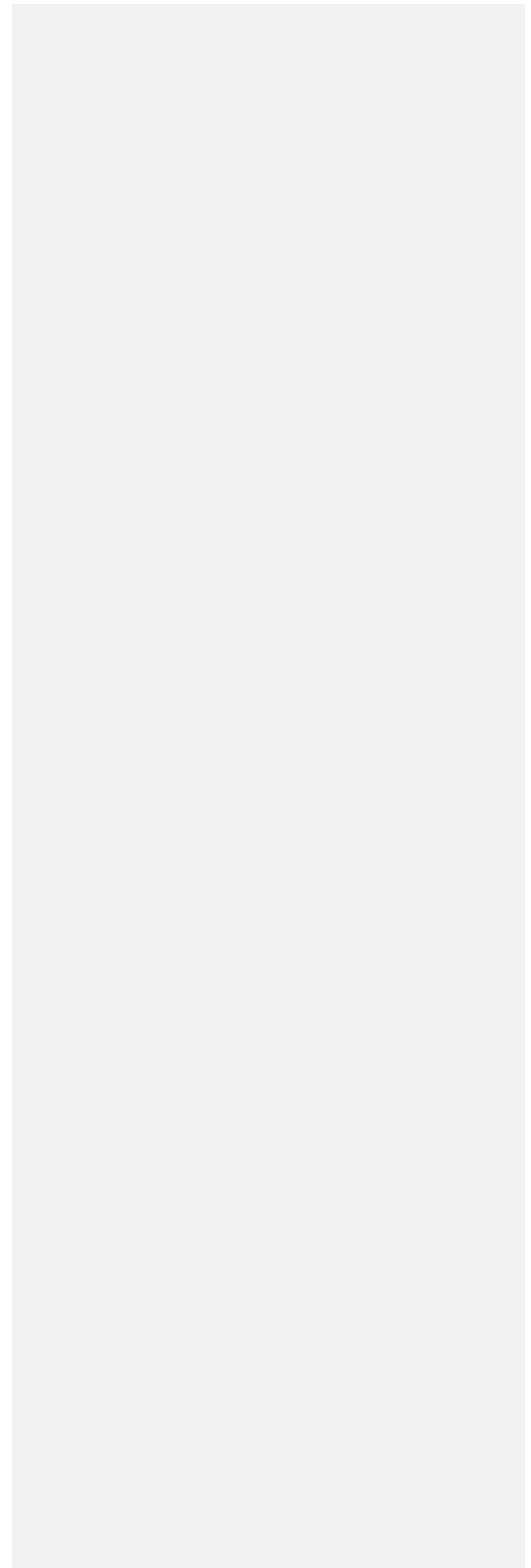


## SAMPLE DOSSIER EXCERPTS

This section includes excerpts of a dossier to illustrate how a community-engaged scholar may document their CES and their alignment with best practices in CES within their promotion dossier. It also includes supporting materials such as letters of support to illustrate how others might discuss the community-engaged scholar and their work.

Yellow highlighting and comments in the margin have been used to draw the attention of P&T committee members to particularly illustrative examples of documentation of CES.

These dossier excerpts were adapted from the dossier of an actual community-engaged scholar submitting her dossier in 2006 and de-identified and altered to best illustrate the points made in the accompanying document – UMN Promotion and Tenure Committee Resource Packet.



**CURRICULUM VITAE**

ANN BROOKS, PhD, MA  
March 2006

**Office Address** School of Public Health and Health Sciences  
University of Massachusetts Amherst  
xxx  
**Phone** xxx  
**Fax** xxx  
**Email** xxx

**EDUCATION**

Ph.D. 1992-1998 **University of Florida**  
Health Behavior and Health Education  
M.A. 1990-1992 **Harvard University**  
Medical Anthropology  
B.A. 1986-1990 **University of Kansas**  
Anthropology

**EMPLOYMENT**

Assistant Professor, University of Massachusetts Amherst School of Public Health and Health Sciences, August 2001-present  
Clinical Assistant Professor, University of California Davis, December 1999-2001  
Postdoctoral Fellow, Boston University School of Public Health, August 1998-August 1999

**DISSERTATION**

Effects of the Perceptions and Observations of Environmental Stressors on Health and Well-Being in Residents of Jacksonville, Florida, August 1998, Dr. Samantha Charles and Dr. Colleen Nelson, dissertation co-chairs

**REFEREED PUBLICATIONS**

**\* indicates that co-author is a community member**

Brooks, A. and \*Anderson, Y.L. Promoting the Health of Indigenous Farmworkers: A Community Health Curriculum. *CES4Health.info*, 2007

Brooks, A. and \*Anderson, Y.L. Comunidades de la Salud/Communities in Health. *Health Education and Behavior* 32(1) (2006):25-6.

**Commented [CJ1]:** Scholars may use coding schemes to highlight products of scholarship co-authored by a community partner. Co-authorship demonstrates alignment with best practices in CES of sharing power, responsibility and credit for collaborative work

**Commented [CJ2]:** Community-engaged scholars may take a scholarly approach to the development of innovative products of engaged work and, if available, subject that work to peer review. When these works are approached in a scholarly manner, are peer reviewed, and broadly disseminated, they might be considered a publication.

My community partner and I co-designed this intervention research. I was responsible for overseeing data collection and analysis. My community partner was responsible for the implementation of the intervention. We co-wrote this manuscript. I edited the final manuscript. Impact factor = 1.608. Citations = 4.

\*Vera, M. and Brooks, A. Engaging students in community: A public health course transformed. *Journal of Public Health Education* 14(2) (2005); 56-71.

My community partner and I co-designed and co-taught this course. She oversaw the preparation of this manuscript. I wrote sections and edited the final draft. Impact factor = 1.605. Citations=5. This paper was used by a colleague at UNC-Chapel Hill to transform several courses within their School of Public Health.

Brooks, A. and \*Vera, M. A curricular guide to transforming graduate coursework for maximal student learning and community impact. *CES4Health.info* (2005).

My community partner and I co-developed this guide; I took the lead. It was reviewed by 2 academic and 2 community reviewers, revised and resubmitted. Hits = 202, Product downloads = 24. Surveys of the 24 users who downloaded the product suggest high satisfaction with the product. One commented that this guide became his "Bible" when developing a community-based education course.

Brooks, A., \*Anderson Y.L., and \*Powers, N. Creating change in urban communities: Building on history and social capital. *American Journal of Public Health* 95(2) (2004): 96-101.

I drafted this manuscript. My community partners provided case study descriptions illustrating the health impact resulting from our Comunidades de la Salud project. Impact factor = 3.930. Citations = 21.

Brooks, A., and \*Christenson, N. Disaster-relief policy and practices: Community and university participation. *Journal of Community Practice* 13(2/3) (2004):107-131.

I took the lead in drafting this manuscript. My community partner, now an assistant commissioner of health, uses this work and this manuscript to guide the Department of Health's responses to disasters. Citations = 16.

Brooks, A., and \*Anderson, Y.L. Communities in Health: An application of the community health worker model to rural areas. *Journal of Interprofessional Care* 20(4) (2003):145-147. Impact factor = 1.483. Citations = 43.

Washington G.O., Fields J., and Brooks A. An assessment tool for the evaluation of senior walking. *American Journal of Preventive Medicine* .14(1) (2003); 145-156. Impact factor = 5.249. Citations = 41.

