



HMS/HSDM Faculty Council

Faculty Council Minutes  
March 8, 2023

**Present:** Agudo, Astley, Becker, Bi, Biddinger, Caradonna, Chang, Chen, D’Amico, De Girolami, , Desrosiers, Fregni, Gauferberg, Giannobile, Goldstein, Greenberg, Haberer, Haigis, Hatfield, Hedt-Gauthier, Henske, Huang, Ingelfinger, Irani, Katz, Molina, Murray, Rosen, Silver, Spring,

**Guests:** Drs. Duong, Emmons, Golan, Hundert, Lee, Oriol, Westlund; Mss. Amanuel, Bittinger, Meng,

**Staff:** Mss. Hecht, Ryan, Spearman, Ivins

*This Faculty Council meeting was held virtually, via Zoom.*

Dr. Rose Molina called the meeting to order at 4:03pm. Dr. Molina asked for and received approval for the February 8, 2023 meeting minutes as submitted.

Next, Dr. Rose Molina gave the Faculty Council Vice Chair Election announcement. Dr. Molina stated that Lisa Henske, MD, Professor of Medicine at and Director of the Center for lymphangioleiomyomatosis (LAM) Research and Clinical Care at Brigham and Women’s Hospital, has been appointed the Faculty Council vice chair-elect. Dr. Henske has served the Harvard Medical School community in many ways, namely as the previous president of the HMS Alumni Association, current member of the HST MD Board of Advisors, HMS Student Thesis Honors Committee and the Harvard Biological Biomedical PhD Program Admissions Committee. Dr. Molina thanked Dr. Henske for her willingness to serve in this role and calls for a virtual round of applause. Dr. Henske stated that she very much looks forward to trying follow in Rose’s and Josh’s footsteps. Josh Goldstein, MD, PhD, this year’s Faculty Council vice chair, will take on the Faculty Council Chair role in October 2023.

Dr. Molina mentioned that there will be three presentations at the next Faculty Council meeting: Conflicts of Interest by Kristin Bittinger and Kim Lincoln, the Ombuds Report by Melissa Broadrick, State of Faculty updates by Grace C. Huang, MD, Dean for Faculty Affairs, which will also include a discussion around promotions. Dr. Molina asked the Faculty Council members to put forth questions for next month’s speakers so they may prepare their presentations accordingly.

Dr. Molina presented the topic of today’s Faculty Council meeting: how HMS can lead with an equity lens with regard to how our faculty and student build partnerships with communities both locally, in the Boston area, and around the world. Dr. Molina introduced Jessica Haberer, MD, Professor of Medicine at Massachusetts General Hospital and Bethany Hedt-Gauthier, PhD, Associate Professor of Global Health and Social Medicine at Harvard Medical School, to give an overview of building relationships with partner organizations and academic institutions in other countries.

Dr. Haberer began her presentation by providing an orientation to global health to set the stage for how to thoughtfully engage with our global partners. Dr. Haberer’s working definition of global health is collaborative effort to optimally promote health according to locally-driven priorities and values. Other definitions in the field include: those health issues that transcend national boundaries and governments and call for actions on the global forces that determine the health of people (Kickbush, Scand J Public Health 2006), an area of study, research and practice that places a priority on improving health and achieving health equity for all people worldwide (Koplan, Lancet 2009... and Wikipedia). Dr. Haberer then mentioned challenges in global health research including an

imbalance of academic and economic resources, which result in the dominance of Global North agendas, a strong call for decolonization of global health and improved equity, a need to address underlying intersectional power dynamics that stem from factors such as structural and personal racism, saviorism, and sexism. Key mechanisms Dr. Haberer mentioned for achieving this goal of equity include good communication, investment in good mentorship and institutional structures that promote locally-driven agendas, Global South-based development/funding, and the redefining of global health in terms of allyship and capacity building (Boum/Haberer, *BMJ Global Health*, 2018). Dr. Haberer mentioned that she hopes Faculty Council will discuss what can HMS do in this arena in the breakout rooms. Dr. Haberer stated that HMS has an opportunity to lead in redefining global health, by leveraging the Harvard reputation to shift the focus toward allyship, opening new avenues for bidirectional partnerships, serving as a convener for institutional leaders globally, and redefining promotion criteria to recognize the value in capacity building. Then, Haberer gave some examples of what her partners are asking for.

Some ideas from a partner Institut Pasteur de Bangui (IPB) in the Central African Republic include taking action in decolonizing global health to achieve equity, providing mentorship and mentorship/leadership training to researchers in institutions, forming partnerships with regional institutions, including Francophone Africa in research partnerships, and providing reciprocal opportunities for hosting junior scholars and collaborators. Dr. Haberer notes that these requests are similar to what is being done at HMS. There is a gap in how we are investing in our global partners. This is an opportunity to make change that can happen at the instructional level. Dr. Haberer posed the following questions: Can HMS be a leader in advocacy for equity globally/locally? Can HMS identify innovative mechanisms to address these gaps in facilitating infrastructure development and nurturing systems that enable our global partners to work with us on an equitable basis?

