or interests), institutional demands (e.g., appointments to multiple administrative committees), racism and discrimination (e.g., questions or derogatory comments regarding ethnic minority faculty legitimacy and merits), and the high costs of clinical and graduate education that impede the academic success of underrepresented groups. These barriers sometimes induce minority faculty to leave academia in pursuit of other professional avenues.^{6,8,9}

In addition to structural constraints, ethnic minority faculty often internalize pressures when they take on too much responsibility for both their academic and their ethnic communities, in what Soto-Greene and colleagues⁸ refer to as the quandary of “academician versus activist duality.” Within the university, minority academics face the dual pressure of maintaining an active research portfolio and seeking to better the academic and student conditions of underrepresented groups, which includes defending their communities when stereotypical or disparaging remarks occur. Despite these stressors, successful ethnic minority faculty have shown resilience through capitalizing on their internal assets and on external resources, such as mentorship opportunities.⁶

Traditional mentoring relationships occur more often on an informal rather than a formal basis, with mentees and mentors establishing a relationship on their own initiative; however, evidence shows that ethnic minorities and women are often excluded from these informal networks.^{10,11} Therefore, formal mentorship programs that provide guidance and networking become crucial for individuals from underrepresented backgrounds who might otherwise be excluded from this beneficial process.

Mentoring programs in academic medicine have shown positive outcomes, with mentees reporting increased research productivity, professional development, and career satisfaction.^{12,13} As a result of these benefits and in response to the barriers, academic health centers (AHCs) are gradually implementing mentorship programs for junior faculty of color with successful outcomes. For example, two overlapping programs conducted at the University of New Mexico's (UNM) School of Medicine (SOM), both of which focused on training underrepresented researchers in mental health services research, demonstrated increased research productivity and academic advancement among its participants, in addition to collegial psychosocial (e.g., informal camaraderie among peers) and cultural support.^{14,15} Other programs within medical schools have been promising but have not reported outcome data relevant to research productivity or faculty advancement.^{8,16,17}

This report describes the four-year experience (2003–2007) of a mentorship program based at UNM's SOM's Institute for Public Health, in partnership with the UNM's Center on Alcohol, Substance Abuse, and Addictions (CASAA). The program consisted of three years of intensive implementation and a one-year no-cost extension. The Southwest Addictions Research Group (SARG) recruited junior faculty and graduate students of color—based on their dedication to research related to ethnic minority communities and recommendations from the SARG mentors—from various disciplines, including medicine, psychology, public health, and sociology with the overarching goal of creating a cadre of intervention researchers dedicated to reducing health disparities associated with substance abuse in Native American, Latino, and rural communities in the Southwest. This report presents outcome data related to their (i.e., the mentees') research productivity. Additionally, qualitative data derived from focus-group interviews of mentees and mentors highlight some of the barriers that mentees encountered in academia, as well as the facilitating factors and tensions that emerged from the SARG mentorship process. We present a Culturally Centered Mentorship Model (CCMM) and recommendations for other mentorship programs that are designed specifically for ethnic minority faculty at AHCs.

Method

SARG program goals

The SARG program¹⁸ had four specific aims: (1) to train and mentor junior faculty and graduate students from underrepresented backgrounds, (2) to conduct addictions-related intervention research in Latino, Native American, and rural poor communities in the Southwest through pilot research projects, (3) to develop culturally supported interventions (CSIs) or to adapt empirically supported interventions (ESIs) for these communities (terms adapted from Hall¹⁹; more information below), and (4) to develop methods of dissemination of CSIs and ESIs within communities and academia. The SARG program focus was on research, rather than clinical training.¹⁸

As defined by Hall,¹⁹ ESIs are interventions tested for efficacy and effectiveness through scientifically rigorous standards, with a focus on internal validity. Usually tested on single populations, which are often non-Hispanic white, these studies do not provide the knowledge necessary for translating interventions to diverse settings with high variability in culture, context, and levels of acceptance.^{20,21} CSIs are programs and practices in

communities that are congruent with community and cultural norms and goals. While they are often unevaluated, they fit within the values and social service systems of local communities. They are highly utilized and supported, and they sustain themselves over time.^{22,23} The SARG promoted a bidirectional approach of mutual and reciprocal learning; that is, academicians and community members worked together to create culturally appropriate interventions, by both adapting ESIs to the local culture and integrating CSI values and practices into their research interventions. Mentees also learned from communities through joint meetings with the Community Advisory Board (CAB) and through training in community-based participatory research (CBPR).²⁴

SARG mentors and mentees

Mentors—Three senior faculty from UNM provided mentorship to all the mentees. Two mentors were female faculty—one Native American and one white (N.W.), both from the masters in public health program at the SOM. The principal mentor was a white male, a highly regarded alcohol and addictions professor from the department of psychology and CASAA. Mentors received support from SARG funds or other grants designed to provide mentoring. Other coinvestigators (including one senior Native American, one senior Latino, two junior Latinas, and one senior and one junior white faculty) had responsibility for the different grant components (described below): pilot projects, the CAB, and training. They constituted an executive committee that met monthly, but they did not meet regularly with the mentees as the mentors did. The SARG mentorship team chose coinvestigators on the basis of their expertise in relevant areas, including addictions, health disparities, CPBR, and intervention research with ethnic minority populations.