Richfield T.E., Lee D., and Brooks A. Walking in older adults: Measuring the influence of neighborhood environment effects. *Journal of Aging and Physical Activity* 14(2), (2003);14-24. Under my mentorship, graduate student Richfield and post-doc Lee collected and analyzed data and took the lead in drafting the manuscript. I interpreted the data and provided final editing of the manuscript. Impact factor = 2.410, Citations = 101.

Goldstein, B.A., Brooks, A., Alcorn, A., Paulson, A.S., Stevens, E.A., and Schork, T. Southern women, stress, social support and health. *Health Education and Behavior* 31(3) (2001):152-160.

I was a post-doctoral fellow working within a team, under the mentorship of Professor Schork. I was responsible for the qualitative analysis of data and writing up these results for the publication. Impact Factor 1.608, Citations = 7.

**Commented [CJ3]:** Scholars may use annotation to explain their contribution to a collaborative project and to give credit to the substantive contributions of community partners

**Commented [CJ4]:** A community partner may be first author on a collaborative manuscript if they took the lead in manuscript preparation. This demonstrates the scholar's adherence to best practices in CES by showing respect and acknowledging the substantive contribution of community partners.

**Commented [CJ5]:** Scholars might provide evidence for impact on the field that go beyond journal impact scores and citation counts

**Commented [CJ6]:** Scholars may include in as a peer reviewed publication products of scholarship in forms other than journal manuscripts published in peer reviewed online repositories.

**Commented [CJ7]:** Scholars may provide evidence of impact such as hits and downloads to demonstrate impact. This peer reviewed repository can survey users who downloaded a product and provide the author with first-hand assessment of the utility and impact of the author's work.

**Commented [CJ8]:** Scholars may use annotation to highlight community impact, as well as impact on the field. It is likely that this would be more fully explicated in the Research essay.

**Commented [CJ9]:** Scholars may use annotation to highlight when they have provided students the opportunity to engage in community research and scholarly writing.

Ramirez, M., and Brooks, A. Hopeful approaches to youth HIV/AIDS prevention. *Journal of Health Management* 2(1), (1999); 4-14.

I assisted in the data collection and analysis of this work, which was the dissertation research of a graduate school colleague. I helped prepare the manuscript. Citations = 16.

Brooks, A. Assessing youth health; A view from the streets. *Cultural Anthropology Methods* 10(1) (1996); 31-45.

This publication is the result of my masters thesis work. Impact factor = .551, Citations = 3.

Taylor, R., Brossart, J., Harris, T., Philips, A., Brooks, A., and Lee, C. Applied curricula revisions. *Society for Applied Anthropology* 11(1) (1995):29-35.

I was a graduate working within a team, under the mentorship of Professor Lee. I designed a student survey, analyzed the student survey and wrote this portion of the Results section. Citations = 6.

#### **OTHER REFEREED WORK**

Brooks, A. and Bozer, N. Engaging youth in HIV/AIDS prevention efforts. Technical report provided to the Centers for Disease Control and Prevention. Reviewed by the State of Massachusetts Public Health Advisory Committee. (2005).

#### **NON-REFEREED PUBLICATIONS**

*\* indicates that co-author is a community member*

##### Book Chapters

Brooks, A., and \*Christenson, N. Disaster-relief policy and practices: Community and university participation impact. In Soska, Johnson (eds). *Higher Education and Civic Participation*. Boston University Press, (2005), pp 203-217.

As a result of our 2004 journal article on the topic and utility of the work to the Department of Health, we were invited to write a chapter for this book on community engagement success stories.

Brooks, A., and Xiong, S. The methods and ethics of community-driven environmental justice research: In Boro, Wilson (eds). *Community Action Research in the Health Sciences*. New York, NY: Haworth Press, Inc. (2002), pp.221-241.

##### Completed Works

Brooks, A. Using community health workers in primary prevention. Report prepared for the Massachusetts Medical Association. (2003).

This report, commissioned by the MMA, was the basis for a curricular change in preparing community health workers.

Brooks, A., Carmichael, M., and Reese, N. Health and the environment: Making the case for a toxics reduction strategy at Hampshire County and the City of Amherst. (2002).

This white paper was requested by the City of Amherst to inform environmental health policy.

**Commented [CJ10]:** Scholars may note how they have developed a reputation for the community-engaged work, as evidenced by invitations to write, speak, consult, etc.

**Commented [CJ11]:** Scholars may include products such as reports, policy briefs, white papers, etc. and use annotation to discuss the impact these

Bozer, N., Brooks, A., and Hughes, G. Practice implications of state policy changes related to youth HIV/AIDS screening. Brief prepared for the Massachusetts Senate subcommittee on children's health. (2000).

This policy brief, was a precursor to the work reviewed by the State of Massachusetts Public Health Advisory Committee noted under "Other Refereed Work".

Lane, N.M., Cretella, N., Brinda, N.A., O'Connell, S., Purcell, L., Mehr, M., Brooks, A. Report of the WHO/IAC Environmental Health Task Force. Geneva, Switzerland: World Health Organization. (1998).

I was the graduate student who staffed the Task Force. I provided narrative accounts of task force meetings that I adapted for purposes of the report.

### **PRESENTATIONS**

*+indicates peer reviewed*

*\* indicates the co-presenter is a community member*

Brooks, A., and \*Raymond, M. "A partnership to promote the health of indigenous farm workers in California." Presented at the 133<sup>rd</sup> Annual Meeting of the American Public Health Association, Philadelphia, PA, December 10, 2005. +

**Commented [CJ12]:** Community-engaged scholars and their community partners often co-present at academic conferences and community meetings. This is consistent with principles of respect and sharing power and resources, credit, etc.

Brooks, A., \*Anderson, Y.L., \*Powers, N. "Partnerships to increase social capital in diverse communities." Presented at the 133<sup>rd</sup> Annual Meeting of the American Public Health Association, Philadelphia, PA, December 10, 2005. +

Meierotto, N., Lien, J., Kraft, S., Brooks, A., and \*Raymond, M. "Results from focus groups with indigenous farm workers and medical providers." Presented at the California Public Health Association meeting, Davis, CA, October 7, 2005. +

Brooks, A., and \*Anderson, Y.L. "Social determinants of health." Presented at the Hampshire County Health Department Community Health Worker training session, Amherst, MA, July 12, 2005.

My community partner and I were invited by county administrators to provide training to community health workers. This invitation was the result of the report on community health workers I prepared for the MA Medical Association.

**Commented [CJ13]:** Scholars may use annotation to make connections between, for example, presentations and publications, or to demonstrate a reputation as a result of their scholarly work.

Brooks, A. "Research and evaluation methods in public health research." Presented at the Hampshire County Health Department Community Health Worker training session, Amherst, MA, May 17, 2005.

Brooks, A. "Meeting people where they are at: The role of the community health worker." Presented to the city of Amherst, Public Health Advisory Committee. September 2, 2004.

Brooks, A., \*Anderson Y.L., and \*Powers, N. "Building capacity to address health disparities in African American and Latino communities." Presented at the 132<sup>nd</sup> Annual Meeting of the American Public Health Association, Washington, DC, November 7, 2004. +

Brooks, A. "Creating partnerships in research and teaching." Presented at University of Massachusetts Amherst Umbrella Tours, Amherst, MA, October 29, 2004.

