



31<sup>ST</sup> ANNUAL MINORITY HEALTH CONFERENCE

**BUILDING COMMUNITY  
IN THE AGE OF INFORMATION:**  
*Fighting Health Inequality in the Modern World*

**Final Report**

**UNC-CHAPEL HILL**

May 1, 2010

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# Final Report

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## EXECUTIVE SUMMARY

The Evaluation Committee is please to submit this final report on the 31st annual UNC Minority Health Conference, which took place Friday, February 26, 2010. We have endeavored to synthesize a substantial amount of feedback and have presented it here as concise summaries of key areas. In addition, we provide full verbatim responses to open-ended evaluation questions in the appendices, as well as a record of the planning committee membership and the conference agenda.

The Evaluation Committee made soliciting feedback a priority. Data were gathered from attendees, broadcast viewers, and broadcast site facilitators primarily through online questionnaires administered via Qualtrics. Only a handful of evaluations were completed on paper the day of the conference. Response rates were generally high. For example, 71% of those attending the Friday Center events completed an evaluation. Quantitative feedback is presented in tables for each of the key areas. Themes from qualitative responses are summarized in the text, along with selected representative quotes. We have also incorpo-rated observations made on the day of the conference, as well as comments by the planning committee at a debriefing meeting after the conference.

Overall, feedback about the 31st annual UNC Minority Health Conference was quite positive, indicating that it was enjoyable and informative. Both conference attendees and broadcast participants were enthusiastic about Dr. Robert Fullilove's keynote speech and rated it quite highly. The majority of attendees agreed that morning and afternoon sessions were informative, relevant, and enjoyable, however, some found that the content was not consistent with their expectations based on the written abstracts, session titles, or conference theme. While many noted that they appreciated the inclusion of community perspectives, some also called for an increased emphasis on evidence and evaluation of the programs described. As has been the case in previous conferences, session attendance declined in the afternoon. The day's events generally proceeded on time, though some attendees found that there was not enough time to view posters or to network. Including a designated time for poster viewing was suggested by both attendees and poster presenters. Exhibitors requested copies of the conference programs, which were provided once all registered attendees had been provided their copies.

We hope that this evaluation report will contribute to the ongoing success of the UNC Minority Health Conference.

## PUBLICITY AND REGISTRATION

Most of the attendees heard about the Conference through colleagues (39%), emails from the Minority Health Project (38%), and brochures (20%). The registration tool of preference was by far the Minority Health Conference website (83%), followed by mail/fax (9%).

Registration and check-in generally went smoothly. Some attendees noted that the registration process was cumbersome for those not affiliated with UNC and some poster presenters reported that the check-in process at the Friday Center was unclear.

To facilitate networking, one attendee suggested including an option for people to share contact information at point of registration.

	n	%
<b>How did you hear about the conference? (check all that apply)</b>		
Brochure	50	(20)
Email from the Minority Health Project	95	(38)
Colleague	98	(39)
Minority Student Caucus Website ( <a href="http://studentorgs.unc.edu/msc/">http://studentorgs.unc.edu/msc/</a> )	30	(12)
Minority Health Project Website ( <a href="http://www.minority.unc.edu/">http://www.minority.unc.edu/</a> )	22	(9)
Other	61	(24)
<b>How did you register for the Conference?</b>		
Minority Health Conference Website	208	(83)
Mail/Fax	22	(9)
Phone	20	(8)
Other (please specify)	13	(5)

\*Note: Since some response options are “check all that apply,” percentages might sum to greater than 100%. The percent total accounts for number of people who filled out the question. In addition, not all respondents filled out all the questions, so the **n** for questions might be different throughout. We chose not to make all questions forced answers since it might have discouraged attendees from completing the survey to the end.

## KEYNOTE LECTURE

Feedback for the keynote lecture by Dr. Fullilove was overwhelmingly positive. Of the attendees who filled out the evaluation, 99% claimed they found the lecture informative, 94% felt the length of the lecture was just right, and 89% said they would encourage others to view the lecture via webcast. In the comments section, the keynote lecture was consistently listed as what people enjoyed most about the conference.

“I thoroughly enjoyed the keynote speaker and thought he did an excellent job of setting an optimistic, yet realistic tone for the day.”

“I very much enjoyed Dr. Fullilove's lecture and found him very motivating. His talking points were relevant to the conference theme.”

“It was spot on, with an element of positivity that is often necessary when doing this difficult work (given the state of our domestic health system and global burden of disease).”

	n	%
<b>The keynote lecture by Dr. Robert Fullilove was informative</b>		
Completely Agree	230	(92)
Agree	18	(7)
Neutral	3	(1)
Disagree	0	(0)
Completely Disagree	0	(0)
<b>I will encourage others to view the keynote lecture via the Webcast</b>		
Completely Agree	169	(68)
Agree	52	(21)
Neutral	24	(10)
Disagree	4	(1)
Completely Disagree	1	(0)
<b>The length of the lecture was...</b>		
Too Long	10	(4)
Just Right	233	(94)
Too Short	6	(2)

## INDIVIDUAL SESSIONS

### Morning

The morning session with greatest attendance was *Grassroots Advocacy and Activism*, followed by *Telemedicine* and *Elderly Mistreatment in Minority Populations*. The *Grassroots Advocacy* and *Elderly Mistreatment* sessions received the quite positive reviews. Feedback was less positive for the *Radio Communication with Latino Populations* and *Occupational Health* sessions.

	<b>Grassroots Advocacy and Activism</b>	<b>Radio Comm. with Latino Populations</b>	<b>Elderly Mistreat- ment</b>	<b>Tele- medicine</b>	<b>Occupa- tional Health</b>
<b>The session was informative.</b>					
	n (%)	n (%)	n (%)	n (%)	n (%)
Completely agree	58 (65)	3 (8)	24 (59)	18 (36)	3 (20)
Agree	27 (30)	14 (38)	14 (34)	21 (42)	5 (33)
Neutral	4 (4)	7 (19)	3 (7)	9 (18)	4 (27)
Disagree	0	11 (30)	0	2 (4)	3 (20)
<b>Completely disagree</b>	0	2 (5)	0	0	0
<b>Session was relevant to the conference theme.</b>					
Completely agree	52 (58)	7 (19)	21 (51)	17 (35)	3 (20)
Agree	29 (33)	19 (51)	17 (41)	18 (37)	3 (20)
Neutral	5 (6)	3 (8)	3 (7)	10 (20)	4 (27)
Disagree	3 (3)	6 (16)	0	4 (8)	3 (20)
Completely disagree	0	2 (5)	0	0	2 (13)
<b>Overall, I enjoyed the session.</b>					
Completely agree	57 (64)	3 (8)	23 (58)	17 (34)	3 (20)
Agree	27 (30)	9 (24)	13 (33)	18 (36)	3 (20)
Neutral	5 (6)	5 (14)	4 (10)	10 (20)	5 (33)
Disagree	0	13 (35)	0	5 (10)	2 (13)
Completely disagree	0	7 (19)	0	0	2 (13)

## Afternoon

The afternoon sessions with greatest attendance were *Edutainment* and *Interventions Based on Social Networks*. All afternoon sessions received overall positive ratings.

“I think the session was really well-structured. The speakers were prepared and interesting - and the topic was really cool. It made me think outside the box of how media can be used to promote public health.”

	<b>Edutainment</b>	<b>LGBT Health</b>	<b>Interventions Based on Social Networks</b>	<b>American Indian/ Alaska Native Health</b>
<b>The session was informative.</b>	n (%)	n (%)	n (%)	n (%)
Completely agree	39 (51)	5 (31)	23 (37)	9 (29)
Agree	30 (39)	9 (56)	35 (56)	18 (58)
Neutral	6 (8)	1 (6)	4 (6)	4 (13)
Disagree	2 (3)	1 (6)	0	0
Completely disagree	0	0	0	0
<b>The session was relevant to the conference theme.</b>				
Completely agree	38 (50)	11 (65)	24 (39)	12 (39)
Agree	30 (39)	5 (29)	29 (47)	17 (55)
Neutral	8 (11)	1 (6)	5 (8)	2 (6)
Disagree	0	0	4 (6)	0
Completely disagree	0	0	0	0
<b>Overall, I enjoyed the session.</b>				
Completely agree	42 (54)	4 (25)	24 (39)	7 (23)
Agree	25 (32)	10 (63)	27 (44)	14 (45)
Neutral	6 (8)	1 (6)	10 (16)	9 (29)
Disagree	5 (6)	1 (6)	0	1 (3)
Completely disagree	0	0	0	0

## General Feedback on Morning and Afternoon Sessions

While feedback was generally positive, some themes emerged from qualitative responses which may be helpful in planning future conferences. Several attendees suggested alternative structures for the presentations, mainly that rather than having one speaker for each session, two or three could be grouped around a shared theme, as is common in many conferences. Many also called for more time for audience interaction and discussion.

“It would have been nice to have a little more time for discussion, but perhaps that was just because the issue inspired a lot of thought!”

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“I would perhaps recommend having more than one organization present during the breakout sessions. In the current format, attending the sessions is almost equivalent to attending a class lecture; there is only one presenter for the entire hour. Perhaps shortening presentations to 20 minutes per organization and having 3 present in a given breakout session (all around a similar theme) would be more engaging and would provide more exposure to different topics.”

Attendees also requested that copies of handouts be made available. These could be emailed or posted to the website in advance of the conference in order to save paper and limit cost. Many noted a lack of clarity in the description of workshops, with sessions differing from what was anticipated based on the abstract description. Also, in light of the conference theme, there was confusion around what was meant by the terms “social media” and “social networks/networking” with many anticipating that these would involve discussions of Facebook, Twitter, text messaging, and other applications of technology.

Finally, the need to balance academic, community, and policy perspectives was reflected in several comments. Many attendees noted how well the sessions incorporated voices outside of the university, and provided great examples of activism and interventions. At the same time, people called for more evidence and evaluation for the programs described, and said they would have also liked to have seen more results of research and discussions of policy and system-level factors.



## INTERACTIVE SESSIONS

Although the interactive evaluation ratings were overall positive, both sessions received a greater number of Agrees and Neutrals compared to sessions in the morning and in the afternoon. Many noted the session they'd attended was not as interactive as they'd hoped, with audience interaction limited to Q&A. Others felt the presenters did not have a good sense of the audience, and did not target the session appropriately.

“This session was a mixed bag. On the one hand, it was interesting to learn about the community health centers of the 60s, but it was difficult to make connections to what is happening now. It was not very interactive.”

“This session was great because the speakers had hands-on assignments that made us (participants) examine how we would use effective health literacy approaches.”

“Make the afternoon sessions truly interactive! Bring in skilled facilitators and break participants into groups to have strategic discussions about taking action. ... Harness the great energy and ideas of the participants so that we are actually building a

	Health Literacy	Community Health Centers
<b>The session was informative.</b>	n (%)	n (%)
Completely agree	21 (30)	13 (30)
Agree	32 (46)	28 (65)
Neutral	13 (19)	2 (5)
Disagree	3 (4)	0
Completely disagree	0	0
<b>The session was relevant to the conference theme.</b>		
Completely agree	24 (35)	17 (40)
Agree	36 (53)	23 (53)
Neutral	7 (10)	3 (7)
Disagree	1 (1)	0
Completely disagree	0	0
<b>Overall, I enjoyed the session.</b>		
Completely agree	19 (28)	12 (28)
Agree	26 (38)	26 (60)
Neutral	17 (25)	4 (9)
Disagree	6 (9)	1 (2)
Completely disagree	1 (1)	0

## POSTERS & VENDORS

Feedback from attendees indicated overall satisfaction with posters and vendors—close to or more than 80% of attendees who filled out the evaluation agreed there was enough time to view posters, there was enough time to network with other attendees, and exhibitors’ information was valuable. Most of the comments centered on wanting a more time, or a defined session, for poster viewing and networking.

Several attendees found the breaks between sessions were rushed and didn’t allow sufficient time to network or to find and view posters of interest. Poster presenters noted that since there was no defined time for viewing, they felt limited in their ability to leave the poster to network or view other research.

“Poster viewing times seem to have been a little rushed if you planned to attend the sessions, keynote speaker, and lunch. It would have been nice to have an hour set aside for poster viewing and networking.”

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“Recruit a greater variety of exhibitors. While UNC and SPH were strongly represented, I would recommend contacting more Schools of Public Health and more organizations from Orange County (e.g., health department, health-related non-profits, etc.). This is a great opportunity to showcase efforts in the Triangle!”

	n	%
<b>There was enough time to view the posters.</b>		
Completely Agree	80	(32)
Agree	120	(46)
Neutral	24	(10)
Disagree	27	(11)
Completely Disagree	3	(1)
<b>The exhibitors’ information was useful.</b>		
Completely Agree	75	(30)
Agree	137	(54)
Neutral	38	(15)
Disagree	2	(1)
Completely Disagree	0	(0)
<b>There was enough time to network with other conference attendees.</b>		
Completely Agree	69	(28)
Agree	130	(51)
Neutral	31	(12)
Disagree	21	(8)
Completely Disagree	2	(1)

## FOOD, FACILITY & LOGISTICS

Many attendees noted how much they'd enjoyed the food, but there were a couple calls for healthier snacks. There were no comments about the facility. Some suggestions about the logistics of the day are reflected in other sections, namely the call for more speakers per session, and the need for a defined time to view posters. A few people also noted a lack of punctuality for start and end of sessions led to disruptions.