Mentees—Nine mentees from various disciplines including medicine, psychology, and public health participated in the SARG program for its duration. Six mentees had received their advanced degrees (PhDs, MDs, MPHs) prior to the inception of the program and had gained either tenure- or non-tenure-track faculty positions at UNM. Eight were female. Six were Latino, and three were Native American. For a period of time, four others (including two from sociology)—three Latino, one Filipina, one male—were affiliated with the SARG, but two had to leave because of their jobs, one received a postdoctoral fellowship, and one mentee left because the program did not meet that mentee's needs. The coinvestigators and mentors selected mentees on the basis of their ethnic heritage and their research involvement. None of the mentees had directed an R01 grant.

SARG training components

All of the training, pilot research, and CAB components described below were supported during the three years of the grant; in the fourth no-cost extension year, mentors and coinvestigators received no compensation, though the evaluation, training, and conference costs for mentees were still covered.

Biweekly meetings—Mentees participated in biweekly SARG meetings for a period of three years. These meetings provided mentees with technical support, such as the science of addictions research and writing skills, especially those needed for grant submissions, presentations, and manuscripts. Meetings also provided psychosocial support—that is, camaraderie, encouragement to pursue academic interests, and a safe forum for discussing cultural and discrimination issues.

The CAB—Because mentees already had a strong understanding of ESIs from their graduate training, but less knowledge of CSIs, community members who had knowledge of CSIs provided vital cultural training. Coinvestigators invited these community members, who together constituted the CAB, because of their extensive cultural and linguistic

expertise and/or their work with the target communities. The eight CAB members, representing different geographic areas from the state of New Mexico, included traditional healers from Latino and Native American communities in addition to substance abuse providers and prevention specialists from small, nonprofit organizations and state agencies. The CAB members came together twice a year in a forum for providing feedback about the SARG projects and for sharing practices and theories from their own communities. Several mentees invited CAB members to consult on their pilot projects and to help them conduct culturally relevant research.

Systematic learning opportunities—In addition to the biweekly meetings, mentees participated in a highly systematic NIH-grant writing seminar provided annually by CASAA, and they completed a psychology graduate seminar in research ethics.

Minority monthly symposia

Coinvestigators and mentors invited renowned professionals and academicians to speak at a monthly minority symposium open to the academic community and sponsored by the SARG. Speaker topics included innovative research projects within ethnic minority communities (e.g., American Indian traditions incorporated into cognitive behavioral treatment), health disparities (e.g., NIH research initiatives to increase the participation of underrepresented scholars), and substance abuse prevention and treatment (e.g., culturally focused outreach). Sessions generally received a high mean score of 4 or 5 on a 1 to 5 Likert scale evaluation.

Conference support

Mentees received financial support to become members of the Research Society on Alcoholism and \$1,000 for travel to present at this annual conference. Additional funds were available for other addictions-research conferences; if the mentee wanted to attend another conference, he or she provided the PI with a rationale for approval.

Pilot projects—Mentees could apply for pilot research grants of up to \$20,000 to cover direct costs (these funds were already allocated for this purpose in the larger SARG grant) on an annual basis. A National Institute on Alcohol Abuse and Alcoholism (NIAAA)-approved external advisory committee, composed of senior national alcohol researchers, met annually to approve pilot projects and to provide overall guidance. Each year, three pilot grants were awarded. No mentee received more than one pilot grant. UNM's institutional review board approved each mentee's pilot project as well as the evaluation of the SARG Project, consisting of focus groups (described below), tracking mentee productivity, and reporting the results. As a result of working on the pilots, the mentees learned about the multifaceted practice of research (e.g., study recruitment, personnel management, data analysis, presentation of results), and gained valuable pilot data for further addictions-related research.

Evaluation methods—Annual process evaluation included individual and group debriefing sessions with the mentees on progress and future goals, evaluations of the minority health symposia, and evaluations of the pilot projects. At the end of the grant (2007), an external faculty of color (T.P.) conducted a formal focus group for the mentees, and two of the mentors and one coinvestigator held a self-led discussion. Participants used the opportunity to reflect on their career progress and the strengths and weaknesses of the SARG training program. Sessions were audiotaped, transcribed, and coded for themes related to

- SARG mentoring,

- facilitating factors that helped mentees achieve research outcomes,
- barriers that detracted from mentees achieving research outcomes, and
- career issues for minority faculty and graduate students.