Brooks, A. "Creating opportunities for community-building." Presented at the UMASS Child Development and Rehabilitation Center annual retreat, Boston, MA, October 26, 2004.

Brooks, A., \*Powers, N., and the Comunidades de la Salud/Communities in Health Steering Committee. "Building capacity, building community: The Comunidades de la Salud/Communities in Health project." Presented at the University of California Davis Center for Health Disparities Research, Amherst, MA, September 8, 2004.

Brooks, A., Hanstad, L. "Experiences from the NACCHO/CDC Protocol for Assessing Community Excellence in Environmental Health project." Presented at California Department of Health and Human Services, Davis, CA, July 27, 2004.

Brooks, A. "Using evaluation tools to assess public health programs in rural communities." Presented at the Rural Community Health Conference, Amherst, MA, March 24, 2004.

Brooks, A., \*Anderson, Y.L. "Measuring social capital in African American and Latino communities." Presented at the 131<sup>st</sup> Annual Meeting of the 131<sup>st</sup> American Public Health Association, San Francisco, CA, November 17, 2003. +

Brooks, A. "Getting to Synergy!: Moving from coalition building to action." Presented at the 131<sup>st</sup> Annual Meeting of the American Public Health Association, San Francisco, CA, November 17, 2003. +

Brooks, A. & \*Anderson, Y.L. "Building on history and social capital to create change in two urban communities." Presented at the Centers for Disease Control and Prevention Forum on Social Determinants of Health, Atlanta, GA, October 28, 2003. +

Brooks, A. "Calling the shots: A community-driven assessment of threats to environmental health." Presented at the 130<sup>th</sup> Annual Meeting of the American Public Health Association, Philadelphia, PA, November 11, 2002. +

Brooks, A. "Driving the agenda: Assessment of health and environment in Jacksonville." Presented at the Transportation Research Group Symposium, Amherst, MA, February 25, 2002.

Brooks, A., Stevens, E.A., Goldstein, B.A., Paulson, A.J. "The effects of urban blight and environmental devastation in Jacksonville, Florida." Presented at the Annual Meeting of the American Public Health Association, Atlanta, GA, October 24, 2001. +

Brooks, A., Frasier, N. "Blacks stayed on the floors, Whites stayed in Hope House Plantation." Presented at the Massachusetts Environmental Justice Summit, Boston, MA, October 18, 2001. +

Brooks, A. "Survey results from a community-driven assessment of flood victims of eastern Massachusetts: Results and recommendations." Presented at the W.K. Kellogg Community Health Scholars Meeting, Jacksonville, FL, December 7, 2000.

Brooks, A. "The environmental justice movement: An examination of citizens' rights to an equitable and safe environment in Jacksonville, Florida." Presented at the Annual Meeting of the Society for the Study of Social Problems, Chicago, IL, August 6, 1999. +

Paulson, A.J., Stevens, E.A., Goldstein, B.A., Brooks, A., Glasier, A.B., and Dunn, M. "Social inequalities and women's health: Participatory action research for community building and collective action in Jacksonville, FL." Presented at the Second International Interdisciplinary Conference on Women and Health, University of Edinburgh, Scotland, July 13, 1999. +

Paulson, A.J., Stevens, E.A., Glasier, A.B., Brooks, A., and Goldstein, B.A. "The use of qualitative methods for community planning." Presented at the Annual Meeting of the American Public Health Association, Washington, DC, November 18, 1998. +

Brooks, A. "A Critical Assessment of the Quantification of Street Youth Activities and Health Status." Presented at the Annual Meeting of the American Anthropological Association, Atlanta, GA, November 1994. +

Brooks, A. "Researching Risk Behavior of Cambridge's Homeless Youth." Presented at the Annual Meeting of the Society for Applied Anthropologists, San Antonio, TX, February 1994. +

### HONORS AND AWARDS

- 2005 Community-engaged Scholar Award, University of Massachusetts Amherst College of Urban and Public Affairs
- 2004 Emerging Scholar Award, University of Massachusetts Amherst College of Urban and Public Affairs
- 1997 Sandra Fisher Memorial Scholarship, American Public Health Association
- 1996 Jenkins Dissertation Grant, University of Florida
- 1995 Powell Discretionary Award, University of Florida
- 1995-1996 National Institute of Mental Health Predoctoral Training Fellowship
- 1993 Scott Drake Memorial Award, University of Florida

**Commented [CJ14]:** Community-engaged scholars may have received internal or external awards for their CES

### GRANTS

Principal Investigator, Comunidades de la Salud/Communities in Health, Centers for Disease Control and Prevention, \$500,000, 2002-2006

*This grant funds a community-based approach to improving health outcomes that was co-designed by community members and employs community members as Community Health Workers. The principal goal of Comunidades de la Salud/Communities in Health is to increase the capacity of members of the African American and Latino communities in Hampshire County, Massachusetts, to promote health in their communities.*

**Commented [CJ15]:** Community-engaged scholars may be funded from federal, foundation and internal sources for their community-engaged work. They often piece together funding to cover various parts of their projects (federal funds might not pay for food and child care for community research meetings, but foundation sources might.)

**Commented [CJ16]:** Scholars may use annotation to explain the collaborative nature of their scholarly work.

Environmental Scientist and Co-investigator, Promoting the Occupational Health of Indigenous Farm workers, National Institute of Environmental Health Sciences and National Institute for Occupational Safety and Health, \$200,000, 2004-2008

*This grant represents a collaboration between University of Massachusetts Amherst and several community-based non-profit organizations. Community partners and researchers co-designed this interdisciplinary intervention research project, grant funds are shared among partners, and community members are employed as peer educators. The goal of this multidisciplinary project is to develop methods to improve the capacity of migrant farm workers who speak indigenous languages to understand the hazards associated with agricultural work, and to increase their access to health and social services.*

**Commented [CJ17]:** Scholars may comment on the nature of shared grant funds as sharing resources is a common principle of quality community-engaged work

Co-Principal Investigator, Infusing an International Air Quality Improvement Demonstration Project in Chiang Mai, Thailand, World Vision, \$12,000, 2006-2007

Environmental Health Assessment Coordinator, Hampshire County Health Department's Protocol for Assessing Community Excellence in Health, National Association of County and City Health Officials, \$20,000, 2002-2004

Principal Investigator, Community-based Assessment of Health and Environment in Hampshire County, University of Massachusetts Amherst Office of Research and Graduate Studies, \$4,000, 2001-2003

Co-Principal Investigator, Departmental Engagement Project Grant, University of Massachusetts Amherst Center for Academic Excellence, \$6,000, 2001-2002

### **OTHER RESEARCH**

Postdoctoral Fellow, W.K. Kellogg Community Health Scholar Program, Boston University School of Public Health, 2001-2002

Researcher and Author, World Health Organization, Reproductive Health, Geneva, Switzerland, 2000

Research Assistant, University of Florida School of Public Health, 1992-1996

Rapporteur and Research Assistant, World Health Organization, International Asthma Council Guidelines Implementation Project, 1998

Research Assistant, Harvard University HIV/AIDS Prevention and Street Youth Project, 1990 - 1992

### **TEACHING, MENTORING AND CURRICULAR ACTIVITIES**

#### *Courses Taught:*

PH 511: Foundations of Public Health, 2002-present  
PH 517: **Community Organizing for Health**, 2002-present  
PH 550: Health Promotion Program Planning, 2001-present  
PH 471: Program Planning and Evaluation, 2002-2003  
PH 410: Maternal and Child Health, 2002

UMA 2005 Summer Research Institute Program: Introduction to Qualitative Research

#### *Course Presentations:*

"Using participatory research methods to address social determinants of health." PHE 510: Social Determinants of Health taught by Dr. Renee Cross, 2005  
"The Community Health Worker model and public health." PH553 (OHSU): Women's Health Epidemiology taught by Dr. Sam Davison, 2003-2004  
"Environmental Justice and the Precautionary Principle." UMA Capstone Seminar taught by Dr. Chris Blaine, 2004

#### *Doctoral Dissertation Committees:*

2003-present XX, Urban Studies

**Commented [CJ18]:** A community-engaged scholar may demonstrate interest in community engagement across multiple domains of their portfolio, such as both research and teaching.