“Considering this is a health-related conference, I was surprised to see so many dessert and junk food options...I would have preferred more healthy options: more fruit, less cake. Scrap the candy bar in the afternoon - that's just excessive...we're supposed to be reducing obesity, not encouraging it!”

## AUDIENCE PROFILE

For most of the attendees, this was their first or second Minority Health Conference, and they were mostly either graduate students or public health workers. Most people attended the whole day, although almost 40% of attendees left before the end of the day. Most attendees were from either UNC-Chapel Hill (not including the School of Public Health) or from the Gillings School of Global Public Health.

	n	%
<b>How many UNC Minority Health Conferences have you attended (including this one)?</b>		
One	53	(53)
Two	24	(24)
Three	11	(11)
Four-Six	7	(7)
Seven-Ten	3	(3)
More than Ten	2	(2)
<b>Did you attend the whole day?</b>		
Yes	157	(63)
No	94	(37)

<b>What is your primary position?</b>		
Undergraduate Student	26	(10)
Graduate Student	102	(40)
College or University Faculty	13	(5)
Health Researcher (not faculty)	29	(12)
Public Health Worker	55	(22)
Health Care Provider	8	(3)
Community Organization Member	10	(4)
Political Leader	1	(0)
Other	38	(15)

<b>Are you affiliated with a university or other organization?</b>		
UNC-Chapel Hill	57	(60)
UNC-Chapel Hill (School of PH)	12	(13)
Duke University	1	(1)
North Carolina State University	1	(1)
UNC-Greensboro	2	(2)
UNC-Charlotte	2	(2)
Wake Forest University	3	(3)
Florida International University	1	(1)
St. Augustine's College	1	(1)
Emory University	1	(1)
UCLA	1	(1)
South University	1	(1)
North Carolina Department of PH	2	(2)
Orange County Health Department	1	(1)
Community Care of North Carolina/Community Clinic	4	(4)
North Carolina Cooperative Extension Service	1	(1)
Other (e.g., sorority, government)	5	(5)

## BROADCAST

Student groups at four universities organized parallel conferences where they showed the broadcast of the keynote lecture:

- The Black Public Health Student Network at George Washington University School of Public Health and Health Services hosted its first annual Minority Health Conference, with three local workshops and lunch, followed by the keynote lecture.
- The Society of Young Black Public Health Professionals at Tulane University School of Public Health organized a viewing of the keynote lecture, followed by a panel and moderated discussion.
- The Minority Students for the Advancement of Public Health group at the University of Illinois, Chicago, held their second annual Minority Health in the Midwest Conference. Their conference theme was “Health in the New Era: The Role of Technology in Addressing Health Inequities in the Midwest.” The conference will share the Keynote broadcast and have additional presentations and discussion.
- The Students of Color for Public Health at the University of California at Los Angeles hosted a viewing of the keynote lecture.

In addition, 39 organizations registered in advance to receive the broadcast and show the keynote lecture on Friday, February 26, 2010. Twenty showings (51%) were at universities, seven showings (18%) were at state or county health departments, and four sites (10%) did not identify themselves. Three of the registered showings occurred at sites in Canada, Ecuador, and Chile.

Three-quarters of respondents reported watching at least 45 minutes of the broadcast. The majority of respondents agreed or completely agreed that the lecture increased their understanding of the subject and its relation to public health (83%), that the topics covered were important and relevant to health disparities (86%), and that the lecture was very valuable to them (84%). Ninety-one percent agreed or completely agreed that they would highly recommend the broadcast others. Despite group viewings, nearly all people completing an evaluation (96%) reported that they viewed the broadcast on a computer alone or with one or two other people. Among respondents who did not watch the entire broadcast, the most frequent reason was time conflict or competing work demands (64%). Fourteen percent reported problems with an internet connection, and 19% stated it was for another reason. Despite group viewings, nearly all respondents (96%) reported that they viewed the broadcast on a computer alone or with one or two other people. Among respondents who did not watch the entire broadcast, the most frequent reason was time conflict or

“Every public health worker should have the opportunity to listen to Dr. Fullilove speak at least once in their career. Having been out of grad school and entrenched in state public health work for nearly 8 years, this brought back the same excitement I had for my future work as I felt when I graduated with my MPH.”

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“Connecting to the webinar was very slow and wasn’t sure I would be able to view it although I had checked the connection a couple of days before.”

competing work demands (64%). Fourteen percent reported problems with an internet connection, and 19% stated it was for another reason.

Respondents were a diverse group, including public health professionals (46%), academics (18%), students (14%), community members (12%), and clinicians (7%). Most had heard about the broadcast from an email from the Minority Health Project (42%), from the Minority Health Project website (15%), and from a friend or colleague (19%).

Open-ended questions elicited overwhelmingly positive feedback for the keynote lecture. Respondents seemed to enjoy Dr. Fullilove’s lecture and displayed great enthusiasm in their comments, as exemplified below:

“Dr. Fullilove was an excellent speaker, and I’m very thankful to have known about the event. I forwarded to many so that they can watch in the future.”

“I’ve watched previous broadcasts in recent years and I thought he was the best speaker thus far.”

There were also a small number of complaints about poor audio quality, difficulty using web-based technology, or problems submitting a question.

“Connecting to the webinar was very slow and wasn't sure I would be able to view it although I had checked the connection a couple of days before.”

“A little trouble with getting disconnected on the phone when I tried to call in. This happend three times.”

One respondent suggested making lecture slides available online, presumably to circumvent problems with the broadcast. It should be noted, however, that Dr. Fullilove did not use any slides in his keynote lecture.

<b>The lecture increased my understanding of this subject and its relation to public health.</b>		
Completely Agree	37	(41)
Agree	38	(42)
Neutral	12	(13)
Disagree	3	(3)
Completely Disagree	1	(1)

<b>The topics covered today were important and relevant to the issue of health disparities.</b>		
Completely Agree	59	(66)
Agree	27	(30)
Neutral	3	(3)
Disagree	0	--
Completely Disagree	0	--
<b>I could see and hear Dr. Fullilove clearly.</b>		
Completely Agree	65	(71)
Agree	20	(22)
Neutral	3	(3)
Disagree	3	(3)
Completely Disagree	1	(1)
<b>Overall the lecture was very valuable to me.</b>		
Completely Agree	47	(52)
Agree	29	(32)
Neutral	10	(11)
Disagree	3	(3)
Completely Disagree	1	(1)
<b>I will highly recommend this lecture to others.</b>		
Completely Agree	54	(59)
Agree	29	(32)
Neutral	5	(5)
Disagree	3	(3)
Completely Disagree	0	--
<b>How did you view the broadcast?</b>		
By computer (by myself or with one or two people)	86	(96)
By computer (in a group of four or more people)	3	(3)
Other (not computer)	1	(1)

<b>How did you learn about the broadcast? (check all that apply)</b>		
Minority Health Project website	17	(15)
Other website	2	(2)
Email from the Minority Health Project	46	(42)
Email from another organization	9	(8)
Friend, colleague, co-worker or associate	21	(19)
Posted notice or flyer	4	(4)
Professional organization's newsletter/journal	2	(2)
Small flyer handed out	0	--
Other	9	(8)
<b>Please tell us about yourself.</b>		
Public health professional	55	(46)
Clinician (i.e. MD, nurse, physician's assistant, social worker, etc.)	8	(7)
Community member	14	(12)
Faculty, teacher, or researcher	21	(18)
Student (undergraduate, graduate, doctoral)	17	(14)
Other	4	(3)



## Broadcast Site Facilitators

We received 18 completed evaluations from broadcast site facilitators. Majorities completely agreed that their time organizing the event was well-spent (77%) and that they would recommend the broadcast to other organizations (71%). Most facilitators indicated a willingness to participate next year, however one respondent was neutral about whether their organization would be a site for next year’s broadcast and three were neutral about whether they would be willing to facilitate a similar event in the future.

Average attendance at broadcasts was 13 people but varied widely; 12 sites reported less than ten attendees and two sites reported more than 60 attendees. Broadcast audiences were mostly public health professionals, academics, students, and clinicians. Only one site reported community members among the audience. Similar to broadcast participants, the site facilitators noted some technical problems, e.g. poor audio connections. The time allotted for questions seemed adequate but few site facilitators reported that their attendees asked questions.

	n	%
<b>How did you receive the keynote lecture?</b>		
Flash (embedded window in the webpage without having to load another program)	11	(61)
Windows Media Player	6	(33)
Other	1	(6)
<b>Were there problems receiving the broadcast?</b>		
Yes	2	(11)
No	16	(89)
<b>How many people viewed the broadcast at your site?</b>		
Average		13
Range		0-80
<b>How many people stayed until the end of the broadcast?</b>		
90%–100%	11	(61)
70–89%	2	(11)
50%–69%	3	(17)
Less than 50%	0	(0)

“The program got off to a rough video start and we lost some faculty waiting on the transmission.”

“We lost connection at the very beginning, but were able to reconnect after Dr. Fullilove had started.”

**We'd like to know about the background of the people who viewed the broadcast at your site (check all that apply).**

Public health professionals	12	(67)
Clinicians	6	(33)
Community members	1	(6)
Academics	7	(39)
Students	6	(33)
Other	1	(6)
No viewers—just taping	0	(0)

**How did your viewers ask questions? (Check all that apply)**

By telephone	1	(6)
By Tweet	0	(0)
By computer	2	(11)
The viewers at my site did not ask any questions	12	(67)

**The time allotted for questions was...**

Too short	1	(6)
About right	16	(89)
Too long	1	(6)

**Viewers at my site seemed engaged during the broadcast.**

Completely agree	9	(50)
Agree	6	(33)
Neutral	2	(11)
Disagree	0	(0)
Completely disagree	0	(0)

**Compared to others, this broadcast was well-organized and well-run.**

Completely agree	9	(50)
Agree	7	(39)
Neutral	1	(6)
Disagree	0	(0)
Completely disagree	0	(0)

“I really appreciated the ease of the application, and the way you began the broadcast early with a live signal so I could test my connection before the session began.”

“I really enjoyed the event from a facilitator’s perspective. The technical coordination prior to the event was efficient and well planned. We had no problems whatsoever in providing the stream to our viewers. It would have been a nice addition to have a chat box on the Web page that the video was viewed on. This added feature could be used to facilitate the question submissions both by individuals and groups viewing with a moderator. The e-mail submission and phone options worked well though. Overall this event was excellent!”

“Vic and Andrew were of huge help. The broadcast was perfect. The speaker was inspiring to watch.”

<b>The broadcast website was well-organized and informative.</b>		
Completely agree	9	(50)
Agree	7	(39)
Neutral	0	(0)
Disagree	1	(6)
Completely disagree	0	(0)
<b>I will recommend this broadcast to other organizations.</b>		
Completely agree	12	(71)
Agree	5	(29)
Neutral	0	(0)
Disagree	0	(0)
Completely disagree	0	(0)
<b>My organization would like to be a site for this event again next year.</b>		
Completely agree	9	(53)
Agree	7	(41)
Neutral	1	(6)
Disagree	0	(0)
Completely disagree	0	(0)
<b>I would be willing to facilitate a similar event in the future.</b>		
Completely agree	6	(35)
Agree	8	(44)
Neutral	3	(18)
Disagree	0	(0)
Completely disagree	0	(0)
<b>Overall, I feel that my time in facilitating this broadcast was well spent.</b>		
Completely agree	13	(77)
Agree	4	(24)
Neutral	0	(0)
Disagree	0	(0)
Completely disagree	0	(0)

“This webcast was by far the most excellent of the past three viewings that we have held in our center. Dr Fullilove's inspiring presentation was evident of his extensive community advocacy. His application of interdisciplinary methods toward solving public health problems resonated with the work that we do at (DCCR) Duke Center for Community Research. Unlike other years we did not experience any technical difficulties with the webcast and are most grateful for the UNC conference for continuing these important dialogues.”

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“Very good program. Moderator could have been more prepared. She had a problem reading the questions, thus making her look like she couldn't read. While Dr. Fullilove was answering the previous questions, the moderator should have been reading the next question so she could understand it, but instead, she looked unprepared. Other than that, she was great and he was excellent.”

## POST-CONFERENCE FEEDBACK

### *Planning Committee Debriefing Meeting*

The conference co-chairs convened a final meeting of the planning committee on March 3, 2010 to thank members for their work and to solicit feedback about the conference. Approximately 23 people attended, representing each of the planning committees and including representatives from the North Carolina Institute for Public Health. Below is a summary of comments from each sub-committee.