Results

Research productivity outcomes

Overall, the SARG was highly effective in providing technical assistance, mentorship, and financial support for mentees to enhance their research productivity. Table 1 presents the research productivity of each of the nine core mentees prior to (June 1999 to July 2003) and during (August 2003 to September 2007) SARG involvement, and Figure 1 presents the overall number of grant applications and awards, publications, and professional presentations that all nine mentees produced during both the pre-SARG and SARG time periods. Mentee productivity from the pre-SARG to the SARG time periods rose from 3 to 12 grant applications and awards, 11 to 37 publications, and 43 to 62 professional presentations. There was a considerable increase in total mentee research productivity: a 200% increase in grant applications and awards in addition to the SARG pilot grants, a 336% increase in publications, and a 144% increase in professional presentations (two of the mentees participated in other mentorship programs). In addition to individual publications, mentees collaborated on a special issue on “Interventions for Alcohol Problems in Minority and Rural Populations” published in *Alcoholism Treatment Quarterly*.¹⁸ This leap in productivity is especially important given national trends of ethnic differences in research productivity. In one nationwide study, for example, white faculty member respondents (39.6%) had significantly more grant support than Latino respondents (25.9%), and over four times more peer-reviewed publications than African American respondents and 50% more than Latino respondents.²⁵

Notably, the pilot awards also significantly contributed to mentee productivity in research on addictions, especially in underserved and minority populations (for more details, see Web site: <http://hsc.unm.edu/som/fcm/mph/sarg/mentees.shtml>):

- Tele-Counseling for Alcohol Problems: To test the effectiveness of motivational interviewing to reduce problem drinking using three formats—(1) telemedicine technology, (2) telephone counseling, and (3) in-person counseling.
- Alcohol Policies to Reduce Underage Drinking Among Border Youth: To review documents and interview stakeholders (e.g., city and county officials) about policy development and implementation along the border.
- Development of an Alcohol Intervention Model for Violence-Involved Emergency Department (ED) Patients: To establish baseline data for ED patients presenting with assault-related injuries and alcohol use and to develop an intervention targeting this population.
- Examining the Alcohol-Related Communications of Mexican Immigrant Parents and Their American-Born Youth: To interview parents and youth from single- and dual-parent families to assess the efficacy and challenges of their alcohol-related discussions and these discussions’ impact on youth drinking.
- Neurocognitive Deficits and Recovery in Thiamine Deficient Alcoholics: To examine the impact of thiamine replacement therapy on the neurocognitive functioning of older alcoholics.

- Adapting Motivational Interviewing to Native Americans: In partnership with community members and behavioral health providers, to use focus groups to create a Native American culturally based manual (see <http://casaa.unm.edu/nami.html>).
- Neurocognitive Impairment Due to a Past History of Alcohol in Older Ethnic Minorities: To use culture-fair methods (tests that do not evidence cultural bias in results) of information processing and psychophysiological assessment to advance understanding between chronic alcohol use, aging, and neurocognitive functioning.

Focus-group data

As the authors analyzed the focus-group data, a CCMM emerged (Figure 2), with themes related to its community foundation, the institutional setting, SARG's unique contributions, the mentorship core, and desired mentee and system outcomes.

A CCMM

In evolving the CCMM, mentees stated that issues of culture and community undergirded their career and research choices, with their primary motivation being maintaining a long-term connection to their communities and making a positive difference. Within this foundation, therefore, the flow of mentorship began with analyzing the setting, including both institutional barriers and SARG facilitating factors aimed at improving mentee and community outcomes. The mentorship core activities included (1) support, both culturally based psychosocial and technical support, (2) bidirectionality of knowledge, including CSIs and ESIs, and (3) community engagement, including training in CBPR and interaction with a CAB. The desired outcomes of the CCMM were mentee outcomes (i.e., research productivity and career advancement) and system outcomes (i.e., cultural community connections and benefits, institutional changes at the university, and a reduction in health disparities).

Setting: Institutional barriers in academia

While mentees expressed gratitude for the opportunities provided by SARG and belief that those opportunities were necessary in the presence of institutional barriers, they also expressed frustrations and impatience with the barriers. Group members expressed irritation at the lack of recognition for their accomplishments and stated that their accomplishments were sometimes attributed to minority status. One mentee stated, "It really frustrates me, angers me to hear people say, 'you got into graduate school or you have this assistantship because you're a minority,' ... they just see your ethnic background and they don't know that you are just as qualified or more qualified." Mentees also stated that community-oriented work, which they valued, was generally discounted by the institution as reflected in one mentee's query, "Why isn't that something you can put toward promotion—community things—why doesn't this count?"

Mentees lamented the lack of commitment from the university administration to recruit and maintain faculty of color. To illustrate, a well-respected Native American faculty member and SARG mentor was recruited by another university. Mentees perceived little effort from UNM to try to retain this valuable faculty member. Mentees also discussed the importance of adequate representation in academia to reflect the demographic composition of New Mexico. One mentee astutely observed, "And 55% of the state are racial/ethnic minorities and state tax dollars pay for this institution, so we should be represented."