**Commented [CJ19]:** A community-engaged scholar may be invited to teach about engaged methods in the courses of other faculty



2005-present XX, Public Administration  
2004-present XX, Urban Studies

*Doctoral Field Examination Committees:*

2003-present XX, Urban Studies  
2005-present XX, Public Administration

*Masters Thesis Committees:*

2002-2003 XX, MPH, UMA School of Public Health and Health Sciences  
2003-2005 XX, MPH, University of California Davis  
2003-2005 XX, MPH, University of California Davis  
2005-present XX, MPH, University of California Davis  
2005-present XX, MA, Antioch

*Graduate Research Assistants Supervised:*

XX (MPH student, Promoting Occupational Health grant)  
XX (MPH student, Comunidades de la Salud/Communities in Health)  
XX (MPH student, teaching and curricular)  
XX (UCD student, Comunidades de la Salud/Communities in Health)  
XX (MPH student, Comunidades de la Salud/Communities in Health)  
XX (MPH student, Undergraduate Program Review)  
XX (MPH student, Hampshire County Health Department grant)  
XX (MPH student, teaching and curricular)  
XX (MPH student, Comunidades de la Salud/Communities in Health)  
XX (MPH student, Comunidades de la Salud/Communities in Health)

**SCHOLARLY WORKS IN PROGRESS**

\* indicates co-author is a community member

**Publications in Progress or Submitted**

Brooks, A., \*Anderson, Y.L., Brown, J. Across the table: Community Health Worker roles in a community-based project. (submitted *Health Promotion Practice*)

Brooks, A., Woodward, M., and Backman, G. and \*Anderson, Y.L. Social capital and health in minority. (submitted *Ethnicity and Health*)

Brooks, A., Meierotto, N., and \*Gockowski, M. Farm workers' political and social barriers to health. (In Progress)

Powers, N., Johnson, D., Brooks, S., \*Anderson, Y., and \*Arnez, A. Popular education: perceptions of community health workers in the *Comunidades de la Salud/Communities in Health* Project. (In Progress)

**Grants Submitted/Pending Review**

Co-Investigator (with Dr. Mark Richardson, University of California Davis), Communities and Researchers Partnering Against Pesticide Overuse, National Institutes of Health, \$1.8 million, 2006-2009

**Commented [CJ20]:** Community-engaged scholars and their community partners often co-author manuscripts and other forms of scholarship. This is consistent with principles of respect and sharing power and resources, credit, etc.

*Community partners participated in the design of this project and will serve in numerous paid positions on the staff.*

Principal Investigator, Toxics Reduction Strategy for the State, Massachusetts Initiative Fund, \$20,000, 2005-2007

Co-Investigator (with Dr. Mary Mackes, UMA Criminal Justice), Youth Violence Prevention in Communities, Centers for Disease Control and Prevention, \$1.1 million, 2006-2009  
*Community partners participated in the design of this project and will serve in numerous paid positions on the staff.*

### **GOVERNANCE AND OTHER SERVICE**

#### **University Service**

Elected Member, UMA Faculty Senate (2005-present)  
Reviewer, UMA Center for Teaching and Learning, Community Engagement Grants (2002-2003)  
UMA Representative, "Models of Transformational Partnerships between Universities and Community" Workshop, Los Angeles, CA (2003)

**Commented [CJ21]:** Community-engaged scholars may be asked to bring their expertise in community-engagement to service activities

#### **School and College Service**

UMA Track Coordinator, Master of Public Health Program (2003-present)  
Chair, Curriculum Committee (2002-present)  
Member, Faculty Search Committee (2003)  
Member, Director Search Committee (2004-2005)  
Member, Public Administration PhD Admissions Committee (2004-2005)  
Organizer, Public Health Student Research Symposium (2003)  
Coordinator, UMA SPHHS Undergraduate Program Review (2003-2004)  
Organizer, Community Appreciation and Reception Day (2002)  
Organizer, ATSDR and EPA "Working with Communities for Environmental Health" satellite broadcast (2002)  
Member, Center for Public Health Task Force (2001-2002)

#### **Community Service**

Organizer, Community Health Foundation Community-based Research Conference (2004-2005)  
Consultant, Hampshire Food Assessment Project (2003-2005)  
Environmental Health Assessment Coordinator, Hampshire County Health Department's PACE Project (2001-2004)  
Grant Proposal Assistance, Environmental Justice Action Group (2002)  
Survey Consultant, SE Uplift Healthy Neighborhood Project (2002)

**Commented [CJ22]:** Community-engaged scholars may volunteer their time and expertise to community organizations and activities, however, this is separate from the scholarly work they do in partnership with communities, which will be represented through publications, grants, courses, etc.

### **PROFESSIONAL ACTIVITIES AND SERVICE**

Commissioner, City of Amherst Sustainable Development Commission (2003-present)  
National Advisory Committee, WK Kellogg (2002-2005)  
Board of Directors, Massachusetts Center for Environmental Health (2002-present)  
Co-Chair, American Public Health Association, Community-based Public Health Caucus, Presentations and Publications Workgroup (2002-present)  
Appointed Member, Amherst-Hampshire Toxics Reduction Strategy Workgroup (2004-present)  
Reviewer, Health Education Research (2003-2004)  
Reviewer, Journal of General Internal Medicine (2002-2004)

Reviewer, Health Education Monographs (2002)  
Reviewer, Health Promotion Practice (2002-2004)  
Reviewer, Environmental Science and Policy (2006)  
Reviewer, Journal of Community Engagement in Higher Education (2003)  
Reviewer, American Public Health Association meeting abstracts (2003-2004)  
Grant Reviewer, Centers for Disease Control and Prevention, Community-based Participatory Prevention Research Grants (PAR-02-003) (2002)

**Commented [CJ23]:** Community-engaged scholars may be invited to perform academic and professional service related to community-engaged approaches

#### **MEMBERSHIPS IN PROFESSIONAL SOCIETIES**

American Public Health Association (APHA)  
Society for the Study of Social Problems  
Community-Campus Partnerships for Health  
Society for Public Health Education (SOPHE)  
Massachusetts Public Health Association (MPHA)

**Commented [CJ24]:** Community-engaged scholars may belong to professional societies focused on community-engaged approaches

(Note that appendices mentioned below are not included in this dossier excerpt)

Ann Brooks Ph.D, Promotion and Tenure Narrative Statement  
University of Massachusetts Amherst School of Public Health and Health Science

### Overview

When seeking an academic position, I hoped to find one that would allow me to combine research, teaching, and meaningful community service. In August 2001, I found such a position at University of Massachusetts Amherst (UMA) School of Public Health and Health Sciences (SPHHS). UMA's and SPHHS's mission statements emphasizing the value of partnerships, interdisciplinary efforts, an engaged university, and serving the local region, resonated deeply with me. UMA offers an intellectual home for my scholarship and teaching agenda that stresses the application of research to promote civic engagement and reduce social inequalities, and the ideal environment in which to continue to build my thriving scholarship.