#### **Speakers committee**

- Give more support and structure to presenters from the community who might be less familiar with speaking at conferences.
- Low attendance in afternoon sessions was noted; others observed that it has been a recurring problem each year.
- There was a video problem in the health literacy interactive session; planners need to identify technology needs in advance and figure out how to meet them.
- Recommend developing templates of tasks or activities since it might not be clear to new planning committee members all that's involved in an assignment.

#### **Publicity committee**

- Having co-chairs is strongly recommended since the publicity committee entailed a lot of work.
- We should be mindful of balancing participation by folks outside of public health with an adequate level of involvement by folks within public health.
- Twitter seemed to work well this year; could possible build a following that way.
- Andi obtained a very good deal from the printers for the program.

#### **Exhibitors committee**

- Echoed suggestion of templates and timelines for committees' work.
- Exhibitors were not given programs when they checked-in and many expressed a desire for them.
- Some attendees wanted dedicated time to visit the exhibitors.

#### **Posters committee**

- Overall, it was smooth but some presenters didn't show up or couldn't stay all day.
- Two students arrived with posters but hadn't been accepted to present. There might have been confusion or miscommunication from their faculty advisor.
- Poster presenters should have ribbons on their nametags identifying themselves as a poster presenter.
- The check-in for poster presenters was confusing.

#### **Fundraising committee**

- The committee's performance was smoother this year, likely thanks to chairs who had also served last year. There was also more coordination with the Minority Student Caucus.
- There weren't many alumni donations this year. Collaboration with the office of external relations could be better.
- Dean Mebane recommended starting fundraising efforts very early (as early as March 2010 for 2010 conference ).
- Discussed ways to improve alumni involvement (not just donations). Perhaps a small report on the MHC to alumni.

#### **Broadcast committee**

- The broadcast went very well this year.
- Received a lot of questions, including one via Twitter and three calls.
- It was suggested to recruit more schools of public health to be involved in the broadcast.
- There was a question from the group about the possibility of posting speakers' presentations online.

#### **Evaluation committee**

- Need to ensure a smooth link from registration to evaluation, for example obtaining registrants' email addresses for the online evaluation surveys
- Suggested creating an archive to ensure institutional memory about the events

#### **Institute for Public Health**

- Good use of sub-committees this year.
- Raised a question about the refund policy for people who registered but did not attend.
- Noted that high school students really enjoyed attending; there was some additional discussion of ways to involve them in conference activities.

## Recommendations for 2011 Conference

### Themes

- Relationships between immigration status and health access/outcomes
- Novel methods / techniques for "building community"
- How public and private service delivery systems address the issue of health disparities among minorities in the 21st century. Service integration models to better serve families with multiple needs.
- Re-energizing the human element, interventions involving human contact in the age of the Internet
- What are barriers to health for American Indians in North Carolina and are there promising interventions?
- The state of health for American Indian children in southeastern North Carolina
- Evaluating and enhancing the potential to impact the quality and cost of care for low wealth and low literacy recipients
- Coming Together: Strategies for Bringing Together Hispanic, Native American and African American Communities to Reduce Health Disparities.
- Violence and Injury Prevention (including Gangs) / The role of Prevention in Health Care Reform
- Intersectionality as a framework for addressing health disparities
  - Minority Health & Health Reform
  - The emotions, mental and psychological consequences of racial disparities locally, statewide and nationwide
  - How does politics affect our health. What does health care reform mean for our communities?
- The reality of collaborative research with communities.
  - Environmental injustices and impact on minority health in communities across the U.S.

“Please broaden the scope of the conference to include system level issues as they relate to access to care, and health policies that sustain inequality among others. Grass-roots interventions are just one aspect of a complex issue.”

### **Presenters**

- Dr Ronny Bell –Director of the Maya Angelou Center at Wake Forest
- Geoffrey Canada
- Dr. Kimbrele Crenshaw
- Vernellia Randall
- Ronald Labonte
- El Pueblo on their youth sexual health program
- Dr. Camara Jones
- Jeff Johnson
- Claire Barrington
- Yvonne Torres of Wake County, oversees traditional and non-traditional HIV testing sites
- Dr. Sherman James

### **Topics**

- More policy issues sessions (e.g., healthcare options for minority groups in view of current and proposed healthcare legislations); inclusion of at least one panel discussion
- More on CBPR, more on funding agencies and getting grants in the current funding environment, more mental health topics
- Not enough Latino/LGBT/Aboriginal/Asian/non-traditional minority health

### **Funding**

- Agency for Healthcare Research and Quality small conference grant
- The Gay and Lesbian Medical Association might be a good funding source especially if you have presenters around Lesbian health issues
- Robert Wood Johnson Foundation

“If you can find someone to top Dr. Fullilove, I'd be in awe of the organizers.”

## APPENDIX A

### 2010 Planning Sub-Committees

#### **Speakers committee**

Glenn Baldwin (co-chair)  
Stephanie Baker  
Laurel Harduar Morano (co-chair)  
Kristin Kenan  
Derrick Matthews  
Izzy Rosiuta  
Marissa Sheldon

#### **Publicity committee**

Janelle Armstrong-Brown  
Andi Goetschius (chair)  
Kate Krieger  
Rebecca Ortiz  
Autumn Shafer  
Marissa Sheldon

#### **Exhibitors committee**

Andrea DesMarais  
Jessica Johnson  
Kimberly Liao (chair)  
Alison Mendoza  
Seth Rylander

#### **Broadcast committee**

Kristin Black (chair)  
Courtney Duffy  
Laura Harker  
Brittany McPhatter

#### **Posters committee**

Anna Gieselman (chair)  
Erica Lane  
Lauren Maxwell  
Ebun Odeneye  
Kari Samuel

#### **Fundraising committee**

Liesel Daugherty  
Jessica Feingold  
Safiya Jenkins  
Menaka Mohan (co-chair)  
Katie Wehr (co-chair)

#### **Evaluation committee**

Paul Gilbert (chair)  
Ruth Lavergne  
Deborah Neffa

#### **Institute for Public Health**

Kathy Sprinkle



## APPENDIX B

### Participant Evaluation (Open-Ended Comments)

What did you enjoy the MOST about the Minority Health Conference? (verbatim responses)
The keynote was fantastic. Also the food was really good.
Good food, good mix of professional colleagues and community members. I enjoyed talking to everyone.
The Keynote was amazing!
The lecture by Dr. Fullilove and this may be a minor point but the food was actually really good for a conference.
The Keynote Speaker
The keynote speech was amazing -- Dr. Fullilove was a wonderful choice. I also enjoyed the opportunity to meet and network with other conference attendees. And the food was great!!!
The keynote speaker was great and the sessions were well-thought out.
The keynote speech.
The Keynote speaker was DYNAMIC!!!!!! I would have loved to hear him in a concurrent session. I always enjoy getting resources and networking.
The Key Note speaker. He was AH-MAZING!
The speakers, posters and Public Health Organization demonstrations
keynote address
The keynote speaker was very inspirational and motivating.
The lecture by Dr Fullilove
The key note speaker
keynote speech was great, food was great, I met lots of interesting people
Great day to see the work of peers and learn from others. The keynote lecture was a highlight of the day.
Variety of information shared
Dr. Fullilove's address was EXCELLENT!
The information
The gathering of people committed to health and justice
The diversity of people and the interaction amongst like-minded individuals.
The Keynote Lecture was amazing.
The Keynote speaker and finding out what is going on in public health at UNC!
Meeting the other professionals
Key note address and First session
The keynote speaker
Networking and key note speaker
Keynote speaker
The keynote speaker was great.
Seeing best practices and speaking with people in the field
keynote speaker

The Keynote speaker's address
the keynote & the food.
keynote
Dr. Fullilove's keynote and Rogers Road morning session.
Keynote Speaker
The networking and the sessions were very informative.
Dr. Fullilove's talk - very inspirational.
I really enjoyed the key speaker, having the opportunity to network, and the great food.
Variety of topics, great keynote speaker.
I attended the conference with the plan of talking with other attendees, viewing posters, interacting with exhibitors. The session descriptions were interesting but I could only attend the conference for the morning so I chose to pursue the networking opportunities rather than the lectures. (If my time had allowed I would have done both. My time limits were not related to conference organization but an appointment I had elsewhere.) / / I would suggest a speaker for next year, Dr Ronny Bell-Director of the Maya Angelou Center at Wake Forest. It would be interesting to have him keynote.
The keynote speaker was excellent--really set the tone for the sessions/firmly established the theme.
Keynote speaker--so inspiring! Also, very organized which was helpful.
Variety of topics, and tools to apply them in real life
The keynote address. I thought that the topic was timely, Given that so many partnerships are being formed between academic institutions and community organizations, it is time to step back to review the capacity of communities to provide meaningful involvement and for the institutions to review their proposed outcomes in terms of relevance to the community and to willingness of the community to fully participate. I also liked the idea of web hook ups to other universities and to programs around the world. This was an excellent way of using current technology to communicate with others far away.
Well planned, good & lots of food
The network opportunities, the key note speaker
The keynote speaker, sessions gave me ideas. Food & snacks were delicious!
Keynote speaker!
The keynote lecture was outstanding. Very relevant, informative, and motivational.
Informative
Energy of the young people devoted to public health, the wonderful diversity of disciplines and race/ethnicity
The keynote speaker and the diversity, and the organization of it all.
I very much enjoyed Dr. Fullilove's lecture and found him very motivating. His talking points were relevant to the conference theme.
Dr. Robert Fullilove
Keynote speaker
The Keynote Speaker's speech
The sessions were REALLY good and the attendees were diverse and interesting. Good food, too!
Elderly discussion and key note speaker.
the keynote
keynote
Keynote address and networking.

Well run and very informative
The keynote speech was outstanding.
I love this Conference. I think the students do an awesome job. I left Chapel Hill ten years ago. No matter where I am in the US, I always travel back to Chapel Hill for this event
I just loved the speaker. Dispensing info is one thing, doing it in a manner that people want to hear more is another.
The keynote lecture was my favorite part of the Conference
Meeting people
The keynote speaker was amazing and very inspiring for public health practitioners.
I really liked this year's topic and Dr. Fullilove.
Keynote address.
The keynote address. I'm also glad that several speakers came from out of the area - not just UNC and Duke.
the edutainment session
Keynote speaker
the opportunity to hear what others are doing around the state and around the country; the opportunity to hear and be inspired by others' successes in fighting health disparities
Networking, the keynote speaker and the posters.
The keynote. It was spot on, with an element of positivity that is often necessary when doing this difficult work (given the state of our domestic health system and global burden of disease). The fact that it was conveniently located at the Friday Center really helped as well.
The Keynote lecture was superb.
Opportunity for information exchange and networking
The keynote speaker, the grassroots morning workshop, and the food.
The variety of sessions available, yet still congruous with the overall conference theme.
Keynote speaker. He was humorous and dynamic in his presentation. I would travel to see him speak again.
I really enjoyed the Keynote Speaker, walking around looking at the various posters, and networking with other health professionals at the conference
Dr. Fullilove and Dr. Laura Linan's presentations were EXCELLENT, the atmosphere was great and food delicious
Dr. Fullilove's speech.
The key note speaker was better than last year. Good job!
Keynote speaker -- R. Fullilove
The food.
The keynote speaker was wonderful.
posters, networking, etc.
Networking. Seeing old friends.
Networking
The keynote speaker was absolutely WONDERFUL!
The network of people that consistently show up to the conference.
The opportunity to be with a like-minded group of people from a variety of backgrounds/perspectives.
The final session on health literacy.

The keynote speaker was excellent. It was so refreshing that he just talked and did not have to read from a powerpoint presentation.
The opportunity for audience members to ask questions of the keynote speaker.
Keynote speaker Dr. Fullilove. Awesome, energetic, inspiring.
I enjoyed the Keynote Speaker the most. I enjoyed his presentation of information. He did an outstanding job of delivering his information without a powerpoint.
The keynote and morning session on community advocacy and activism were both terrific.
Key Note Speaker!!!!!!!!!!!!!!!
The lunch and snacks were excellent.
Keynote speaker - EXCELLENT!!!!
Dr. Fullilove's keynote.
Health literacy
The keynote was fabulous and I enjoyed his storytelling and that he did not use powerpoint.
The Keynote by Mr. Fullilove. He helped to contextualize and comment some of the thoughts/ideas I had been mulling over prior to the conference.
The sessions that I attended were excellent. Very well put together and they all stuck with the theme. / The sessions started and ended on time.
Networking and the speaker
keynote speech
Dr. Fullilove talk
The topics were so informative - I feel like I learned a lot about the public health role in the US.
Hearing a speaker that I had never heard of before in public health, and I have been in public health for decades. and hearing a topic that I had never heard a long discussion on. / A chance to network with colleagues from the past. / Opportunity to hear what current students plan to do with their pub health careers. / Learn of new directions in pub health.
The speakers and networking
I enjoyed the opportunity to network with other conference attendees and the relevant information that was provided by each speaker.
Dr Fullilove was AMAZING.
The keynote lecture and panel on Rogers Eubanks Rd. were outstanding activist examples and inspiring to my work.
the keynote speaker-- his talk was so inspiring. side note: it seems like after nancy krieger, we're not getting anyone who speaks quantitatively.
The chance to network
The presentations -- lots of good information and very inspiring.
Meeting people of minority/disadvantaged backgrounds that want to improve the quality of life of the community.
Keynote, networking, posters
The Rogers Road presentation, and Dr. Fullilove's opening lecture.
Networking
Opportunity to network.
The Keynote speaker / Separate lunch for presenters, very convenient
Dr. Fullilove was Excellent!!! The information is always informative and useful in my practice.