Mentees expressed a sense of isolation regarding their departments, especially when issues involving ethnicity were addressed, and more commonly, when these issues were ignored. One mentee made the following observation about efforts to make changes in the

department: “It sure feels like it is a constant conscious effort to confront and be aware of how the status quo works It is very draining and I feel like I don’t have somebody to help me process this.” In addition, mentees discussed the considerable stress experienced when academicians make disparaging remarks about people of color. One mentee’s remark summarizes this stress well: “My problem is when people in an academic institution make derogatory remarks about poor and minority students or patients. Minority faculty are suddenly placed in a very difficult position. These comments add stress to minority faculty who usually feel compelled to address them, and this is usually not a problem for a person of the majority culture.”

Setting: SARG facilitating factors

The SARG infrastructure of culturally-based psychosocial support, and technical and financial resources, particularly for the CAB member stipends and costs, provided support for community participation. UNM, a minority-serving institution, provided the critical mass of ethnic minority mentees as well as access to the partnering minority communities. SARG mentees were appreciative of the scientific training they received including both exposure to the most recent, cutting-edge research designs and findings and the guidance in grant writing.

In addition to the technical training, mentees expressed gratitude that the SARG created a safe cultural space for minority faculty by emphasizing the value of cultural issues and community commitment. One mentee stated, “We constantly need to remind ourselves that we are here because a community that we come from is suffering considerably, and we need to keep those communities in mind and be more determined to serve them.” Equally important was the creation of a nurturing and safe environment that formed through the sense of community and camaraderie generated at the biweekly meetings. To counter the academic culture of competition, criticism, and little emotional involvement traditionally found in universities, these feelings of safety and support may be particularly important to junior academicians who are ethnic minorities, given their cultural values of contextualization, personal relationships, community, and respect.²⁶

Mentorship core

Despite the SARG’s facilitating factors and outcomes, there were a few inherent challenges.

Technical versus culturally-based psychosocial support—The process of balancing how much mentored support should be technical—or psychosocial and cultural—resulted in some tension. In its conception, the SARG mentors planned a training program of intensive technical support and only minimal psychosocial support. The need for providing psychosocial support, as seen through a cultural lens, emerged over time. One mentee described this tension of having an environment from which the minority versus the majority/academic worldview is emphasized: “I thought when we got into SARG, I thought we were supposed to be developing different ways that were culturally appropriate to do research. I kept finding myself being shifted ... it kept being moved to evidence-based. So we used the same models, but just a different color of people.”

While the mentees appreciated the opportunity to develop technical skills necessary for academic success, they expressed the challenge of developing such skills. One mentee observed, “It is like learning another language.” Both mentees and mentors noted the need for product-oriented formal training, but still within a supportive environment: “Competition is stiff, so it is good to practice in a safe environment.”

Issues related to psychosocial and cultural support were prominent in the discussions of both focus groups. As the mentees developed into a community, they were able to openly express their frustration at not receiving psychosocial support from the institution (i.e., the university, various departments, and professional colleagues), as well as the vital role SARG came to play in providing that support. The mentor group recognized that “The strengths [of the SARG] were that there was enough critical mass of minority faculty that we were able to come together,” and that the emotional support came through the association with the group: “Being with people of like mind is very empowering.”

Over time, the SARG began to focus on cultural issues more centrally vital to the mentoring model valued by mentees. One mentee commented that she “enjoyed cultural issues at the forefront,” as often in academia, cultural issues are secondary or simply not addressed.^{27,28} “For me I think of SARG as nurturing Knowing that you had community people involved was a sense of comfort to me. Because I knew it wasn’t just academia.”

A major source of culturally based psychosocial support, which resonated with the mentees, was a professional panel of senior faculty of color, organized by the mentors when they realized midway through the grant that the mentees could benefit from role models who had long years of academic experience. Through sharing their stories about and the challenges they encountered within their academic careers, these panelists of senior faculty not only created an intimate forum for mentees to reflect on cultural issues at a personal and professional level but also provided visible role models of successful faculty of color so that the mentees could better understand strategies for overcoming institutional barriers. Importantly, the SARG mentoring program also included a Native American faculty member who served as an ongoing role model. Having a successful, ethnic woman in a leadership role increased self-efficacy in a way that no other mentor could. One mentee expressed the value of this positive role model’s presence: “She is a good mirror to reflect on the possibilities of what could be.” In sum, a balance of technical and culturally-based psychosocial support with a critical mass of people of color was integral to the professional training of the mentorship core (Figure 2).

Bidirectionality of knowledge—A foundational theme recognized by the SARG was to work with communities in sharing knowledge for the betterment of those communities. However, as is common to graduate training, mentees were predominantly trained to carry out ESIs, and they expected to learn more about developing CSIs in the SARG. Hence, they counted on being allowed more flexibility in their approaches to conducting research, but both mentors and mentees noted that priority was given to ESIs, especially with the priority given to technical (not cultural) training in the first year. A mentee described this tension: “I think for me it has been using paradigms that have been the old traditional paradigms and trying to fit in with those paradigms and just not being able to meet the grade as far as research and other questions go.”