**Commented [CJ25]:** Community-engaged scholars may demonstrate the linkages between their work and the missions of their unit or university

Primary among my contributions to the SPHHS is my ability to secure extramural grant monies to examine issues of social equity and health promotion. In 2004 I received the College of Urban and Public Affairs Emerging Scholar Award (see *Appendix A: Review Memos and Letter of Hire*) for outstanding grantsmanship and research. Additionally, the SPPHS's Pay, Promotion & Tenure Committee reviewed my 3<sup>rd</sup> year portfolio and was unanimous in its recommendation that I "submit materials for tenure/promotion review in Fall 2005—during her 5<sup>th</sup> year" for early review (see *Appendix A: Review Memos and Letter of Hire*).

My success in receiving grant funds that support community-based research from such federal agencies as the Centers for Disease Control and Prevention and the National Institute of Environmental Health Sciences has benefited UMA, the participating communities, and the broader discipline and practice of public health. I also take very seriously my responsibilities as instructor, advisor, and community servant as demonstrated by my curricular and service records. In this narrative, I will highlight the significance and impact of my research and the integration of research with my teaching and community and professional service activities.

### Focus of Scholarship and History

My research, teaching, and service activities are shaped by three common and related aims of my scholarship: 1. examine the social and environmental determinants of *health inequalities*, 2. increase *political and social capital* among the affected community members, and 3. involve a *collaborative partnership* of university, community agencies and organizations, and residents to achieve the first two aims. The incorporation of these aims into all levels of my scholarship (research, teaching, service) provides cohesiveness to my work, which enables me to be more efficient, effective, and productive.

**Commented [CJ26]:** Community-engaged scholars may highlight the important role that partnerships play in enhancing their disciplinary scholarship

Informed by the health inequality literature, my research draws from the principles of community-based participatory research, or CBPR, to examine and address health disparities. CBPR seeks to identify and build on strengths, resources, and relationships that exist within communities, involving a collaborative partnership in which all partners participate as equal members and share decision-making power. In this way, health inequalities, increased political and social power, and collaborative partnerships are very much integrated throughout my work.

**Commented [CJ27]:** Community-engaged scholars may define their specific type of engaged approaches to scholarship

I began to formulate my scholarship prior to joining the faculty at SPPHS. As a W.K. Kellogg postdoctoral fellow at Boston University School of Public Health, I conducted research with

epidemiologists in the School of Public Health and rural residents to document residents' health and environmental needs. The research results and processes of working with government agencies and local organizations to bring about policy change have been published (Brooks and Xiong, 2002, Brooks and Christenson, 2005) and presented widely. Before taking the postdoctoral position, I completed my dissertation research with leaders in community-based research, Drs. Samantha Charles and Colleen Nelson at the University of Florida. My research with the Community Action Against Asthma project (CAAA), funded by the Environmental Protection Agency and the National Institute of Environmental Health Sciences, used a community-based approach to identify environmental health hazards and increase neighborhood capacity to improve the health of children with asthma (Brooks, Paulson, Stevens, and Goldstein, 2005).

The remainder of this narrative describing my contributions is organized into four primary areas: research; publications and presentations; teaching, mentoring, and curriculum; service to the university, the community, and the profession.

### Research

Since joining the faculty in 2001, I have over \$2.4 million in funding on projects for which I serve as principal or co-investigator. Combined with proposals that have not been funded, my grant-seeking efforts over the past four years total nearly \$6 million, and provide substantial evidence of my ability to generate funding for scholarship (for complete list, see *Appendix B: Curriculum Vitae*).

#### *Comunidades de la Salud/Communities in Health*

During Year 1 at UMA, I spent 8 months building relationships with the African American and Latino communities in Hampshire County. Our relationship resulted in the co-design of a community-based health promotion intervention. I co-authored a proposal that was funded by the Centers for Disease Control and Prevention (CDC) for \$1.5 million. As principal investigator of this project, I devote .30 FTE to the research, implementation, and evaluation. The project, *Comunidades de la Salud/Communities in Health*, is a collaborative intervention research study with Hampshire County Health Department, UMA, and several Hampshire community-based agencies and is funded from 2002-2005, with a no-cost extension recently granted to extend to 2006. *Comunidades de la Salud/Communities in Health* was one of only 25 funded out of 311 grant applications, and it has been very visible and promoted as a successful example of using community-based approaches to improve health. As the PI overseeing a large budget and partnership, I have demonstrated the organizational skills necessary for managing large projects.

The principle goal of *Comunidades de la Salud/Communities in Health* is to increase the capacity of members of the African American and Latino communities in Hampshire County to promote health in their communities. This project defines health promotion as an approach that empowers communities to identify their problems and work together to decide how to address these problems. *Comunidades de la Salud/Communities in Health* seeks to improve the health of the communities involved by drawing on the skills and experiences of Community Health Workers (CHWs) who use the Freirian method of Popular Education. The CHWs are selected from the participating communities and attend an extensive 160-hour training to augment their skills and knowledge in leadership, local politics and governance structure, advocacy and community organizing, and health and disease. An evaluation of the project has demonstrated a statistically significant increase in overall health ( $p < .05$ ), a decrease in depression ( $p < .01$ ), and an increase in civic participation among project participants ( $p < .05$ ) ( $n = 170$ ). These research results have been included in a manuscript to be submitted in December 2005.

**Commented [CJ28]:** Community-engaged scholars spend considerably time carefully laying the relationship groundwork for research before embarking on project development and grantwriting. This time investment is a best practice.

**Commented [CJ29]:** Community-engaged scholars will often highlight the collaborative nature of their research, rarely claiming sole credit for the idea, design, implementation, analysis, interpretation and dissemination of the work

**Commented [CJ30]:** The research of community-engaged scholars usually focuses on making impact at the community level

**Commented [CJ31]:** Community-engaged scholars may employ and train community members on their projects as this practice improves recruitment, retention and quality of data collected, as well as benefits the community

**Commented [CJ32]:** Community-engaged scholars may highlight the ways that their community-engagement has resulted in scholarship

### ***Promoting the Occupational Health of Indigenous Farmworkers***

In Year 2004, I co-authored a proposal that was funded for \$900,000 by the National Institute of Environmental Health Sciences and the National Institute for Occupational and Safety Health. The intervention research project, Promoting the Occupational Health of Indigenous Farmworkers, is a joint effort with Massachusetts Law Center, Salud Community Clinic, Farmworkers United Fund, and Farmworkers in Solidarity. The relationships that form the foundation of this collaborative project were nurtured over several years and build on relationships that initially were formed as part of Comunidades de la Salud. A growing number of farmworkers in the United States are from indigenous communities in Mexico and speak languages other than Spanish. This multidisciplinary project develops methods to improve the capacity of migrant farmworkers who speak indigenous languages to understand the hazards associated with agricultural work, and to increase their access to health and social services. A model similar to the Community Health Worker (CHW) model is used. The CHWs, as well as the community organizations involved, have considerable local knowledge that has strengthened this project. For example, CHWs are trusted allies and participants are willing to listen to educational information as well as provide important data about themselves to these trustworthy peers, even if participants are undocumented. Undocumented workers would be extremely hesitant to even participate, much less offer information, if the individual requesting that information was not from their own background. Given that undocumented workers tend to have even more significant environmental health concerns than legal immigrants, their participation was critical in order to understand the full spectrum of health concerns in this community. CHWs were also able to guide the researchers toward a more acceptable recruitment strategy that would decrease concerns about confidentiality in the community. As the environmental scientist and co-investigator of this project, I helped develop the research methodology and the measurement protocol for pesticide knowledge, exposure, and related behaviors.