The keynote speaker.
The key note speaker.
The keynote speaker. He was informative and entertaining and gave a great perspective.
The keynote address and the strong focus on effective interventions for diverse and at-risk populations.
The conference was small, but still had enough options between the sessions. I did not feel overwhelmed or like I was missing something, like at some of the larger conferences. It was also well organized.
Dr. Fullilove and the fact that so many other people at the conference were so excited to be there and really interested and engaged in the material presented.
Keynote speaker was great!
DR. ROBERT FULLILOVE WAS AWESOME. ENCOURAGING, MOTIVATING, INSPIRATIONAL.
The key note speaker and my morning session
Networking with colleagues
The keynote lecturer was awesome. I would love for him to speak during a breakout session at a future conference.
the keynote lecture
Dr. Fullilove's talk.
Keynote speaker's address
information
The keynote speaker set the tone for the entire day and he was outstanding and audience-friendly
I enjoyed the keynote speaker. i like the opportunities to network
Networking
keynote
The keynote speaker, Dr. Fullilove's talk was informative and inspiring.
I enjoyed the sense of inspiration and motivation I came away with. I think much of that feeling was attributed to Dr. Fullilove's keynote speech, but I also think it was great hear an overall sense of the need for community organizing to make change.
Networking with others.
The keynote speaker: energizing, clear and as he said, an optimist! / The workshops: the fact that the topics were relevant and were presented by a combination of people - academics, grassroots, stakeholders, etc.
The exhibitors, the chancellor, various remarks and meeting new people. The speaker was good and made some relevant and welcome remarks.
Keynote address
Viewing the posters and obtaining useful information from each exhibit that I could take back with me to ECU and share with my organization, professors and fellow classmates.
Dr. Fullilove's speech.
I enjoyed the most about the Minority Health Conference as a planning committee member the efficiency and togetherness exhibited throughout working together in putting the conference together.
The choices in the sessions, the key note lecture was amazing!
keynote lecture
Dr. Fullilove's speech.

The keynote speaker, Dr. Fullilove
Keynote speaker and networking with the dif. agencies.
The keynote, the Rogers Road presentation and the posters.
It always bring realistic ideals, services you can put into place in the community in which you live, work etc.
The keynote lecture.
Keynote speaker
It was quite informative and the sessions were varied and interesting.The Continental breakfast and lunch was great!
The keynote speaker was AWESOME!
I enjoyed the keynote speaker. He was very engaging and full of experience that he was willing to share with the audience. I also thought the sexuality of the aging was very informative and interesting. There was good collaboration between the speaker and the audience.
The folks from RENA were fabulous and super informative. I appreciated the opportunity to learn about an issue that is right here, right now that we can work on as a community to make a difference.
The diversity of the groups and the information presented
Networking with others, the poster sessions
Hearing more about local community health issues taking place.
The students in the programs, seemed to be true leaders and it was brought to my attention, as soon as I started conversating with everyone. Everyone seemed to be so helpful and truly honest about the advice they gave and their experiences within the program as a minority. I left feeling way more aware of what I should be doing in my community, to make myself a more appropriate candidate for the program.
The keynote and food were great.
I loved the keynote speaker! He was very inspiring and made some incredible points. He was relavent and has a great deal of experience in a wide variety of topics.
Learning about grassroot work done with youth, combining media, outreach and art. And the interactive exercice done during the 'interpreting in the health care system' part of the panel presentation.
grassroot use of technology to do outreach
The course which was substituted for Elderly Mistreatment in Minority Populations. I do not recall the name but it was about sex and the elderly people. Some people think that because you are elderly, you should not desire what is natural. Not true, I am elderly.
The Keynote lecture
All the sessions were good.
The conference provides a forum for the exchange of knowledge on a variety of health and health related issues germane to communities of color. The discussions and interactions with invited speakers and conference participants is a valued aspect of the conference in my opinion.
the keynote
I enjoyed the variety of sessions.
sessions where public interacted
sessions
I enjoyed the variety of session topics, but wish I had been able to attend all of them! Due to a class at 1 pm and afternoon meetings, I was unable to attend the afternoon session about Alaska Natives and American Indians that I would have liked to attended and look at more of the incredibly informative posters. I also LOVED the food and opportunity to see all that stems from the School of Public Health in the community and beyond.

Robert Fullilove and the folks from Rogers-Eubanks.
the key note speaker, very good!
The keynote was really great.
The keynote speaker was incredible!
The part I enjoyed the most was the morning Session
Everything
Dr. Fullilove was great! Very informative, very direct, breathtaking speaker.
I enjoyed the key note speaker Dr. Fullilove and I enjoyed hearing about his work and about the black history.
Everything was well planned and the topic seemed very appropriate in relating to what we deal with as a changing and aging world in the field of technology and how it relates to public health.
It's complete devotion to and commitment to improving minority health through research/information sharing. I always look forward to the conference every year, and feel I benefit immensely!
Keynote speaker was awesome. There also were a lot of opportunities for networking.
The keynote speaker was wonderful and very relevant. I left feeling inspired.
Dr. Fullilove was amazing! I passed along the webcast to his lecture that very evening. Big improvement over last year's keynote.
keynote lecture
The keynote speaker
Getting a look at what is being done in the state at the community level.
The workshop and speaker were on task.
networking
The keynote speaker was terrific.
The keynote speaker was energizing and his message was pertinent and stimulated new ideas for work/collaboration.
I thoroughly enjoyed the keynote speaker and thought he did an excellent job of setting an optimistic, yet realistic tone for the day.
The Minority Health Conference was very informative and I enjoyed the keynote speaker the most
The keynote and the interactive session - the interactive session needed more time.
chance to network among fields addressing minority health
Meeting and talking with other participants and keynote
I enjoyed visiting with other health professionals across the state.
I really loved the lecture by Dr. Fullilove and the posters and exhibitors. It is a great networking opportunity. I made a lot of useful contacts.
The key note speaker

**What did you enjoy the LEAST about the Minority Health Conference?  
(verbatim responses)**

I was disappointed that Scout could not make it to the conference.
The session on the use of Grassroots Radio with Latino populations.
The health literacy
The registration/check-in process was a little unorganized & awkward, especially for poster presenters.

Also, the website registration process was frustrating for people not affiliated with UNC.
There is still a tendency to focus on the health of hetero African-American communities. "Minority health" is so much more than that! I have attended the conference for quite a few years now and hope that the MSC and MHC will continue to expand their scope.
One person or speaker for a whole session was not the best idea.
Not being able to attend one of my concurrent sessions. Also, it would have been extremely helpful if the speakers had handouts. Or maybe if it is too expensive to copy, email the powerpoints to participants before the conference. This would be helpful to refer back to. I was suprised that there were no handouts. If it is possible to get the handouts for the Health Literacy workshop that would be great.
The Latino Radio morning session :-S A few things did not come through quite "politically correct" during the presentation.
not enough time to view posters. I could not hear all of the talks I wanted to hear because the session were simultaneous.
I had a mandatory meeting in the PM and had to miss all the informative and interesting sessions.
Lack of seating during breakfast and lunch.
Lack of sufficient time to network and look at posters.
Latino Grassroots Radio Panel
n/a
Interactive sessions that were not interactive
I was a poster presenter and was asked to come by 7:30 but when I went to the registration to register I was told I could not until 8:00. Also, I think poster presenters should have a little ribbon on their ID tag to identify that they were presenters.
Lack of choices for the afternoon sessions
The early start time
I thought it could have lasted more than one day.
The day passes so fast. It would be great to have more options for breakout sessions.
The telemedicine talk was interesting but did not draw a strong connection to public health goals or discuss community.
more exciting option for the last session
That it was not long enough - I would love two days
Lack of directional signs. For example: Redbud room this ways--->
Emphasis on community base interventions at a rather small scale. Very limited discussion and representation of Hispanic health issues. I was hoping to see Chancellor Thorpe be part of the conference since as he mentioned it is a priority in his agenda and the university's. Sessions did not seem to have a good fit with the title of the conference - technology and access to equal and high quality care
I felt that the poster downtime was a bit rushed.
variety of break out sessions
Hmm n/a
The radio session wasn't engaging.
My schedule didn't allow me to take full advantage of the program.
Health literacy afternoon session.
Too few sessions to choose from



Latino workshop not well done.
n/a
My personal time constraints due to an appointment elsewhere.
Wish there were more choices for the afternoon session?
Nothing--great job!
N/A
Nothing
Not enough H2O
The registration process is cumbersome and unfriendly especially for community members who do not have access to e-mail. Please simplify the process!
Needed the lights back on when the speaker was answering questions after the PPT was done. Speakers should be encouraged to have less text on the PPT and more visuals. It's the visuals and the narratives/examples that are best remembered.
Edutainment
Not enough time to view posters
I didn't get the chance to look at the posters, but that was really my fault.
Break out session topics. Topics need to be more "interesting" and informative.
the last session
not enough time to look at exhibits/posters
Loud talking in corridors before my session was over.
Little time to brush elbows
I really enjoyed all aspects.
The setup for the posters. I wish you could find a large room or someplace upstairs for the posters. It is difficult to see them and network at the same time.
I enjoyed all of the conference. I wish there could have been time to show the attendees how to make use of the information given.
The posters
I thought there could have been more space and time for poster presentations and exhibitor booths. Also, I would have liked to see more organizations at the exhibitor booths.
As a HBHE, a lot of the presentations were by presenters I had already seen.
The morning session I attended.
Hard to pack so much into one day. People really wanted a chance to network, which made them come to sessions late, which was a little disruptive - but I'm not really sure how this could be addressed.
the Latino radio show part
The session titles and choices
nothing!
The amount of time allotted to viewing the posters and networking.
Nothing, really.
The Conference was well planned so not a lot to offer for change, however, conference posters could have been taken down after lunch. The descriptions of the sessions weren't exactly what I experienced, however, I had spent too much time to change sessions so I remained. Would have liked to see stronger connections between subject matter and technological advances/communications.
Not enough time in-between sessions to walk around and look at tables.

nothing.
Health Literacy breakout session. the technology was working, her voice was dim and slow and I couldn't stay another minute.
The Telemedicine session was not what I thought it would be like
Nothing
The small posters.
Radio and Latinos was horrible!
Session on occupational health
The average person whose interests are supposedly represented at this conference is almost nowhere to be seen. It's all professionals and academics. None of the public health or nonprofit jargon of "serving the community", "sustainability" or "accountability" can cover that glaring absence.
I can't think of anything bad about the conference
Didactic sessions. Need more interaction and participation from the audience. Skill-building and reflection on how participants can apply the content in their own context would be good.
networking and food
It's a very long day, especially for a Friday.
The morning session on the Chapel Hill-Carrboro latino radio station.
I did not think there were enough good breakout sessions to choose from.
The them was "Building Community in the Age of Information" and I saw very little in the presentations to reflect the "Age of Information". When I first looked at the conference schedule I thought the "social networking" session would be about using internet social networking because of the theme but was disappointed to realize the name of the session was misleading. It was very much a student's conference - the information was on a student level, IMO, and offered little to established professionals.
Rushing in between sessions.
The Occupational Health Session.
It was a little difficult to engage with the exhibitors -- it might have worked better to have them in a separate room, if possible, not in the hallway. Ditto for posters.
None of it was relevant to my area of work (i.e. physical activity/nutrition).
Not able to get to know about other programs like I wanted too.
The conference about the Radio program.
Liked everything
I really did not make time to look at the posters and I regret that.
nothing
The way the poster session was set up.
Sessions ran into overtime, and since I didn't have a watch on, I ended up going late to two of the sessions.
Everything being crammed into one day.
I did not receive a lunch ticket due to the timing of my conference registration.
the small amount of time between the end of meal times and the start of morning sessions.
Lunch - would have been nice to have an ice breaking activity or something.
usually the speeches by school administrations (rimer and thorp) are really weak and almost irrelevant.
the technical problems in the health literacy session

Not too much time to ask questions to the speakers.
concurrent sessions, food
Nothing!
Food was toocool, not warm enough.
There were not any afternoon sessions that I was intersted
The Occupational Health morning session
Not having handouts.
The crowd and not knowing what posters where there. It would have been helpful to have a list of poster presentations to know that I at least got a chance to view the tables that I really wanted to go to.
The afternoon session that I attended. Although I thought their work in the community was great the overall presentation lacked and lost people in the first few minutes.
There was nothing that I really didn't enjoy. One of the sessions was not what I expected it to be, but I don't think the conference planners can do much about that. :-)
Unsure.
First morning session on Occupational Health
THE FOOD WAS NOT FEEDING MY SOUL. NOT A GOOD FLAVOR. OTHER THAN THAT YOU GUYS ARE GREAT!
none
The breakout session were of no interest or not what I expected them to be.
none of the sessions were relevant to what I do working on the obesity issue.
The health literacy workshop.
tempting desserts
food
The inefficiency of the registration
NA
Would like multiple topics per panel (more like a traditional conference) rather than one topic for the entire morning/afternoon sessions.
dont know
The community health centers afternoon session panel did not flow very well. It didnt seem like the speakers had previously discussed how the panel would go. But this was a minor detail; the conference overall was great.
With the sense of inspiration came a sense of "how do we turn that into action." After the conference, I was talking to a group of friends, and we all felt this frustration, that it seems that a lot of it is still about talking about problems of health disparities, and of the few solutions that were described, most were in the past.
The presentations weren't really related to my job.
The fact that since I had a poster presentation, I did not have a chance to network with other conference attendees.
The lack of research or inclusion of all the North Carolina minority population's health issues. It seems to be more of an African-American focused conference. No research on the American Indian and Asian population, little on the Hispanic.
Nothing. It was a good conference
The Edutainment session only because of the way the information was presented.
I cannot think of anything that I least enjoyed about the MHC.