The primary mentor was a leader in the field of substance treatment who carried out the initial training agenda, and many of the mentees, recruited from his department, shared his treatment perspective. One commentor reflected, “I think it was appropriate, because you know, with junior faculty they have to go with what they’re strongest in, and that’s what they were strongest in.” However, mentees, especially the few who had backgrounds different from that of the primary mentor, lamented the predominant early unidimensional focus in the SARG meetings. They felt they had to question and challenge the research process because they used a different set of theories and methods in the field of public health. A commentor affirmed this limitation and stated, “I felt the lack of attention to prevention, which from a public health point of view is where the action really should be.” In sum, the SARG participants realized that cultural and multidisciplinary approaches,

including prevention, should have received greater attention earlier in the mentoring process if mentees were to incorporate community healing and knowledge into the scientific knowledge base.

Community engagement—Mentees expressed that they benefited from the focus on CBPR and from the CAB's insistence on being accountable to community partners. The coinvestigator who oversaw the CAB reported of the mentees, "They want to know where the information goes, and if it is going to help the communities." The CAB was also helpful in expanding the community focus and social networks in some of the mentees' research projects. However, some tensions arose between the mentees and the CAB members about what knowledge was legitimate: academic or community-based wisdom. One mentee voiced this tension: "I think [more of the CAB] thought we would do research [with] them. I don't think they felt respected." Indeed, most mentees still conceptualized and carried out their pilot projects with less community input than expected from the CAB. This reflects one of the power differentials within research, as acknowledged in CBPR, with investigators often having more resources and time than their community counterparts.²⁹

At the end of the SARG, mentees and CAB members shared a meal together to celebrate accomplishments and to dialogue about the challenging issues related to community input and community-driven approaches. One important outcome was that mentees realized that community engagement and using cultural knowledge require commitment, and they also gained an appreciation for the complexities of building authentic partnerships.

Despite the success of SARG for individual investigators, there was no immediate follow-up funding mechanism within NIAAA to continue intensive mentorship. A one-year, no-cost extension provided mentee opportunities for conference funding, periodic supportive meetings, and collaborative writing. Since the SARG program has ended, several programs and activities have sustained some elements of the SARG program. These include (1) CASAA's seminars and other research support activities; (2) personal relationships between mentee and investigator/mentor, among mentees, and between mentees and the communities; and (3) several new UNM centers (i.e., the UNM Robert Wood Johnson Health Policy Center, a doctoral mentorship program for Latino, Native, and other underrepresented scholars; and the SOM Center for Participatory Research). In particular, investigators at the centers have expressed interest in continuing the scholarship developed from the CCMM. Attention to CBPR and its resonance with faculty of color has also been growing, as evidenced by a SOM task force, headed by two of the authors (T.P. and N.W.), to reexamine tenure and promotion guidelines to reflect special considerations for community engaged scholarship. Most important, the centers hope to support efforts to transform the UNM into a place that is more open to discussing and researching diversity issues, including retention of faculty of color, once recruited.

Discussion and Conclusions

Despite the tensions and, in fact, *because* the SARG provided a safe environment for dialogue about the tensions and about institutional issues, this CCMM is presented as a successful facilitator of advancement for ethnic minority faculty and students in academic health settings. In understanding the SARG tensions, we offer recommendations for institutional change aimed at creating an atmosphere more conducive to the success of all faculty including ethnic minorities. Together, the model and institutional recommendations are intended to support the recruitment, advancement, and retention of ethnic minority faculty who are more likely to study and serve ethnic populations³ in order to reduce ethnic minority health disparities. Because multidisciplinary AHC training projects are highly

encouraged by federal funding institutions, this model would be of benefit to other health research programs.

One recommendation for those choosing to implement a model similar to the CCMM is to incorporate an analysis of institutional barriers and facilitating factors—both from the beginning and throughout the implementation—as part of the critical reflection important to the mentoring process. As evidenced in the focus-group discussions, the mentees encountered various institutional barriers. Responses to these barriers need to be both personal and structural. Junior faculty of color, for example, cannot carry the load alone for responding to racist comments. White senior faculty and administrator allies can counter comments on a personal level and can encourage peer support with other minority faculty. Structurally, the existence of the Centers on diversity and community-based participatory Research have proven to support minority faculty who might otherwise experience the detrimental effects of discriminatory practices and comments³⁰; these centers provide a counterinfluence to the cultural conflict between the university's norms of objectivity and the minority culture's reliance on contextualization for learning.^{26,28} A recent study of diversity within three universities uncovered the link between diversity and excellence and posited that incorporating discourse on privilege represents the highest stage of a university's capacity to create an environment conducive for minority faculty.²⁷ As discussed by the SARG mentees, plans to diversify through recruitment are not sufficient. Efforts to *support* and *retain* underrepresented faculty are equally important. Culturally based mentoring can be one strategy.