**Commented [CJ33]:** Community-engaged scholars may co-design follow-up or spin off projects with community partners, as community-engaged research is often an iterative process and community-engaged scholars and community partners seek to sustain a long-term partnership that transcends individual grant cycles.

**Commented [CJ34]:** Community-engaged scholars are humble, do not proclaim to be the experts, and accept guidance from the community

**Commented [CJ35]:** Community-engaged scholars may highlight their specific contributions to collaborative projects

### ***Other Research Efforts***

From 2002-2003, I was asked to serve as a steering committee member of University of Massachusetts-Amherst Nursing School's Center for Health Disparities Research project (\$200,000). In this capacity, I contributed to the Center's direction and helped make decisions on content and purpose of grant proposals written to address health disparities in Massachusetts.

Additionally, I have several grant proposals that are pending review (for list of pending proposals, see *Appendix B: Curriculum Vitae*). I submitted seven grant applications to external funding sources that did not receive funding, but established productive working relationships and set the foundation for future funding opportunities. Most recently, I co-authored as co-investigator a proposal to address methamphetamine use in California. I feel confident that it will receive a fundable score from the National Institutes of Health review panel.

I have clearly demonstrated a track record to initiate, co-author, and secure external funding. Additionally, one of my recognized strengths is to bring together individuals and groups to identify shared goals and to design and implement a well-defined intervention. During my tenure at UMA, I have worked with dozens of community-based organizations, local, regional, and national agencies, and colleagues from other departments and campuses, revealing an important inter-agency and interdisciplinary approach to my scholarship. This is the current trend for national funding, and I am proud to be actively contributing to this vision through my research and the multiple national research and editorial boards on which I serve. As an appointed member of such foundations as the W.K. Kellogg Community Health Scholars Program, and as an organizer for American Public Health Association meetings, I directly shape the definition, practice, and scholarship of community-based participatory research.

**Commented [CJ36]:** Advanced and senior community-engaged scholars may be tapped by national bodies for their expertise and leadership in community-engagement

### **Research: Internal Funding**

My efforts to create successful research intervention partnerships are not solely focused on agencies and colleagues outside of UMA; I recognize and value the expertise here on this campus. For example, I co-authored funded proposals for internal funding, including the Community Engagement Project Grant (\$6,000) from the UMA Center for Teaching and Learning, 2001-2002, for which I served as co-investigator to increase awareness among SPHHS faculty around civic engagement and service-learning. One of the opportunities I am most excited about is the opportunity to co-author research proposals with colleagues in the School of Public Health and Health Sciences (SPHHS). Most notably, in the winter 2005 I organized and facilitated discussions among SPHHS and other faculty to brainstorm fundable research projects that would combine our research and disciplinary talents to examine the intersection of urban planning, public health, and policy. These initial discussions have continued and we will pursue grant support to study urban design and health in the Boston metropolitan region.

**Commented [CJ37]:** Because complex social problems are rarely the purview of a single disciplines, community-engaged scholars, often work in multidisciplinary teams.

### **Publications and Presentations**

An extremely important aspect of scholarship is disseminating research results widely and to audiences where research findings can have the greatest impact. I have been very successful in sharing my work via peer-reviewed publications, in edited volumes, and at national professional meetings, local town halls, and workshops and through nontraditional forms of scholarly publication.

#### **Publications**

Since 2001, I have published 11 peer-reviewed articles and 2 book chapters. One of the articles was published in the *American Journal of Public Health*, arguably the most prestigious and widely cited journal in the discipline of public health. Two additional articles were published in leading journals in the field of health education, *Health Education and Behavior* and *Health Promotion Practice*. I submitted two articles for peer review October 2005, was asked to write a book chapter to be included in a Jossey-Bass book, *Prevention is Primary*, and have three articles in progress (for list of accepted and in progress publications, see *Appendix B: Curriculum Vitae*).

One of my early successes was an invitation by Dr. Roberta Fink, respected scholar in the field of community-based research at UC Berkeley, to write a chapter for her book, *Community-Based Participatory Research*. The book is lauded as an authority on community-based methods in public health, and is used in university classrooms and as a reference for community-based researchers (for samples of published articles, see *Appendix C: Publications and Presentations*).

**Commented [CJ38]:** Advanced or senior community-engaged scholars may receive invitations to contribute to the field through writing chapters, editorial pieces, etc.

#### **Presentations**

I have been lead or sole author and presenter of numerous presentations at professional and community meetings during the past several years. My abstracts were peer-reviewed and accepted for presentation at the American Public Health Association Meetings each year from 2000 through 2005. The annual meeting, which attracts upwards of 20,000 participants, is the largest and most visible public health meeting with a diverse audience. Recently, I co-presented with 2 community residents from the Comunidades de la Salud/Communities in Health grant. The title of the presentation was, "Building capacity to address health disparities in African American and Latino communities" at the American Public Health Association meetings in Washington, D.C. This presentation was especially well-received by the audience for its novel method that combined academic and community presenters. I was invited, along with a community colleague, to present at the Social Determinants of Health conference in Atlanta, GA, that was sponsored by the Centers for Disease Control and Prevention. Proceedings and materials from this conference

**Commented [CJ39]:** Community-engaged scholars often follow a principle of partnership which suggests that all partners should participate in the dissemination of the work.

have been broadly distributed, and I continue to get requests for copies of our presentation paper, “Building on history and social capital to create change in two urban communities” (Brooks and Anderson, 2003), included in *Appendix C: Publications and Presentations*.

I have been invited to present at meetings and annual retreats of several organizations. Last year I facilitated a portion of the UMASS Child Development and Rehabilitation Center’s annual retreat. My talk entitled, “Creating opportunities for community-building” was structured to encourage interaction and problem-solving among the retreat participants. The same group invited me to return to this year’s retreat to build on the discussion I initiated last year, and to facilitate part of the retreat. A full list of presentations is included in *Appendix B: Curriculum Vitae*, and a representative sample of presentations can be found in *Appendix C: Publications and Presentations*.

**Innovative Scholarship**

Journal articles are intended to communicate with academic peers and may have limited impact on communities, who rarely have access to the academic literature. My community partners and I therefore developed a curriculum for use with migrant farm workers that could be adapted for use by others, as well as a policy brief for communicating research findings about migrant health issues to policy makers. The curriculum was subjected to peer review by academic and community peer reviewers and, after revision, was published online at [CES4Health.info](http://CES4Health.info).