Dr. Haberer turned the floor over to Bethany Hedt-Gauthier. Dr. Hedt-Gauthier began her presentation with discussing promotions and administrative constraints that are filled through the conduct of partnered global health research. An example is looking at some of the norms around authorship expectations at promotions in terms of first authorship and senior authorship to progress in a promotional step. Some entrenched evaluation criteria and administrative rules are antithetical to equity, for example, expectations around authorship in first/last author position. Some are codified and some are normalized, but all are malleable. A goal of today was to understand where we can push and pull to make these incentives more aligned to how we want to pursue our work. Dr. Hedt-Gauthier then listed readings regarding recommended changes and encouraged the Faculty Council to read them.

Dr. Hedt-Gauthier concluded her presentation by linking the conversation across the three topics, noting that these constraints are more general to community engagement, not just specific to global health. Dr. Hedt-Gauthier cited two readings titled: *Recognizing Engaged Scholarship in Faculty Reward Structures: Challenges and Progress* by Claire C. Cavallaro, and *Universities claim to value community-engaged scholarship: So why do they discourage it?* by Marissa Bell and Neil Lewis Junior. Dr. Hedt-Gauthier listed the following questions for breakout sessions: What modifiable factors would you like to see addressed at HMS to improve collaborations with community partners (global and local)? What specific mechanisms can we – as individual or as a faculty council – use to create change? And how should we track progress in this area (accountability)?

Dr. Molina opened the floor to the Faculty Council for questions regarding Dr. Haberer and Dr. Hedt-Gauthier's presentation.

Dr. Molina next introduced Dr. Nancy Oriol, Faculty Associate Dean for Community Engagement in Medical Education, and Dr. David Duong, Director of the Office of Community Centered Medical Education (OCCME), as well as HMS students Ina and Hannah to present on opportunities for HMS students to engage meaningfully in the surrounding neighborhoods of Jamaica Plain, Roxbury and Mission Hill.

Dr. Nancy Oriol began the conversation with mentioning how the OCCME came to be. This office is the answer to a 30-year desire from the students, faculty and staff. Dr. Oriol mentioned that “it was a long time coming”. She gave an overview of the OCCME history and the role of community service at HMS.

Dr. David Duong then took the floor and thanked the Faculty Council for their support of the OCCME office. Dr. Duong explained that OCCME has big ambitions and that they approached this office with a growth mindset. Dr. Duong mentioned that they have learned from many mistakes. Throughout the two-year process of development, OCCME had many town halls with staff, faculty, students and local community-based organizations. Through the town-halls, an ad hoc steering committee arose which worked over 8 months to develop the mission statements for the office. Dr. Duong stated that the mission of OCCME is to enable and foster meaningful engagement between students and faculty, and local community-based organizations through the co-creation of and Office for Community-Centered Medical Education, to integrate with the wealth of resources available within the entire HMS academic medical center in a student accessible way, and to provide the guidance, infrastructure and resources needed to maintain longitudinal relationships with communities. One of the overwhelming takeaways from the student body was that there needs to be a continuity of relationship between Harvard and community organizations.

Dr. Duong then explained the core functions of OCCME, which include, being a connection point for existing programs and resources, centralized resource for HMS students, being a connection point for existing community partners, and a centralized point of contact for community organizations that engage with medical students, innovating new models of engagement with communities for students and faculty that are longitudinal, impactful, and mutually-beneficial, and enhance HMS’ commitment to its social mission.

Dr. Duong then shared the Year 1 core areas of focus which include a robust introduction to the Professions week and introducing students to community-based organizations, the Community-Engagement Scholarly Project pathway, in collaboration with the Office of Scholarly Engagement, Integration of community voices/experiences into formal MD/DMD curriculum, in collaboration with Program in Medical Education and Dr. Rose Molina, and supporting student-led initiatives.

Thought questions from Dr. Duong for the Council included:

1. Reflect back on a time during your clinical practice when you took care of a patient who was from a different background, culture, socio-economic status, ethnicity and or/native language from you. How do you think medical school training prepared you, or did not prepare you, to best take care of that particular patient?
2. As we strive in medical education to provide our students with authentic, real-world learning opportunities in patient care to prepare them for their future careers, now can we take a similar approach to provide students with authentic, real-world learning opportunities to promote health equity and address structural inequities that directly affect health outcomes?