The length of the sessions, maybe have more than 1 topic per session for a little bit of variety, and then do questions and answers at the end.
morning session--Latino radio station
Lunch was too long.
no complaints.
Not being able to visit with most of the vendors and time to interact with the speakers.
Registration was difficult otherwise I always enjoy to the fullest.
The morning session on Latinos and Radio as an educational health tool.
Generally, I enjoyed the Health conference, there were not areas that I had a negative concern about.
Vendors seem to be less than in previous years. It's not that I didn't like that, but it was my only disappointment.
I did not like having some of the sessions change. I realize you had no control of speakers being unable to be at the conference due to weather conditions.
The long lunch line made it difficult to utilize the time for networking with others (aside from talking to those in front/behind while waiting).
Not applicable
I wished that we would have been able to sit at the tables with the graduate students and directors that we spoke to. The conversations that we had, all became pretty lengthy, so I would recommend that for next time. I would have like a resume workshop perhaps, that showed the statistics and past resumes of accepted applicants to help me see where I might fit in.
Some of the panels could have been led by people who were more informed in the topics.
I would have liked to have a little more time in some of the break out sessions. I enjoyed the second session and would have liked more time to talk to the speakers
Would have liked to hear more about results with using technology, and what sees to work with different demographics.
The exhibitors
Standing at the poster at all free times. Not many individuals viewed my poster, so 1 designated viewing time would have been sufficient.
crowding--not enough space between poster presentations.
I did not enjoy where the posters were set up. People really did not view the posters.
not enough sessions to chose from
I did not enjoy the morning session that I attended (I have written some comments about it on a previous page) and wish there had been more time to look around at the posters and interact with those who had created them. Most of my disappointments, however, arose from the fact that I had to leave early for afternoon commitments.
The health literacy workshop.
breakfast...couldnt sit down
The Latino radio session had really great potential, but I would not recommend inviting the female speaker from this session again.
nothing
I had a horrible time with registration. I registered by fax and got to the conference and they had no record of my registration. Then the receptionist began to question me as if I was making it up. I ended up paying for the conference out of pocket and then they told me that there may not be enough lunch vouchers. They weren't very helpful or friendly. Things like this happen all the time so they should be more understanding.

I did not enjoy the morning grassroots session so much because they were talking about people in a particular neighborhood which I knew nothing about not being able to hook up to sewer lines running through their yards. I thought it was going to be more towards interventions that could be used to help minorities in specific situations.
None
N/A
The sessions were not as good this year because some of the presenters were dry and seemed ill-prepared, particularly the during the Radio and Latino health session. I think the presentations should be about describing the projects but there should be more focus on how the projects have benefited the communities they were meant to serve.
the telemedicine lecture seemed to be lacking in evidence and it didn't seem to address barriers to use (eg. Privacy) sufficiently
my morning session
nothing
No comments!
everything was wonderful
I felt rushed trying to network and go to sessions.
I didn't enjoy the radio speaker in the morning session.
N/A
I think the descriptions of the sessions were not as accurate as they could have been
Morning session (occupational health)
N/A
Nothing
The Indian speaker

<b>Additional comments on morning sessions (verbatim responses)</b>
This session had the potential to be great - the topic was perfect for the conference and I was very excited to attend. Unfortunately the speaker seemed very unprepared (she rambled, seemed uncomfortable, and failed to engage the audience). She also failed to engage her other co-presenters, who were spanish speaking, as well as she could have. She could also have done a much better job discussing how powerful radio communication can be in improving health outcomes among latino populations.
I liked the session a lot mostly because Dr. Merrell was just so excited about the topic. You could tell that he really enjoys talking about it which made it all the more interesting. He was very engaging. The only thing I wish he had done a little more of is explain exactly what it was since I had had no exposure to the subject before attending the session.
This was actually the session on Aging and Sexuality among African-American older adults. I thought the session was incredibly relevant to a public health topic that is not often discussed.
Very interesting and gave new insight
Not very well presented
It might be helpful to offer to give presenters a short training or even just a list of tips on presentation skills/ resources to help folks who are not used to this format of presenting prepare

The talk was considerably different than what I had anticipated from the abstract description. There was an interesting comment made after the speaker had finished about genetic causes of health disparities and I think the speaker handled that well.

Excellent local perspective and speakers!

Fantastic presentation, fantastic speakers

All the presenters were sincere and informative but one wasn't particularly engaging (perhaps because of nervousness)- there were a couple of awkward moments during the question-answer period. I came away wishing they had incorporated some audience participation more instead of just parting information.

Presentation was disorganized -

Would have liked to hear more about some of the challenges of telemedicine--at times the presentation felt like a sales pitch. The speaker kept my attention during the presentation.

Very informative & great that the info is re: an issue happening in our own backyard. Did not particularly address employing technology in "age of information" but community organizing ideas were wonderful.

I think the presenter was unprepared & did not consider the audience. Felt really disorganized.

a great session on grassroots organizing!

It was really great that this presentation had 4-5 speakers. It made it more engaging and informative.

Break & snack foods - v. good

Very informative. I appreciated the speaker's sense of humor as well as deep knowledge about the topic and many examples. I didn't know much about the topic and now I do.

It would have been nice to have a little more time for discussion, but perhaps that was just because the issue inspired a lot of thought!

I would like to be able to review the session via the web and share the information with my coworkers. My agency would be open to paying a fee for this opportunity.

It was very sad to hear about this minority neighborhood still being duped and having to fight for every crumb. However, this community is an inspiring example of the fortitude of blacks and the willingness of some whites to join the fight of doing what is right and just. The participants gave an overview of a very complex issue in a short time. Bring them back next year for follow-up.

The speaker, Laura W., was very insensitive to the topic and to other minority issues. Others who attended this session with me agree that she probably isn't a good speaker to represent this issue.

Speakers were a little disorganized. One of the speakers did not speak English, which made it harder for him to speak to the audience (about half of whom did not speak Spanish).

It would have been nice if the talk were framed in a public health perspective. Was any message testing done? Have they measured changed in knowledge? It was just a description of the radio show and didn't offer much new information.

The conference theme causes compromises in the quality of the information delivered in the sessions. I felt that few sessions interested me or were helpful in terms of health disparities

Very enlightening and helpful in furthering knowledge toward issues of environmental and social justice.

Nice, locally relevant, and inspiring story of public health advocacy in action!

Very inspiring!

The session was not what I thought it would be. Wanted to hear about Telemedicine and how one would start the process at their organization/workplace

The speakers seemed a bit unfocused at the beginning. it was actually more interesting to listen to them tell the story than to read the slides.

This was a horrible, ill-prepared presentation! Laura W. made unprofessional remarks about "La Ley", a popular Spanish radio station. Laura was completely disorganized. The session started 20 min. late for no apparent reason and we were kept there 20 minutes into lunch. Laura did not have any metrics about her program, nor the impact it has had in the Carrboro/Chapel Hill communities. She claimed that there was absolutely no way to measure this. The presentation had no goals and objectives. It was supposed to be a panel presentation, but then, everyone got up and were hovering over the podium. Laura allowed very limited time to her Spanish-speaking presenter and offered a horrible interpretation of what the gentlemen was saying. This was a complete embarrassment! At some point she said that Puerto Rican women are smarter than Mexican women. For this to have been the only presentation focusing on Latinos is a tragedy!

Focus could have been more in line with conference theme. Better session title needed. Still an important topic regarding minority workers. I left this session and also attended the one on Elderly Mistreatment in Minority Populations (topic altered, but session interesting).

The session was pretty disorganized. Despite the fact that there was a prepared presentation with slides, it seemed thrown together at the last minute. It wasn't clear what roles the different speakers played, or even what impact the radio project has on the community. It sort of seemed like a hobby to the participants rather than a serious effort to bring about any social change. Given that the masses don't attend these conferences in any significant numbers, I'm not sure that it matters.

Until the situation in Chapel Hill is resolved, they should be at every conference letting people know what really goes on around here and how racism can go unnoticed in their own community.

Material presented was too superficial, one sided (presented pros, no cons) - focused more on the 'nuts and bolts' rather than providing information that was new to me

Great speaker!

Nice presentation with a diversity of speakers and points of view. Like that they did not use too much Power Point and told the story about that community instead.

Speaker did not engage in answering questions that challenged telemedicine ideas.

I liked that the panel included researchers, advocates, community members and not just representation from UNC.

The speaker (female) should not have expressed her opinions about La Ley radio station so vehemently. Although I understand and appreciate the struggle of small radio stations like hers, it was frustrating that she made those types of comments about the larger station. Also, I just didn't hear her talk about the value of using local radio stations to further our efforts in public health outreach. There was a missed opportunity for those of us interested in maximizing our outreach to learn how effective our efforts would have been with local, small stations.

Would have liked to see another panelist using another medium to communicate with Latinos besides radio.

Topic was changed at the last minute...would've preferred to hear about elder mistreatment rather than sexuality and aging, although the latter topic was still interesting. In any case, the presentation seemed pretty introductory; not much evidence base presented. Would've liked to see results of actual research.

Also, discussion at the end veered off into explanations for racial disparities in health and an audience member discussed at length how genetic differences between Blacks and Whites were at least partly responsible for the disparities. Very strange and uncomfortable and upsetting for me, and the speaker did not seem informed enough to be able to respond adequately. I'm no expert in this area, but my understanding is that this theory has been roundly rejected by biologists, sociologists, etc. Perhaps this is a good idea for a session topic next year...

The speaker could have been more enthusiastic about the information.

Terrific, inspiring session

Learned a lot about a topic I didn't know anything about.

This session was changed to Aging , Sexuality in African Americans. The session was still appropriate and informative for the purpose of the conference.

Latino Radio

I attended the session that was hosted instead of the above named session. So my responses are in response to this session.

Great speaker

He is an AWESOME speaker. Very engaging. Kept audience's attention at all times.

GREAT CONFERENCE !

Would have liked more info on how we can get involved

I thought the session was going to give more examples of specific projects that used telemedicine and what the results were. The session was more of an overview of what telemedicine is.

Wonderful information and great speakers.

The speaker was difficult to listen to--perhaps because he was not prepared for this type of conference or because he was uncomfortable. I was excited to learn about minority populations and occupational health but instead got a review of the North Carolina Department of Occupational Health and Safety which I could have gotten from reading their website.

I would like to see the progress of Rogers-Eubanks Neighborhood Association in a similarly themed MHC.

Presentation was a bit fragmented, jumping between speakers (not all health related)... too much talk about radio in general and not enough about the program itself (i.e a snippet from the show or examples of questions people have called in with. I felt I left still not knowing a lot about the program. Female speaker made several controversial remarks, including one about Puerto Ricans being more savvy than other Latinos, "crazy" curanderos (folk healers that I'm sure at least some of the show's listeners go to, and MORE)... and plugged several times about her search for employment/more money since radio is volunteer (very unprofessional!)

The session was dry. The speaker was very knowledgeable about the topic discussed but there was no enthusiasm.

cutting edge

Presenters were passionate and authentic which kept the audience spell bound

This session did a really great job of demonstrating how people can combine research, policy, and activism, which I think is something students yearn to learn about but is difficult to accomplish in a classroom setting.



Loved the fact that you are presenting how the school can play an active role in supporting community grassroots advocacy.

I only stayed for a portion of the session. While I was there the focus was on the African American community and I had wanted to hear about other ethnic groups. Maybe the session titles should reflect whether the topics will be ethnic specific or of a more general multi-ethnic view.

It was actually sexuality and aging population. The speaker was awesome. I really enjoyed workshop

The session was changed from elderly mistreatment to elderly and sexuality. The speaker of this session was very easy to talk and listen to. She created a laid back atmosphere and was encouraging of participation from everyone.

Perhaps the speakers committee can provide more guidance to the session presenters as to what they should focus on or review their slides/talk. This presentation spent most of the time talking about how they started up a radio station rather than focus on the health education component of their programming. Also did not really talk about the community they were serving. The presentation felt like it was unorganized and put together at the last minute.