**Teaching, Mentoring, and Curriculum**

Teaching, mentoring, and curriculum development are very important to me, and I am devoted to providing quality teaching, service and advising to students. I have served as faculty supervisor for 10 research and teaching assistants, including five GRAs who have participated in the CDC research project; three GRAs who have assisted with classes and teaching; and one GRA working on the NIEHS grant. I also serve as mentor and adviser to students who are working on the university-mandated Undergraduate Assessment Project, providing structured feedback on assessment tools, data, and presentation of our assessment results. I have advised dozens of MPH students, served on five Masters Thesis Committees, and serve on the doctoral dissertation or field committees of five doctoral students.

I consistently strive to keep my courses current, interactive, reflective, and challenging, and my teaching evaluations reflect this effort. I have included my quantitative departmental course evaluations in *Appendix D: Teaching and Curriculum*, along with a representative sample of qualitative comments. Figure 1 presents a summary of course evaluations from 2002-2004 (Note: evaluation questions varied in 2001 and 2005 and are not included in Figure 1.)

<i>[1=strongly disagree to 5=strongly agree]</i>	2002	2003	2004
Instructor is clear and understandable	4.70	4.61	4.62
Course was presented in a well organized fashion	4.44	4.58	4.57
Instructor motivated me to do my best work	4.48	4.25	4.43
Instructor has given me new viewpoints or appreciations	4.72	4.42	4.58
Lectures gave information not contained in reading material	4.31	4.32	4.40
There was freedom to ask questions and disagree	4.78	4.71	4.64
Instructor provided useful evaluation of my work	4.30	4.23	4.42
Instructor provided adequate conference time outside of class	4.31	4.40	4.45
Reading material was appropriate and well chosen	4.16	4.38	4.43
Course has increased my analytical and creative skills	4.33	4.21	4.48

**Commented [CJ40]:** Community-engaged scholars recognize that they must learn to communicate with diverse audiences as non-academic audiences do not access the academic literature and require different modes of communication. The capacity to change writing styles to effectively communicate with many different types of audiences is one of the “second set of skills” that community-engaged scholars master over and above the disciplinary and traditional skills they typically receive academic training in.

**Commented [CJ41]:** Community-engaged scholars may create innovative products of community-engaged scholarship that are not in the form of journal manuscripts. There are some, but limited, venues for the formal peer review and broad dissemination of these innovative products.



Course has increased my knowledge and comprehension	4.55	4.37	4.57
I would recommend this course instructor to others	4.70	4.37	4.48
<b>Number of Students (n)</b>	<b>111</b>	<b>109</b>	<b>75</b>

**Figure 1. Course evaluations 2002-2004 (for complete summary, see Appendix D: Teaching and Curriculum)**

I am very proud of my reputation as a professor who challenges her students, and who is committed to nurturing students' abilities to think critically, learn public health theory and practice, and find rewarding jobs. I have a desk drawer full of handwritten and email notes from students thanking me for my energy, commitment, and diligence in and outside of the classroom.

I am particularly proud of my ability to integrate community engagement into my teaching. Students in my course Community Organizing for Health engage in service learning and action research projects with reflection through journaling and group processes. Community sites consistently comment on how well prepared my students are for this intensive community experience.

**Commented [CJ42]:** Community-engaged scholars may integrate engagement into their teaching as well as their research. The interweaving of engagement, teaching and research is a best practice as the three are mutually enhancing.

I actively invite students to participate in my research projects and in co-authored publications. Through this participation, students are able to shape research questions, data collection and application of research results. This inclusion of students is aligned with my philosophy of creating collaborative partnerships. I approach my teaching in much the same way that I approach my research projects – recognize the strengths of each participant, give people the opportunity to make meaningful contributions, cultivate skill and capacity-building, and provide very clear and structured guidance.

#### **Courses Taught**

Currently I teach three required Master of Public Health courses, including Foundations of Public Health (PH 511), Community Organizing for Health (PH 517), and Health Promotion and Program Planning (PHE 550). I have also taught two undergraduate courses -- PH 471: Program Planning and Evaluation and PH 410: Maternal and Child Health. I am especially pleased about teaching the Foundations of Public Health, the course that UMA Master of Public Health students must take during their first enrolled quarter, and the course that is intended to establish the philosophical and disciplinary background for the program coursework (for course syllabi, see Appendix D: Teaching and Curriculum).

As part of a Center for Teaching and Learning grant, I am working with other SPHHS faculty to integrate the issue of Sustainable Food Systems into our community-based curriculum. I have reorganized my Community Organizing service-learning course around this topic. Initial feedback from students suggests that restructuring the course around a single theme has increased the course's cohesiveness and improved students' experience with the service-learning component of the course. I am scheduled to discuss the curricular changes at the upcoming Massachusetts Public Health Association meetings with my teaching assistant for the course, and others in Boston, MA on October 7<sup>th</sup>, 2005. I will continue to revise and update the content, readings, evaluation methods, and overall course structure in all courses based on student feedback and my own assessment of student learning.

#### **Service**

My university, community, and professional service has reflected and supplemented my research and teaching interests of collaboration, partnerships, and an improved social and physical environment.

### ***University Service***

Most recently, I was elected to the UMA Faculty Senate. I look forward to serving in that capacity to find ways to improve the UMA environment for faculty and students. In my position as the MPH Track Coordinator for UMA's Health Promotion track, I work with other SPHHS track coordinators to guide the self-study in preparation for re-accreditation, organize student and faculty orientations, field questions from prospective graduate applicants, and coordinate our programs to ensure a positive learning experience for our graduate students.

When I joined the faculty at UMA, I immediately got involved with the Center for Public Health Task Force. I saw this as an opportunity to more clearly define and provide the administrative infrastructure necessary to conduct significant research at SPHHS. I will continue working with faculty and staff to identify ways to create a thriving and innovative Center.

I have served as the Chair of the SPHHS Curriculum Committee since 2002. In this role, I am responsible for organizing the Curriculum Committee to develop policies related to curriculum, review new course proposals, and report activities at faculty meetings.

From 2003-2004, I directed the UMA SPHHS Undergraduate Program Review. This was a sizable task, as I was charged with creating the assessment tools, and drafting and posting the long-term program assessment plan and supporting documents to the university program review website. Other responsibilities include my present service as Chair-elect of the SPHHS Faculty Advisory Committee, serving as a Committee Member on the Faculty Search Committee (2003) and Director Search Committees (2004-2005). In these capacities, I have shaped the direction and agenda of SPHHS, consistently seeking input and opinions from colleagues (for committee descriptions, see *Appendix E: Service to University, Community, and Profession*).

### ***Community Service***

Much of my research and teaching involves community organizations and residents. I do not consider this service, but integral to my scholarship. I am also, however, engaged in activities that are more traditionally considered "community service." Most recently, I served as a volunteer organizer for the Community Health Foundation Community-based Research Conference, scheduled for September 2005 in Amherst. I have served as a research consultant on several community-driven projects, including the Hampshire Food Assessment Project, the Environmental Health Assessment conducted by Hampshire County Health Department PACE Project, and the SE Uplift Healthy Neighborhood Project. I have also assisted several non-profits in writing and submitting research proposals to foundations, including proposals that I co-authored for the Environmental Justice Action Group and for City Repair.