Another barrier that the focus groups identified was the lack of recognition by the institution of the value that mentees placed on service to ethnic minority communities. Faculty of color tend to provide service out of a sense of concern and as a source of validation as such service provides a much needed connection to their communities.³¹ Junior faculty of color also tend to teach classes about diversity in the spirit of serving minority communities, but they are concerned when these courses are valued less than other department courses.³² Minority faculty should receive recognition for their expertise in minority culture, but recognizing the added burden of emotional stress related to defending that culture is also important. Policy should mandate that white senior faculty coteach diversity courses and that such courses include broader discussions on privilege, race, and racism. Not only does the entire institution benefit if diversity is a core value, but minority faculty are more likely to stay in an institution that honors diversity and cultural issues, including the role of service to diverse communities.

Culturally based mentorship can help build a solid networking infrastructure of minority faculty, providing access to mentors and role models of the same race/ethnicity or gender who are successful in academia.³³ Despite the value of having mentors of the same race/ethnicity, ethnicity alone is not necessarily a crucial variable for a successful mentoring relationship. White mentors can effectively guide mentees from underrepresented backgrounds, especially when they provide access to important professional opportunities and when they cultivate an understanding of the minority experience in academia.³⁴ If white mentors have limited expertise in culturally supported intervention research, finding cultural experts from other departments or from the community is important.

Ultimately, an infrastructure dedicated to supporting the research of mentors and mentees, whether through a department or through the university, is an important element of an academic environment. Senior mentors who take an active interest in helping advance junior faculty, especially faculty from underrepresented backgrounds, should be recognized for their efforts; for example, UNM SOM guidelines require evidence of mentorship for advancing to full professor.

The key to community service is the understanding that community knowledge is core to the research endeavor. The SARG's emphasis on bidirectionality of knowledge contributed to the richness of the mentee research and enabled dialogue on the legitimacy of different knowledge bases. Despite the continued primacy of evidence-based approaches, new attention to the cultural dimensions of interventions and to external validity is needed to support improved translational and implementation research. The practice of conducting CBPR in conjunction with CABs can further this translational goal. A CAB enables researchers to bring communities into the study not as subjects but as partners directly involved in the research, including integrating knowledge of local culture into the intervention design, participating in data collection and analysis of outcomes, and discussing the use and dissemination of the data. CABs can ensure community benefits even before the research is completed; for example, they can request that the research team provide technical assistance or training to community members.

Tensions between academicians and community members are normal, given their different perspectives and agendas. In looking back on these tensions, we recommend holding meetings in the partner communities, clearly defining roles, and dialoguing throughout the research process. Researchers, moreover, must have institutional support and resources to undertake and sustain community partnerships in research; such support and legitimacy for engaging communities throughout the research process is growing within AHCs through the new Clinical Translational Science Centers awards.³⁵ Similarly, new emphases on external validity and grounding interventions in local context and culture will promote the integration of CSIs and ESIs in translational research. A recent journal supplement on mentoring minority faculty mirrored the SARG findings, with recommendations for sustained institutional support, cross-disciplinary teams, peer monitoring and support, alternate community-based research paradigms, and cultural grounding and integration of indigenous values into the academy.^{36–38}

Finally, in a reflection during the focus-group interview, one of the mentees voiced, "I need to remember the mentor in me and my ancestors. Sometimes that is better than an academic mentor." This statement captured important issues that the SARG addressed: the cultural strengths of minority faculty and the connectedness to their communities. Ultimately, ethnic minority faculty need to have faith in themselves and their abilities despite the constant challenges encountered in academia. Mentorship programs can bolster this faith by supporting, in a safe, collegial space that honors cultural issues and values, the research agendas and skills of ethnic minority faculty. This includes honoring the scholarly knowledge and expertise of minority faculty, as well as the expertise of the communities with whom they are engaged in research, especially when conducting patient- and population-based research. In this manner, academicians take a first and most important step toward respecting the communities whom they serve and, in turn, earning the trust of the communities so that academicians and communities can work together toward the goal of reducing health disparities.

Acknowledgments

This research was funded in part by National Institute on Alcohol Abuse and Alcoholism grant 5 U01-AA014926. The authors wish to thank the Southeast Addictions Research Group mentors, William R. Miller and Bonnie Duran; the professional series speakers; and the Community Advisory Board.

References

1. Parsad, B.; Glover, D. [Accessed May 4, 2009] Tenure status Of Postsecondary Instructional Faculty and Staff: 1992–98. Available at: (http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1a/5e/5b.pdf).