I was expecting to hear about overseas experiences with telemedicine reaching out of reach communities in the developing world. I also think the focus was too much in delivery of technology and little was discussed about channels for health education, prevention message dissemination, health coaching, or other initiatives in health promotion rather than only interpretation of health information, clinical diagnosis and therapy indication.

Was not what I expected. More time for audience to share with speakers.

A great panel - I really enjoyed that each person brought a different perspective and expertise to the issue -- but that all four shared a common commitment.

Amazed that this type of thing was allowed to go on for so long.

The session, although relevant, was not well organized. The woman who spoke did not allow the other 2 men to speak, she implied that Puerto Ricans were somehow less likely to be concerned about their adolescent children than Mexicans from small villages. This type of generalization I think is exactly what should be fought at a Minority Health Conference, not promoted. She did not interpret well what her Spanish-speaking colleagues were saying. In fact, she said something completely different from what Jose Manuel, the Mexican Speaker, was trying to say. I know that the intentions of that group are great and it seems like they do wonderful work, but their talk made me, as a Latina, want to hide under a table. Jose Manuel was great, the woman Laura was not.

I would love to have a copy of the information.

He only mentioned that telemedicine was useful, not how it would be implemented or what some of the challenges might be.

I felt that one of the founders of Pa'lante dominated the presentation (I believe her name was Laura) and did not leave enough room for other co-volunteers to speak. I also felt that she did not tell me anything more than what I could have learned from a website and I wish the connection to public health had been made more explicit.

This session was not the mistreatment of elderly, but addressed sexuality in the elderly population.

The female speaker seemed very uncomfortable and disorganized; she was difficult to listen to, and her interpretation (from Spanish to English) of her colleague's comments were often incorrect, which made me uncomfortable. However, her co-presenters were great.

One of the session presenters monopolized the presentation. Did not give the second presenter time to talk and sometime did not translate accurately. The information was very valuable and needed but it was not conveyed in the correct manner. Jose Manuel's program is an excellent example of how to reach the Latino population and the model is worth replicating. Next time make sure the resources are there (i.e. a professional translator) to help this kind of valuable presentation successful.

The presenter was not very well organized and could have done a better job at informing of the impact their radio programming has. The other speakers were good though!

I don't think that the speaker spoke in a respectful, professional way, and I felt that her plugs for money and abrasive attitude were really inappropriate.

I thought it was going to be about using radio to reach the Latino population, but it was more about actually starting a radio station

The subject matter was very interesting and the speaker was very engaging and excited to share the latest information on telemedicine with us. However, the information given was general in scope and did not address disparities aside from a short mention of rural populations. I still found the presentation to be very informative.

#### **Additional comments on afternoon sessions (verbatim responses)**

I am very happy that there was a session dedicated to American Indian health, and I encourage its inclusion in future Minority Health Conferences. However, the session seemed more focused on providing a rather basic overview of the American Indian population in North Carolina. It seemed like the lecture was perhaps more suited to a clinical provider audience. I hope that in the future the MHC can recruit speakers with more of a public health focus who have worked on American Indian health focused projects or initiatives.

Although the original speaker could not attend, this was a great session (and I think pulled together that morning) by the presenter and moderator. Good discussion. LGBT health *is* related to the health of socially excluded communities, so I'm glad to see it here at the MHC.

The room was full so I sat next door until the speaker closed the door. I don't think she was aware anyone was sitting next door.

Excellent

I really liked this session and it left me wanting to know more about the program/thinking of ways to incorporate artistic mediums into health promotion and disease prevention activities.

Joseph Lee did a great job filling in for the speaker!

I think the session was really well-structured. The speakers were prepared and interesting - and the topic was really cool. It made me think outside the box of how media can be used to promote public health

Very interesting topic. The speaker did an excellent job presenting the information and conveying the relevance of the topic. I enjoyed getting to hear more about AI culture; I learned a lot.

The title was a bit misleading--thought that it was related to social networking sites (technology) in some way. However, great data summary.

Interesting topic; unfortunately, little conversation afterwards.

The initiative was interesting, but I must say I was most engaged by CeaseFire's face-to-face work.

Missed the opportunity to hear Dr. Scout as he was stuck in Boston. There was not enough time for conversation with those who were not well informed. It is hard to watch a discussion on sexual minorities dissipate and become a conversation about race discrimination. It takes away from the discrimination that all those in the sexual minority face! I was not disappointed with the lecturer, he did very well. Just disappointed with the conversation and the lack of time. It's also hard to focus on 3 out of many more health disparities. I understand that the three talked about are the most researched but I would have liked a more in-depth look at more.

Video was helpful in showing the impact of beauty salons and barber shops to do health outreach.

I loved this session.

loved it! missed the second half but didn't want to leave!

The presenter did exceptionally well for not knowing he was going to present until the day of the

conference.

I got a lot out of this session ... am thinking maybe I missed some brochures somewhere? It would have been great to come away with something in-hand, like a flyer/brochure for the UNC Native American/American Indian Center.

The session did not really add to my knowledge. It was a basic introduction to American Indian disparities, and did not get far beyond that to talking about solutions. Also much of the information was specific to the Lumbee tribe.

I would say that the presenter did a phenomenal job given that he had no idea that he was going to be presenting that day. In fact, his was the best prepared and best presented session I attended. Kudos to him!

It would have been a more powerful session if they had had workers from Ceasefire present or co-present. It would have given more credibility to their work. Also, I was curious as to how they are going to evaluate the media work. Where's the evidence?

Although the workshop was more organized than the morning workshop, I was surprised that this speaker did not express HOW she effectively used Edutainment. The work of the program in Chicago is exemplary, but I wished that the session moderator had asked the speaker to show how the Edutainment approach was so useful in the violence prevention efforts.

Informative session re. the various tribes in NC, and the importance of getting federally recognized for eligibility for services. However the presentation was rather monotonous. There were a lot of lists presented, but it was hard to pick up the take-home message. Am always interested in research and intervention evaluations, but there wasn't much of this type of info in the presentation.

I have done this type of work 10+ years ago. Not much of anything new.

There were no topics that I was very interested in during this time period, so I went to this one. I ended up leaving early. I would have enjoyed hearing about successful Internet health information strategies instead.

Would have preferred more focus - if he brought in examples from American Indian teen smoking programs and how he would approach different tribes to work with them. Unfortunately, the overview was too broad and a little dry.

I was unable to be seated in the room.

The title and information was misleading in terms of the conference theme: Building Community in the Age of Information. I believed there should have been a session about using social media, Facebook, Twitter, text messaging, etc.

The Ceasefire approach is incredibly innovative, and this session was highly informative and engaging.

Wow! I wish that they could come back next year.

I really enjoyed learning about Native American populations in NC. I had no idea there was such a large population here. The speaker's bias for his tribe was apparent--this was good to hear as a researcher but I would encourage more neutrality for a conference presentation.

I would have loved some tables/graphics in addition to the pictures (although the pics were great)

one more special interest group that feels they are not getting their share ?

The presenters presented on an effort that was not operating today and did not say why the program was no longer being used.

Didn't really teach anything, but more about presenting an intervention. I guess, I wanted to know more about how to apply/adapt their ideas in future interventions.

I think the intervention described in the session is one that is best represented in a forum such as this. I got a much better idea of the program and why it works from watching the video and hearing from those involved.

The topic discussed was interesting; however, the presentation of what was going on was very dry.

Could have given the audience time to share.

This was a presentation I was very interested in attending. It did not quite meet my expectations, but I can't say exactly what I was looking for, so my critique is unfair. Possibly, by keeping the topic broad and giving an overview of the issues, the presenter missed the opportunity to share more in depth insights.

Simply amazing, they should always have a spot at the Minority Health Conference.

Title was a bit misleading. Though the info. was helpful regarding organizing and meeting the community where they are; it would have been more appropriate for this conference had the initiative involved technology in some way (i.e. the confusion surrounding social networks/social networking).

The presenter did a great job considering he was not the originally planned speaker. Fun, interactive and informative.

It wasn't quite what I was expecting for "social networks" using technology, but enjoyed the session.

IT would have been great if Ceasefire had brought an "interruptor" to the conference -- as it was it was pretty status quo with two white women telling us how the work happens on the ground, without actually hearing from someone on the ground.

wish it was more based on social networking sites

I'm not sure that the session content represented "edutainment", but it was a great session and I enjoyed it.

The presentation was very informative. I liked how the use of media can help address community problems. I would have liked to see some of the people in videos presenting at the conference.

they were awesome!

Again, the term "social networks" confused me - I guess I thought it was going to be more like using facebook and twitter, but it was actually about barbershops.

SO sad that Scout was unable to attend, but Joseph did a great job and still hosted a wonderful session. Thanks for not canceling it!

I was a little disappointed. Not because of the speaker, but I felt that the description of the session in the packet was misleading. I expected more to be mentioned in the connection between public art and public health (open space design, etc.), but only digital art was mentioned. Again, not the fault of the presenter but the fault of whomever wrote the session description.

### **Do you have any suggestions for next year's Minority Health Conference? (verbatim responses)**

more time set aside to view posters, sessions were good and covered a wide range of subjects but it would be nice to make sure that session presenters are well-prepared for the event

Maybe a little more screening for session presentations. The session on the radio health show told us very little about the radio health show and more about radio in general. I was kind of down that we could learn more about the health show and what the experiences of the speakers (especially Mr. Jose).

I would like a longer dedicated poster session, including instructions for attendees to go view posters & talk with poster presenters.

Maybe two presenters for each session. / Leave more time for questions/ comments. / Make powerpoint available for conference registrants. / The session moderators should be more familiar with the presenters and session topics.

Please consider emailing the handouts instead of excluding them altogether. Also, it would be good if the poster exhibits had handouts. Some of them(3 at the most) did but not all.

If you can find someone to top Dr. Fullilove, I'd be in awe of the organizers.

Link between disparities in academic achievement and disparities in health between minorities and non-

minorities. / / Geoffrey Canada for the Keynote speaker
Double check audiovisual equipment and any videos/shows before the session starts. Some time was lost during the Health Literacy session because videos were not queued.
Include some activities that facilitate networking.
Maybe a few more non-NC options for the sessions
I wish there had been a place to leave heavy bags so as not to have to tote them around everywhere
Follow-up/continuation of what is going on with Rogers Road or other local situations and how they are working on solutions
none
A reminder email a day or two before, where you can look up location and scope out speakers
Include an option for people to share contact information at point of registration, so we can continue the network after the conference.
Good job!
A two-day conference / Ask poster people to stay with their posters all day (not just in the morning)
Include programs in exhibitors folders
Please broaden the scope of the conference to include system level issues as they relate to access to care, and health policies that sustain inequality among others. Grass-roots interventions are just one aspect of a complex issue. Please invite health and human service governmental agencies to be part of the discussion along with pharmaceuticals, grant donors, etc. What are the service integration efforts to increase minority access to health care, quality care,etc?
A coat check?
Re: presentations - can a sign be placed on the door closest to the front of the speaker's podium so that people DO NOT use that door to enter/exit once the session has begun? It was VERY distracting when people would come in early or leave late and they were right up front where the speaker was. Or can they be left open like during the keynote?
np.
Registration fee for participants, who are community residents, should be the same as for students.
Add more sessions
I don't know if anything has ever been done about immigrant health. I think it is relevant during these times.
More topics related to latino health.
Dr. Ronny Bell as mentioned above. / / Thank you for including an American Indian speaker this year. That was a suggestion I made last year. I noted an increase in the number of American Indians present this year. I even met someone from one of the western states and discussed his reasons for attending the conference. I would encourage continued growth and advertisement of the American Indian speakers and involvement in the conference. / / I understand the need to promote the keynote speaker in the advertising. However, I would suggest either having in smaller print the names of the other speakers or having a link to include the names and presentation titles of the other speakers and have this information listed in the announcement early for those considering attendance. I reviewed the information numerous times before learning that Kerry would speak on AI issues. Likewise, I had to email to learn the time of day for his presentation. Unfortunately, my other appointment was already set for the afternoon. / / In summary, continue to foster AI involvement with more speakers, listing speakers and titles in advertising and on website, and include time of speaker's presentation for those who can only attend a portion of the day.
Make slides/electronic presentations available to attendees beforehand? I would like to have access to the content later on.

More punctuality for start/end times or at least closing doors to avoid disruptions. Too many attendees coming in late & making it difficult to hear speaker. Also, possibly additional tables available with info.

Include more about Latino health, one of the largest minorities

I don not have any suggestions. I want to commend the students for a job well done.

More signage outside the Friday Center for which lot conference attendees should park in

More on racism and its impact on health. The history of the race construct.