One of my most notable achievements that bridges academia with community service is the work I recently completed as an appointed member of the city-county Sustainable Development Commission (SDC). In September 2004, I co-authored and presented a Toxics Reduction Strategy to the City Council and County Board of Commissioners. Both governing bodies adopted the resolution unanimously, giving the SDC a mandate to identify ways to reduce or eliminate the use of toxic products and practices in government operations and private businesses throughout Amherst (for resolution and commission appointment letter, see *Appendix E: Service to University, Community, and Profession*).

**Commented [CJ43]:** Community-engaged scholars may make a distinction between community-engaged scholarship and community service. When community engagement is applied to research and teaching activities, it should not be considered "just service"

### ***Professional Service***

During the past four years, participation on national advisory boards and review committees has allowed me to shape the direction of public health and to network with colleagues around the nation. I have reviewed several manuscripts for Health Education Research, Health Promotion Practice, Health Education Monographs, two book proposals for Jossey-Bass, and grant proposals for the National Institutes of Health and the Centers for Disease Control and Prevention. For the past three years, I reviewed abstracts for APHA meetings, and in November 2003 I was appointed as co-chair of the Presentations committee for the APHA Community-based Public Health caucus. In this position, I am responsible for choosing panel topics and selecting panel presenters for APHA meeting sessions.

I also serve in a variety of advising positions at the national and local level, including as an appointed member of the W.K. Kellogg National Advisory Committee and member of the Board of Directors of the Massachusetts Center for Environmental Health. (for invitation letters and organization descriptions, see *Appendix E: Service to University, Community, and Profession*).

### **Future Scholarship**

Being at UMA has allowed me to develop and refine those aspects of my research, teaching, and service that are both highly valued at this institution and central to my own philosophies of public health. I will continue to examine how inequities in society translate into inequities in health through my research, teaching and practice. Currently, I have four grants pending review and am listed as co-investigator with colleagues from UMA and Boston University. I will continue to work with other faculty in SPHHS faculty as well as with those in departments across campus to develop proposals that examine the intersection of health, policy, and the environment in relation to health inequalities. I also look forward to identifying ways to reinforce and practice my commitment to communities, UMA students, and the profession of public health.

Farmworkers in Solidarity  
Eugene, OR 97402

*(Dept. Chair)*  
School of Public Health  
City, State, Zip

Dear *(Dept. Chair)*,

I am writing you this letter on behalf of all the members of Farmworkers in Solidarity. As you know, Farmworkers in Solidarity works with indigenous Mexican farmworkers to educate, organize, and advocate on behalf of their community. While some of our members are able work year-round, most have no choice but to do travel around the country doing seasonal work. As migrant farmworkers, they are a temporary labor force, and frequently are not always given the proper health and safety equipment on the job. The hazardous nature of their work makes it necessary for them to have knowledge about the environmental health risks of pesticides, as well as understand how they can take precautionary measures to protect their health.

However, there is a need for educational tools and materials available in their languages, as most indigenous farmworkers do not speak Spanish or English. The project that we worked on together to address this need, Promoting the Occupational Health of Indigenous Farmworkers, has been instrumental in increasing the farmworkers' capacity to understand the hazards associated with agricultural work.

During a meeting between Farmworkers in Solidarity, our U.S. Congressional representatives, and the EPA Northeast Region, we showed results of the intervention, and advocated that as such an intervention to educate indigenous Mexican farmworkers worked on a local level, there is indeed is promise and potential in replicating this effort across the United States. We asked these legislators to use the data to advocate for inclusion for such a program in the Environmental Protection Agency's 2007 budget. The EPA Northeast Region staff promised to write a memo about the issue, including the intervention data, to their counterparts at EPA headquarters in Washington, D.C., with a recommendation of allocating funding to such a program.

Promoting the Occupational Health of Indigenous Farmworkers has proved to have an incredible impact on our community. The project not only addressed the issue on a local level, but also provided the evidence needed that an educational environmental health and safety intervention is worthy and important of reaching indigenous farmworkers nationwide. As an academic, we feel that you are serving the farmworker community by helping to obtain funding for projects that address important needs among this population, and by conducting community-based research projects that collect the data needed to "prove" their importance to elected officials, policymakers, regulatory agencies, and funding agencies.

Best regards,

H. Elena Sandoval  
Executive Director

**Commented [CJ44]:** Community-engaged scholars may include letters of support from community partners (as opposed to external reviewer letters) in their dossiers. These community partners are in the best position to comment on the quality of the community-engaged scholar's partnership skills and the impact of their work on the community.

Wendy Lipton  
Hampshire County Department of Health  
21 Water Street  
Amherst, MA

*(Dept. Chair)*  
School of Public Health  
City, State, Zip

I am writing to express my enthusiastic support for Dr. Ann Brook's promotion to Professor in the School of Public Health. I have known Ann for 6 years in my capacity as a public health administrator at the Hampshire County Department of Health. During that time we have come to refer to each other as "my community research partner" and "my University research partner."

I met Ann at an early community meeting of an effort that later became Comunidades de la Salud. Ann's poised yet purposeful, consistent way of blending into diverse groups and situations in ways that evoke trustworthiness is a trait that she displayed that night, and has exemplified in our 6 years as colleagues and friends. It took many months to build the relationships necessary to establish a healthy partnership, but this time-intensive investment paid off. Ann, the Hampshire County Health Department (represented by myself) and several community organizations secured \$1.5 million in grant funds from the Centers for Disease Control to support the evaluation of this community-based health promotion intervention within the African American and Latino communities.

Throughout the design and implementation of Comunidades de la Salud, Ann respectfully kept our collaborative focused on our goals. She helped us set reasonable expectations grounded in a knowledge from the research about what types of intervention would be most likely to be effective. She skillfully balanced the needs of the community partners with the need for scientific rigor in the design of this intervention project. Through a process of co-learning the various collaborators taught each other about such things as research design, community politics, citizen governance, and community health concerns. Ann always considered herself a learner as well as a teacher and she was willing to make appropriate changes in the research design in order to ensure acceptance by the community. I know from experience in the communities participating in this effort, that if Ann had not demonstrated flexibility and such skill in balancing community need and scientific integrity, the project would never had been accepted and implemented in the community.

Ann has of course pursued dissemination of the findings of our work to academic journals and at professional conferences. However, she has considered it equally important to work collaboratively with her community colleagues to disseminate this information to the community. She has done this through co-presentations to community health workers and testimony to the Public Health Advisory Committee of the city of Amherst. Her efforts to inform the public and policy makers about the merits of a community health worker approach has resulted in serious conversations within city, county and state government about funding for the community health worker model.

**Commented [CJ45]:** Trustworthiness is the most foundational of characteristics of a skilled community-engaged scholar

**Commented [CJ46]:** Respect is also foundational in community engaged work

**Commented [CJ47]:** This sort of balance is a skill that community-engaged scholars develop and, along with communicating skillfully to diverse audiences, should be considered part of the "second set of skills" that community-engaged scholars develop over and above the competencies they develop in their disciplines, in research methodology, etc.

**Commented [CJ48]:** Humility is a valued characteristic of community-engaged scholars

I am just one person. But please accept that there are many others whose lives have been improved or work enriched by Ann's trusting, respectful means of collaborating, rigorous academic endeavors, strength of character and leadership, passion for substantive change, and commitment to working on behalf of the common good. I believe it would be in the best interests of her University and the community to promote her so that she can continue to benefit so many as well benefit the institution itself.

Respectfully submitted,

Wendy Lipton