2. Association of American Medical Colleges. [Accessed April 14, 2009] Table 19. Distribution of U.S. medical school faculty by sex, race/Hispanic origin, tenure status, and department. Available at: (<http://www.aamc.org/data/facultyroster/usmsf06/06table19.pdf>).
3. BD, Smedley; AY, Stith; AR, Nelson, editors. Unequal Treatment: Confronting Racial and Ethnic Disparities in Healthcare. Washington, DC: National Academies Press; 2003. Committee on Understanding and Eliminating Racial and Ethnic Disparities in Health Care. Institute of Medicine.
4. [Accessed April 20, 2009] U.S. Census Bureau. U.S. Census 2008. Available at: (<http://www.census.gov/popest/national/asrh/NC-EST2007-srh.html>).
5. Komaromy M, Grumbach K, Drake M, et al. The role of black and Hispanic physicians in providing health care for underserved populations. *N Engl J Med*. 1996; 334:1305–1310. [PubMed: 8609949]
6. Cora-Bramble D. Minority faculty recruitment, retention and advancement: Applications of a resilience-based theoretical framework. *J Health Care Poor Underserved*. 2006; 17:251–255. [PubMed: 16702712]
7. Abbott PJ. Traditional and Western healing practices for alcoholism in American Indians and Alaska Natives. *Subst Use Misuse*. 1998; 33:2605–2646. [PubMed: 9818991]
8. Soto-Greene ML, Sanchez J, Churrango J, Salas-Lopez D. Latino faculty development in U.S. medical schools: A Hispanic Center of Excellence Perspective. *J Hisp Higher Educ*. 2005; 4:366–376.
9. Thomas, GE. Race and Ethnicity in America: Meeting the Challenge in the 21st Century. Washington, DC: Taylor & Francis; 19995.
10. Smith JW, Smith WJ, Markham SE. Diversity issues in mentoring academic faculty. *J Career Dev*. 2000; 26:251–262.
11. Haynes, RK. [Accessed April 14, 2009] An Exploration and Assessment of Mentoring Within the American Law Professoriate. Available at: (http://www.eric.ed.gov/ERICDocs/data/ericdocs2sql/content_storage_01/0000019b/80/1b/df/aa.pdf).
12. Palepu A, Friedman RH, Barnett RC, et al. Junior faculty members' mentoring relationships and their professional development in U.S. medical schools. *Acad Med*. 1998; 73:318–323. [PubMed: 9526459]
13. Sambunjak D, Straus SE, Marusic A. Mentoring in academic medicine: A systematic review. *JAMA*. 2006; 296:1103–1115. [PubMed: 16954490]
14. Waitzkin H, Yager J, Parker T, Duran B. Mentoring partnerships for minority faculty and graduate students in mental health services research. *Acad Psychiatry*. 2006; 30:205–217. [PubMed: 16728767]
15. Yager J, Waitzkin H, Parker T, Duran B. Educating, training, and mentoring minority faculty and other trainees in mental health services research. *Acad Psychiatry*. 2007; 31:146–151. [PubMed: 17344457]
16. Bussey-Jones J, Bernstein L, Higgins S, et al. Repaving the road to academic success: The IMERGE approach to peer mentoring. *Acad Med*. 2006; 81:674–679. [PubMed: 16799297]
17. Lewellen-Williams C, Johnson VA, Deloney LA, Thomas BR, Goyol A, Henry-Tillman R. The POD A: new model for mentoring underrepresented minority faculty. *Acad Med*. 2006; 81:275–279. [PubMed: 16501276]
18. Duran BG, Wallerstein N, Miller WR. New approaches to alcohol interventions among American Indian and Latino communities: The experience of the Southwest Addictions Research Group. *Alcohol Treat Q*. 2007; 25:1–10.
19. Hall GC. Psychotherapy research with ethnic minorities: Empirical, ethical, and conceptual issues. *J Consult Clin Psychol*. 2001; 69:502–510. [PubMed: 11495179]
20. Wallerstein, N. Making traces: Evidence for practice and evaluation. In: Green, J.; Labonte, R., editors. *Critical Perspectives in Public Health*. New York, NY: Routledge; 2007. p. 80-92.
21. Fixsen, DL.; Naoom, SF.; Blase, KA.; Friedman, RM.; Wallace, F. [Accessed April 14, 2009] Implementation Research: A Synthesis of the Literature. Available at: (<http://www.incredibleyears.com/Library/items/implementation-research.pdf>).
22. Smith, LT. Decolonizing Methodologies: Research and Indigenous Peoples. London and New York: Zed Books; Dunedin, NZ: University of Otago Press; 1999. Distributed in USA exclusively by St. Martin's Press