Time ran over on sessions, keep on schedule. / Interesting to see how much progress has been made in reducing health disparities over last 20 years

1. I would perhaps recommend having more than one organization present during the breakout sessions. In the current format, attending the sessions is almost equivalent to attending a class lecture; there is only one presenter for the entire hour. Perhaps shortening presentations to 20 minutes per organization and having 3 present in a given breakout session (all around a similar theme) would be more engaging and would provide more exposure to different topics. / 2. I would also recommend trying to recruit a greater variety of exhibitors. While UNC and SPH was strongly represented, I would recommend contacting more Schools of Public Health as well as more organizations from Orange County (eg. health department, health-related non-profits, etc.). This is a great opportunity to showcase efforts in the Triangle!

Have more informative break out sessions.

More inclusion of LGBT health issues. There was one talk and one booth, every time i passed the booth no one was there...there weren't any posters or more conversations on the topic.

I would like to have an opportunity to share parts or all of the conference sessions with my co-workers. I understand there may be cost associated.

Tough to say, in general I was very satisfied

As I said earlier, I would like to see a follow up of the Rogers-Eubanks Neighborhood Assoc. / The community organizing/community building theme of the entire conference was engaging and inspiring

Have a breakout of the breakout sessions in which the presenters and audience can create/discuss ways to use the info given.

I wished the breaks between sessions had been longer, I found myself having to rush finding specific posters and in conversations with people I thought were valuable contacts. Also, the bell ringing to let us know when the new session was about to begin was hard to notice with everything that was going on.

Well executed.

Perhaps consider offering a student discount for the conference fee.

Keep up the good work!

Maybe do some sort of pitch to ensure quality sessions? Or get the slides/presentation beforehand? Also I was surprised at how much junk food was there! Lunch was good though. You could probably cut down on the food expense (if possible) and make registration cheaper.

The poster session needs to be allocated its own time (not short 15 minutes spread apart), this was very strange and not productive for the presenters and conference attendees.

Themes are overrated and don't actually tie sessions together. Maybe relevant for a keynote but just take the best session submissions that offer the most value added to participants, rather than prioritize the superficial nature of a theme. Relevance and value added should be most important criterion for choosing sessions

Keep up the good work! Again, Dr. Fullilove was a great choice...so maybe someone with a similar speaking style.

Make the afternoon sessions truly interactive! Bring in skilled facilitators and break participants into groups to have strategic discussions about taking action. Too much of health disparities discussions are about the fact that they exist, and not about solutions. Harness the great energy and ideas of the

participants so that we are actually building a diverse movement that is going to tackle these issues.
Dr Fullilove was absolutely awesome! / / Offer at least one panel session - they are a great way to highlight multiple programs/projects with similar topics, targets, etc.
More time in-between sessions. Also, a listing and short description of exhibitors in program. (Maybe it was in there, and I just didn't see it though)
It would be informative if the sessions could focus on those "best practices" - i.e. things that people have done and have been successful, as opposed to recommendations on what we as public health professionals need to do.
Maybe have more posters and networking time
Larger posters by research presenters. Encourage session presenters to create ppt's that are more interesting (for example, more graphics, less words).
There are not enough presentations dealing with the Latino community. We need to present "success stories" in the Latino population. We need to be more innovative! Also, can we bring a key note speaker from outside of the U.S., given that this is the School of Global Public Health. The key note does not have to be an African-American either. That's not what "minority" means.
More policy issues sessions (e.g., healthcare options for minority groups in view of current and proposed healthcare legislations); inclusion of at least one panel discussion
Overall, the sessions that I attended were good
See above.
none
Keep doing a wonderful job. I have thoroughly enjoyed attending for the past 3 years!
Please make sure that session presenters know how to make their work relevant to the theme of the conference and how to make it relevant to our work in the public health field. I spent only a few minutes in the presentation on "occupational health" and then I stayed the rest of the morning in the latino radio station session and the edutainment session. Those three sessions simply did not give us ideas on how to use those examples or data in our own work. Hands-on activities during a session were very helpful in the "health literacy" workshop.
Better breakout sessions to choose from next year.
Have sessions offered actually reflect the conference theme.
Considering this is a health-related conference, I was surprised to see so many dessert and junk food options...I would have preferred more healthy options: more fruit, less cake. Scrap the candy bar in the afternoon - that's just excessive...we're supposed to be reducing obesity, not encouraging it!
Keep up the wonderful work! I know there were reasons why the program wasn't finalized until very late, but it would have been helpful to have the program sooner. I assigned my class to attend, and it was a little confusing.
????????????????????
Everything was excellent (excellent food). Thank you for your work.
I wonder how many people actually visit the posters. I thought it was silly to have such a huge lunch and then have snacks out immediately after lunch...could be something to cut is the budget is an issue.
I would love to see some data/discussion or African American men's health. I particular information about non-traditional approaches to health that have been having good health outcomes. Thanks for a good conference.
no
More posters
Make sure speakers are going to be solution-oriented, some (the one about Eubanks road) sounded a bit like complaining instead of giving the people real ways to get involved in the community and help.

Check off that you gave out lunch tickets at front desk.
quality control on the ppt and speeches
Nothing at this time
More mini-groups to be able to network!
No
Keep up the good work!
More focus on action (i.e., tools of grassroots activism)
Email regarding poster size guidelines should be sent much sooner, although pretty standard, if I were off in size it would have been too late as my poster was already printed by the time I got the email the week of the event. / / All in all Great Job!
Email handouts to registered attendees so that it will defray the cost. I would rather have the information for reference.
It was well put together. Thank you for hosting and planning. If you at least do what you did this year, it will continue to grow.
I would like more time for discussion in the sessions, more time for Q&A.
Dr. Camara Jones would be a great keynote speaker (If she has not been one already). Panel discussions would be interesting, possibly talking about actual effective programs that are being used in the minority communities.
Adding another session on Latino health in NC.
Perhaps next year offer a third option for the final session with another speaker in addition to the interactive presentations
Not to at the moment. It's Tuesday, not very well functioning outside of the realm of Maternal/Child Health.
no
Perhaps more than one "token" presentation about Latinos or Native americans or _____
not really but I will not be attending
better tasting menu
More dynamic engaging presenters with credibility and insight into the dynamics of behavior change within a historically under-represented population of color (blacks)
I would suggest having a session on violence as a public health issue as well as health issues confronting black males.
great job
I know people were disappointed the LGBT speaker was not available so I would suggest a similar topic next year.
More examples of modern-day success stories. The Grassroots Advocacy session about the Rogers-Eubanks Neighborhood Association and the landfill was great because gave more of a "how-to" approach to taking action on a problem.
Please list the time of the conference when sending out materials. We didn't know the time until the final agenda was sent out a few days before the conference.
Even though I did not attend the workshop on Latino health and the radio program, I heard several negative comments about it. I know that it is difficult to ensure that presentations/workshops are dynamic and appropriate. I am not sure what process was used to select workshops but perhaps ensuring that presenters have objectives and a clear plan on how they would like to structure their presentation.
On your webpage you say: "The Minority Student Caucus advocates for issues of concern to students of color in the UNC Gillings School of Public Health, and promotes research and programs aimed at



addressing public health issues that affect people of color. Membership is open to all students of color in the School and anyone else interested in supporting the Caucus' mission". Not all southern ethnic groups want to be referred to as 'people of color', or colored people. I know the term is in vogue, but it historically has referred to African American people, and puts a distance from common descriptive terms that other "minorities" would prefer. / Some Asian, Hispanic, Native American students/people may have white or mixed ancestry, / and "of color" has not been a term that these groups have asked to be used to refer to themselves. Even the term 'minority' doesn't always apply to non-White, non-Black populations, / if you observe the print and broadcast media. The term "Minority health" I can live with, ethnic descriptions is better. The term "Of Color" is best left to those that want it. Why don't you poll the various ethnic groups representative in state government or in the university, and ask what they feel about this.

No changes necessary. I thoroughly enjoyed the conference and can't wait to attend next years. I was unable to attend the last session because I had other obligations to fulfill in Greenville, NC.

N/A

The evening sessions are always tough, maybe just scratch them?

more guidance for session speakers. tips on what to focus on/what is of interest to attendees. perhaps seeing slides ahead of time.

More information sessions about Latinos.

No, but I would like to attend next year.

Some panel discussions that are geared more to high school students. Could have other sessions for them. The enjoyed meeting the dif. vendors. Learn a lot a bout dif. agencies and careers. More inaction for students with speakers. I put other comments already. Overall it ws a good conference.

Bring in a down to earth speaker like Dr. Fullilove, who will realistic suggestions based on experience.

Do not separate the poster presenters during lunch, allow them to sit with everyone else in the large room. / Do not have the Latino and Radio session again. This was the only session about Latinos specifically. I think that if there is going to be only one session specifically talking about Latinos, it has to be a very very good popular and well-known speaker.

More information about how projects or programs are trying to bridge the inequality.

No

Earlier marketing and promotion of the conference. Marketing seemed to occur late this year.

see above.

More information on what innovative/economic ideas -and its outcomes- are out there to get health education to different minority groups.

More examples of what kind of technology has worked in reaching out to minorities

As stated earlier

During the opening session recognize special guests by having them stand.

Have the poster and recruiter tables set up differently.

I would recommend a presentation by the Birth and Wellness Center or obstetricians and midwives about providing affordable, accessible, empowering healthcare to Latina women, immigrants, and minorities in Chapel Hill and the surrounding areas in which they live (Hillsborough, Sanford, Siler City). Because midwives and birth centers, in my opinion, are regaining some of their previous significance in our reproductive healthcare system, and there are many women in the U.S. who have emigrated here, cannot afford to see an OBGYN or have a hospital birth, or don't prefer those, a session regarding birth centers, midwifery, and doulas would be an excellent addition.

More interactive workshops so that they are all smaller and more interactive.

none

I would like to see a session on Dr. Fullilove's work, also Dr. Sherman James of DUKE has a very great study on John Henryism....I feel that he would provide some very great information in regards to Minority Health.

I suggest maybe developing some session on different interventions that could be used in helping minorities deal with their issues or health geared more to a social work side of things or way of looking at it. There were many social work students that attended this conference along with public health.

Hopefully, the topic and keynote speaker will be just as engaging as this year's topic and keynote.

Keep up the good work!

Bring more the topics of Latino health in NC.

The presenters should be more interactive and less focused on describing their projects in lecture format. I wanted to hear more about the results and implications of the projects.

More time to see poster sessions.

keep the same keynote speaker!

Registration was the most frustrating part. I had several issues with the computer system. When I called the IT people at Carolina, I felt they were rude and condescending. Also, I received the notice about the conference about a month before the conference. Because I go through county government to receive the funding to allow me to go to such conferences, this was not enough time to insure that I would receive lunch, as the average time for paperwork to process through the various levels of county government are about 2 weeks. I had to request this specially. The brochure for next yaer should include a schedule so that people are able to plan for the day as far as travel requests go. The conference was great once I got there, it was just frustrating trying to get there.

No comments!

no

Ensure that presenters are able to speak to the broader topics advertised rather than a subset of the desired content.

None

While you have a good variety of speakers I think perhaps you could have more representation from other campuses than your own.

**Do you have any suggestions for future topics, themes, or possible funding sources?  
(verbatim responses)**

Relationships between immigration status and health access/outcomes.

Continue the great work!!

Topic / Theme: Novel methods / techniques for "building community" / / Ronald Labonte would be a great speaker

no

Re-energizing the human element, interventions involving human contact in the age of the Internet

How public and private service delivery systems address the issue of health disparities among minorities in the 21st century. Service integration models to better serve families with multiple needs.

Would you include still photos of the posters to have on the archived podcast/webcast. / Thanks to Aprajita & Patsy!!

The state of health for American Indian children in southeastern North Carolina-I could do this since I am a pediatric physician assistant in southeastern NC since 1997 and I'm a DrPH student at UNC and a writer. / / What are barriers to health for American Indians in North Carolina and are there promising interventions?