Dr. Duong then introduced second year Eana Xuyi Meng and Hanna Amanuel for an overview of the Community Accompaniment Program. Ms. Meng explained that after her first year of medical school, a peer, Ashri Anurundran and herself, wanted to have more opportunities for community engagement. They thought a program like this might be helpful as they were developing their identities as healthcare providers and now it is one of the biggest student organizations at Harvard Medical School. The Community Accompaniment Program aims to integrate the following into students' developing identities as healthcare providers: responsibility to communities, prioritization of health equity, habit of services. The program is split into two: the First-Year Award Program: students who become the lead bridge between HMS and Community Based Organizations (CBOs) and complete all externally and internally oriented efforts, and First-Year Certificate Program: Students who engage 5+ times over the year with CBOs and complete all internally oriented efforts. Then Ms. Meng explained the externally oriented efforts of the Community Accompaniment Program which include:

1. Engage with CBOs
  - a. Prepare meals for people experiencing chronic illness
  - b. Participate in street medicine
  - c. Be a medical advocate and translate medical instructions
  - d. Support professional development of youth who experienced incarceration, and so much more.
2. Collaborative leadership effort with CBOs
  - a. Underwear drive, bingo night, foot clinic
3. Clinical shadowing in community settings
4. Student dinners with CBOs

Ms. Meng then provided a list of the internally oriented efforts which are less about community service and more about learning with deep intention:

1. Participation in core workshops
  - a. Community collaborations: How to engage with CBO
  - b. Redlining to Red Lines: The History of Boston Neighborhoods
  - c. Real Rent Control is Public Health: Systemic Problems require Systemic Solutions
  - d. Global Health Equity Principals to Local Community Health
2. Mentorship by Faculty
3. Plan Society Olympics Fundraiser
4. End of Year Showcase where students and CBOs get together and talk about what worked and what did not work.

Ms. Meng also mentioned the future goals of the Community Accompaniment Program which include scholarly/research projects, re-engagement in later years and peer communities. In conclusion Ms. Meng wanted to acknowledge the CBOs that work with the Community Accompaniment Program, their community liaison Kayla Lambright, and the students and coordinating team.

Dr. Molina introduced Karen M. Emmons, PhD, Professor of Social and Behavioral Sciences at the Harvard T.H. Chan School of Public Health, and Rebekka M. Lee, SD, Research Scientist at the Harvard T.H. Chan School of Public Health for an update on the work their lead in the Harvard Catalyst Community Engagement Program.

Dr. Karen Emmons introduced her team and then focused upon the community engagement program's value:

1. Training: train students, junior investigators, and clinical researchers in the area of community engaged research
2. Funding: Increase success of grant submissions
3. Inclusion: Strengthen rigor and inclusion of science
4. Community Relationships: Improve relationships with patients and community partners
5. Relevance: Solve health problems that are important and relevant

Dr. Emmons explained her teams focus on equity and why these values are important. The research landscape is changing and there is an emphasis coming out of NIH on community partnered research and community-lead research. There is a lot of change happening and a shift towards diversity, equity and inclusion and community engagement as standard basic science. Dr. Emmons stated that this is really important and we need to be able to rise to the moment. Dr. Emmons then gave an overview of the program via the community engagement continuum which includes the following:

- Inform: provide balances, objective info that the public should know and act on
- Consult: obtain and consider feedback or input on issues, ideas and decisions
- Involve: work with the public to understand the issues and problems and include in identifying options for moving forward
- Collaborate: partner with the public, seeking advice and innovations that become embedded as much as possible in decisions made
- Empower: final decisions are made by the public and are one of the payers implementing them

Dr. Emmons added that the goal of the program is to support community-engaged research to improve the relevance of scientific evidence for diverse communities and to improve health equity. Additional pieces of this goal are to:

- Provide robust research and training opportunities to increase the pipeline of well-trained individuals interested in community translation
- Align with patient and community-identified needs and interest
- Use community partnerships, implementation science, policy research
- Create mechanisms for working collaboratively with partners to identify opportunities for accelerating population-level outcomes

Next Dr. Emmons asked the Council to think about how they define community in their work. The Council added their feedback in the chat. There are three streams of work in the Harvard Catalyst Community Engagement Program:

1. Research Team
  - a. Proactive connections: push out content via Researcher Consultations, IRBs, training programs (T32s)
  - b. Reactive connection: self-service tools and resources, and online course content
2. Direct Bidirectional Connections
  - a. Community Coalition for Equity in Research
  - b. Community Engagement Studios
  - c. Community Centered Relationship Building
3. Community Members and Partners
  - a. Proactive Connections: Community Consultations and Student Practice Placements
  - b. Reactive Connections: Access to tools, resources, and online course content

Dr. Emmons explained the research experience which includes meeting with program leaders to discuss alignment of goals and timeline, preparing a 2-page student description and 10-minute

video, participating in a facilitated discussion with coalition, and receiving a 2-page summary of equity highlights and recommendations.

Dr. Emmons that focused on the proactive connection with researchers including institutional review boards, small group training and consultations. The consults that support successful research include the following:

1. Community advisory board development
2. Community engagement and implementation science grant review
3. Strategies to build research team capacity
4. Input on survey and interview guides
5. Improvement for inclusivity of recruitment approaches

After focusing on the proactive connections, Dr. Emmons touched on the reactive connections for researchers, including self-service resources, online courses, and policy atlas.

Dr. Molina thanked the three speakers and sent the Faculty Council into breakout rooms to continue discussion on the three agenda topics.

After the discussions in breakout rooms, Dr. Molina thanked everyone for their time and adjourned the meeting at 5:30pm.