23. Duran B, Walters KL. HIV/AIDS prevention in “Indian country”: Current practice, indigenist etiology models, and postcolonial approaches to change. *AIDS Educ Prev.* 2004; 16:187–201. [PubMed: 15237050]
24. Minkler, M.; Wallerstein, N. *Community Based Participatory Research: From Process to Outcomes.* San Francisco, Calif: Jossey-Bass; 2008.
25. Palepu A, Carr PL, Friedman RH, Amos H, Ash AS, Moskowitz MA. Minority faculty and academic rank in medicine. *JAMA.* 1998; 280:767–771. [PubMed: 9729986]
26. Ibarra, RA. *Beyond Affirmative Action: Reframing the Context of Higher Education.* Madison, Wisc: University of Wisconsin Press; 2001.
27. Mather, FA.; Thompson Tetreault, MK. *Privilege and Diversity in the Academy.* New York, NY: Routledge; 2007.
28. Fouad, NA.; Arredondo, P. *Becoming Culturally Oriented: Practical Advice for Psychologists and Educators.* Washington, DC: American Psychological Association; 2006.
29. Wallerstein N, Duran B. Using community based participatory research to address health disparities. *Health Promot Pract.* 2006; 7:312–323. [PubMed: 16760238]
30. Seifer, SD. Making the best case for community-engaged scholarship in promotion and tenure review. In: Minkler, M.; Wallerstein, N., editors. *Community Based Participatory Research: From Process to Outcomes.* 2nd ed. San Francisco, Calif: Jossey-Bass; 2008. Available at: (<http://www.ncsu.edu/extension/news/documents/Seifer-Ap-E-CBPR.pdf>). [Accessed on April 14, 2009.]
31. Turner CS. Incorporation and marginalization in the academy: From border toward center for faculty of color? *J Black Stud.* 2003; 34:112–125.
32. Brayboy BMJ. The implementation of diversity in predominantly white colleges and universities. *J Black Stud.* 2003; 34:72–86.
33. Giscombe K, Mattis MC. Leveling the playing field for women of color in corporate management: Is the business case enough? *J Bus Ethics.* 2002; 37:103–119.
34. Thomas DA. The truth about mentoring minorities. *Race matters.* *Harv Bus Rev.* 2001; 79:98–107. 168. [PubMed: 11299697]
35. Michener JL, Yaggy S, Lyn M, et al. Improving the health of the community: Duke’s experience with community engagement. *Acad Med.* 2008; 83:408–413. [PubMed: 18367904]
36. Forsyth AD, Stoff DM. Key issues in mentoring HIV prevention and mental health for new investigators from underrepresented racial/ethnic groups. *Am J Public Health.* 2009; 99(Suppl 1):S87–S91. [PubMed: 19246661]
37. Walters KI, Simoni JM. Decolonizing strategies for mentoring American Indians and Alaska Natives in HIV and mental health research. *Am J Public Health.* 2009; 99(Suppl 1):S71–S76. [PubMed: 19246668]
38. Alegria M. Training for research in mental health and HIV/AIDS among racial and ethnic minority populations: Meeting the needs of new investigators. *Am J Public Health.* 2009; 99(Suppl 1):S26–S30. [PubMed: 19246670]

Figure 1. Southwest Addictions Research Group (SARG) mentee productivity growth from before and during involvement in the SARG program. Productivity includes grants, publications (including manuscripts “in press”), and professional presentations for all nine mentees for the pre- and post-SARG Mentoring Program time periods.

Figure 2.
The Culturally Centered Mentorship Model that emerged through Southwest Addictions Research Group (SARG) Mentoring Program.

Table 1

Southwest Addictions Research Group (SARG) Mentee Research Productivity Per Mentee Prior to and During SARG Involvement^{*}

Mentee	Pre-SARG productivity (June 1999 to July 2003)	SARG productivity (August 2003 to September 2007)
1	K-23, National Institute on Alcohol Abuse and Alcoholism (NIAAA), awarded	<u>SARG Pilot Grant, NIAAA, awarded</u> <u>RO1, NIAAA, submitted</u> <u>8 publications (3 in press)</u> 5 presentations
2	1 publication 8 presentations	SARG Pilot Grant, NIAAA, awarded <u>4 publications (2 in press)</u> 18 presentations
3	None	<u>Learn & Serve Grant, awarded</u> <u>U.S. Department of Justice Grant, awarded</u> <u>Administration for Native Americans Marriage Initiative Grant, awarded</u> <u>2 publications in press</u> 2 presentations
4	2 publications 1 presentation	SARG Pilot Grant, NIAAA, awarded <u>1 publication in press</u> 2 presentations
5	None	<u>SARG Pilot Grant, NIAAA, awarded</u> <u>R21, Native Investigator Research Fellowship, National Institute on Aging (NIA), not funded</u> <u>3 publications (1 in press)</u> 3 presentations
6	2 publications	<u>3 publications</u> 3 presentations
7	K-23, NIAAA, awarded 1 publication 9 presentations	SARG Pilot Grant, NIAAA, awarded 5 publications (1 in press) 7 presentations
8	Dissertation Research Grant, R03, National Institutes of Mental Health, awarded 5 publications 22 presentations	SARG Pilot Grant, NIAAA, awarded NIA, awarded <u>UNM School of Medicine, awarded (coinvestigator)</u> <u>Defense Advanced Research Projects Agency, U.S. Department of Defense, awarded (coinvestigator)</u> <u>National Institute on Drug Abuse P20 Center Grant component, submitted</u>

Mentee	Pre-SARG productivity (June 1999 to July 2003)	SARG productivity (August 2003 to September 2007)
		8 publications (3 in press)
		16 presentations
9	3 presentations	3 publications (2 in press)
		6 presentations

* Presentations indicates professional conference speaker and poster presentations.