No, but I really liked the theme this year--very relevant.
None
Great job Emily and Aprajita!
evaluating and enhancing the potential to impact the quality and cost of care for low wealth and low literacy recipients.
Coming Together: Strategies for Bringing Together Hispanic, Native American and African American Communities to Reduce Health Disparities.
I think a focus on non-traditional minority populations would be interesting. My poster presentation was about rural Nicaraguan women, which seemed a bit out of place, when a lot of the focus during the conference was on African Americans or Latinos in domestic settings. More variance in the "minority populations" definition would be much appreciated.
Ask El Pueblo to do a presentation on their youth sexual health program.
funding sources - have you looked into an AHRQ small conference grant? / / future topics - more on CBPR, more on funding agencies and getting grants in the current funding environment, more mental health topics
Violence and Injury Prevention (including Gangs) / The role of Prevention in Health Care Reform
Have a speaker with a policy background that can speak about social policy in relation to health disparities.
Success stories from minority groups regarding health/healthcare, work/employment, societal integration, policy change
none at this time
Nutrition and Fitness Related Information.
????????????????????
No
More information about latino health resources and outcomes on programs.
Intersectionality as a framework for addressing health disparities. Please invite Dr. Kimbrele Crenshaw or Vernellia Randall as keynote speakers.
Latino Transgender Issues / Mental Health
GLMA might be a good funding source especially if you have presenters around Lesbian health issues.
More topic on the Internet and the role of technology in public health and healthcare. Really enjoyed the conference.
Minority Health & Health Reform, maybe something that aims to highlight the positive things being done/implemented to impact minority health. So instead of a Disparity focus...a focus on what we do right.
Academic-University Partnerships
socioeconomic inequality and health
Overview of progress made over the past 20 years. Visioning for the future
I would like for someone to speak on racial diversity since our new president was elected.
women and health disparities
How can we better involve our public health institutions, work places and homes to model public health initiatives that we want to see adopted by government policies. (i.e. less toxic chemicals for cleaning, making recycling mandatory or highly favorable and not just available for those who choose, although the first step; strongly encouraging breastfeeding rooms or paid leave of absence for breastfeeding moms). Something along this idea of being better equipped to practice what the evidence we find suggests would make us all healthy beings within the very institutions, work places, and homes of the

individuals who research and study these initiatives.
Black vs. Latino violence and how it affects health
Maternal and Child Health and health issues they face throughout pregnancy and infancy.
The emotions, mental and psychological consequences of racial disparities locally, statewide and nationwide.
The watering down of the need to have honest conversation and dialogue regarding the needs (social, medical, educational and mental health) for Blacks and other Minorities, particularly as it relates to present day White House Administration / / Jeff Johnson - keynote speaker
The registration cost was high. The registration process on-site was easy - but the registration process online was a nightmare. I almost did not register because of the number of steps involved with registering..... / * Topics: Skills-building activities/workshops for those working in public health
How does politics affect our health. What does health care reform mean for our communities. / The reality of collaborative research with communities.
No
Future topics such as environmental injustices and impact on minority health in communities across the U.S.;
no
not that I can think of now.
I think that Claire Barrington from the School of Public Health would be awesome. Or Yvonne Torres of Wake County, she oversees traditional and non-traditional HIV testing sites.
No
Continue to get great keynote speakers who can present their information in an interactive energized manner.
No
Concurrent session on evaluating the impact and outcomes of community-based health disparities programs.
Resume Workshop
a topic related to Asians
Not sure if Robert Wood Johnson funds things like this, but I think it's up their ally. You've probably already tried there....
Health Policy and Health Disparities / Using social policy to impact health outcomes
none
None
Topic of new immigrants, i.e. Latino Health issues such as lack of access.
none
Health disparities as it relates to environmental health - lead poisoning, asthma, housing conditions. / / Impact of access to higher education on health outcomes.
None at this time!
None

## APPENDIX C

### Broadcast Participant Evaluation (Open-Ended Comments)

**Do you have any comments about the speaker, topic(s), organization, Website, or anything else?  
Do you have any suggestions for next year? (verbatim responses)**

I am located in PA and because of the distance and budgetary restrictions was unable to attend the conference. I believe that I can revisit the Dr. Fullilove's lecture by website and if possible will email it to other interested organizations. The conference agenda was extensive and if there are any handout materials, I would appreciate copies. I work for the Department of environmental protection and specifically with environmental justice communities where environmental health is a very serious issue.

Hearing and seeing Dr. Fullilove for the program was a great treat. He captured me with using factual events from history and relating them to the present. For next year, I would suggest securing another dynamic speaker from various realms of the healthcare sector. Perhaps Dr. Regina Benjamin, who would have been in her position for a little over a year. With our first lady's new obesity initiative, "Let's Move", getting someone who has made great strides would be a suggestion as well.

I thought Dr. Fullilove was very engaging and had a great presentation style.

Great speaker! Very engaging and interesting.

Excellent speaker. Please make sure to let us know when this is archived. I'd like to view again to catch what I missed.

The session was good and came over the internet well. In the future, it would be better to have the speaker time and the questions and answers scheduled in a separate video session. Was hard to allow time for both in my schedule.

none

Speaker was very knowledgeable about the subject matter and was very engaging with his audience

Dr. Fullilove was an excellent speaker, and I'm very thankful to have known about the event. I forwarded to many so that they can watch in the future.

None at this time.

I was surprised that the lecture did not really address disparities in more detail. I did like the Q&A interview section at the end. I thought that was a good format for responding to questions.

Thanks for getting such good speakers every year!

More real story telling and examples related the building and organizing community can help to encourage and enhance understanding of community organization and its impact on public health... I'm sure Dr. Fullilove is not shore of them.

Very interesting lecture. As a public health educator for a non-profit organization I found the information valuable and incredibly rewarding. It was also very motivational.

This lecture did not address the topics I expected based on the title.

This was a very high value web lecture. I really appreciate that it was made available to so many people

for free. Next time I will help spread the word so more people can share.

Great and timely topic this year, which will probably need repeating and reinforcement next year.

more information on hiv and developing positive ways to get into the communities

-community & union activists involved in political struggles in the rebuilding of New Orleans in the aftermath of the Katrina/FEMA disaster: / (talk w/ J. Phillip Thompson, co-author of article cited below) / "TO DENIGRATE, IGNORE, OR DISRUPT: Racial In

His presentation was an excellent reminder of how far we have come in providing the struggle for equality in all areas of society and we have a long way to go to attain equality in Public Health. / / I would like more information on successful programs that are working and how I can assist in getting those to my state, county, city.

Dr. Fullilove was excellent and quite an expert in his topic. / I thoroughly enjoyed his lecture.

I would like to suggest that we begin to shift the paradigm from discussing health disparities to exploring how to develop and sustain equitable health systems. I believe that we are aware of health disparities, but need to embrace health equity and to devote our time, energy and efforts to adapting and promoting it. Health equity will mitigate health disparities. I believe that focusing on health equity will require us to act proactively and not to passively continue to discuss health disparities. It's time to change the paradigm.

access to slides -- it would be good to have these, as the audio was poor - lots of "feedback" (echo). This distracted from speaker and his presentation.

Connecting to the webinar was very slow and wasn't sure I would be able to view it although I had checked the connection a couple of days before

Every public health worker should have the opportunity to listen to Dr Fullilove speak at least once in their career. Having been out of grad school and entrenched in state public health work for nearly 8 years, this brought back the same excitement I had for my future work as I felt when I graduated with my MPH. Thank you so much for making this available to all around the country (I'm from Oregon). / / As a minor suggestion, the audio was a bit harsh (tinny & loud), but was still understandable.

Loved it!

I can only hope that funders were listening. It is very difficult to write for funding where guidelines (i.e. the funders) are in a box, as a grantee you are thinking outside of the box and you have a community that lives outside the box. / / I am pleased that Dr. Fullilove brought this issue to the forefront.

I just want to say that I was planning on continuing my routine work day while listening to the lecture in the background. However, Dr. Fullilove was so captivating that I ended up putting my work on hold and listening with 100% of my attention. Please, if you have the opportunity, pass this message on to him and tell him thank you. I was very inspired by his message.

Make sure the technology allows for better reception after the first 10 minutes everything is choppy and fading in and out.

I've watched previous broadcasts in recent years and I thought he was the best speaker thus far. The overall program was much better too.

Would you please send the reminder before the presentation?

I agree with Dr. Fullilove's perspective that we need to hear what the community needs from the people, but we also need to have a discussion with the funders because they supply the money

not at this time

I enjoyed Dr. Fullilove's review of "back then" during the heyday of the civil rights movement -- we need to be aware of that history and I appreciate that he is carrying the tradition forward in his scholarship. Having been around myself "back then," however, I found his more extemporaneous remarks in the question and answer period most engaging, and most informative from my own personal perspective. By this comment I mean to encourage him to continue making his remarks both ways -- many today seem to see the civil rights movement as ancient history, when in fact it is still in force and still very much needed. Dr. Fullilove's continuity with it and depth of experience with the entire trajectory of the movement becomes more valuable and more salient with each passing year.

very engaging charismatic speaker who has a strong command of the topic and refreshingly did not use slides.

I expected to hear more about building community in the 21st century - particularly in minority communities. He started to talk about the possibilities of new technology, but didn't really take it anywhere other than to say it is happening. / Admire & respect past - want ideas for the future. The future is now.

A little trouble with getting disconnected on the phone when I tried to call in. This happened three times.

no

Thank you for the opportunity to view the lecture via webcast.

I liked the ability to discuss/ask questions via Twitter

**Did the keynote lecture have an impact on you that you would like to share? (verbatim responses)**

I thoroughly appreciated Dr. Fullilove's lecture; unfortunately, I missed most of the question and answer period. But learned a lot more about community organizing and the importance of community involvement/community ownership and training the leadership in faith-based organization/churches. From my own experiences, I would like to see more education and training made available to our local and state legislators where policy and legislation is made

I truly enjoyed the motivational feel of Dr. Fullilove's talk, which was very much like a conversation, and unlike a didactic lecture. Kudos to Dr. Fullilove and the Minority Health Project for a very engaging lecture!

Absolutely!

The lecture made me evaluate health disparities from a more holistic perspective than just according to research and data.

I heard some concepts that piqued my interest mostly related to the issues of incessant displacement, collective efficacy, and virtual community. I think that the issue of incessant displacement transcends the physical neighborhood and that our reliance on constantly changing communication technology is rapidly creating a continuous virtual displacement.

No comment

n/a
None at this time.
I was glad that the speaker was forthcoming with solutions and not just problems concerning health disparities in the minority population. The fact that he came with a comprehensible background and triggered us to think more deeply rather than superficially was great!
Strong sense of identification with fact of looking at communities beyond geographical boundaries. Also, pick my interest to look more into cyber-community organization.
I was impressed by his humbleness yet confidence about the topic he was discussing. Very inspiring, would love to personally attend one of his presentations in the future.
Dr. Fullilove is a very charismatic and interesting presenter. I very much enjoyed his lecture, but felt the topic was not connected to what we can do NOW to successfully organize community. However, I did miss some of the presentation due to interruptions not related to technology issues.
Yes, it made me want to break free of funding source (categorical) constraints for public health projects. Still thinking about that one....
Yes, I am new to the field of public health education and his insight on community building and sensitivity to communication of health statistics was highly valuable to me. I will be listening to this again to catch what I missed and will be sharing it with my colleagues.
Yes. He re-emphasized the vital role of community participation in assessing, planning and implementing public health/health care systems change. This "bottom-up" approach needs to be better defined, communicated and better understood among all health care professionals, starting in school.
information on health disparities daily impacts the work i do in the health department. what he shared will assist me in creating and ordeveloping different ways to assist those communities where i live, work and play.
I liked the example of the bus boycott , that was really powerful . I liked his telling us to confront our funders so we can provide better services to the clients and to partner with them in convinving the funders to change the way they fund us. Liked his perspective on individual interventions.
Dr. Fullilove's lecture really hit home on the problem of most current research funding mechanisms missing the mark in addressing the most pressing health equity issues in socially and economically marginalized communities. The potential presented, and examples he gave for honest, community based co-production of health equity research to correct such problems were both helpful and hopeful. Thanks to all for another great William T. Small, Jr. Keynote Lecture.
I have some experience in Community Action Teams with the American Cancer Society, and he was "right on the mark" in his comments.
It is always wonderful to experience Dr. Fullilove. He makes you think and feel hopeful about the future. / / Thank you for making this opportunity avaiable to those who were unable to be at the university
Unfortunately, it was a challenge to follow along because of poor audio quality.
enjoyed his perspective on community organizing--it was a provocative presentation
I'm currently writing a grant to fund a local coalition to address chronic disease in the LGBTQ community...one might wonder how Dr Fullilove's work could possible intersect with my task at hand,



but I felt that everything he said - from the start of his lecture to the last question of the day - was aimed directly at me. What an amazing speaker and a deep humble thinker. His comments (and my 7 pages of notes I took) will affect my work, ranging from HIV to chronic disease in the LGBTQ community to tobacco cessation with Alaska Natives. What an impact he has made on my today!!

I have some inkling that a public library, set within a community and whose mission it is to serve that community, offers great value (not just information, but access to information as well as face to face conversations) to an underserved population in a safe place. I enjoyed hearing Dr. Fullilove's remarks at the end supporting the notion of the very quiet enabling power of public libraries have within a community.

Attempting to close the gap on health disparities is a daunting task, especially when you consider limited funding (amount and duration of funding). Dr. Fullilove's words of encouragement and message that we can do the impossible, fuels my engine of willingness and capacity to forge on in the communities where I am needed most.

As opposed to just looking for a job that pays well, I want to put more effort into finding a niche where I can incorporate what I have learned about general psychology, psychology in the public interest/community psychology, social psychology, and health, some of which are fields Dr. Fullilove incorporated in his perspective, together to do something progressive. Otherwise, I maybe helping repeat what has previously been done.

No

Have an interest in public health. Thought it was great he had not taken any public health classes.

No

Yes, we should think about assessing a community's needs and then base funding for identified needs (as perceived by the population in the community) in some areas. Unfortunately , Grants and some funding sources have their agenda and public health gathers the data/information that the funding source needs as the community needs are addressed. However, in some public health areas, assessments are made prior to distributing funds for specific projects. For example, if patient numbers should be increased in a program, an assessment is made to determine what areas/communities need to increase their numbers and these areas may be targeted for assistance via increased funding to increase numbers.