33rd Annual Minority Health Conference

**Universtiy of North Carolina chapel hill**

April 30, 2012

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“Translational Research: The Road from Efficacy to Equity”

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# EXECUTIVE SUMMARY

The Evaluation Committee is pleased to submit this final report on the 33rd annual University of North Carolina Minority Health Conference, which took place Friday, February 24, 2012. In the following report, we synthesize a substantial amount of feedback and present it here as concise summaries of key areas. In addition, we provide full verbatim responses to open-ended outcome evaluation questions in the appendices, a full process evaluation as well as a record of the planning committee membership.

The Evaluation Committee made soliciting feedback a priority. Data were gathered from attendees, broadcast viewers, broadcast site facilitators, speakers, volunteers, and vendors through online questionnaires administered via Qualtrics. 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.

Overall, feedback on the 33rd annual UNC Minority Health Conference was positive, indicating that it was enjoyable and informative. Both conference attendees and broadcast participants were enthusiastic about Drs. Ana Diez-Roux and Nina Wallerstein’s keynote speeches and rated them quite highly. The majority of attendees agreed that morning and afternoon sessions were informative, relevant, and enjoyable. 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. Conference attendees also found that it was difficult to locate the posters session. In total, there were 468 respondents to the overall conference evaluation.

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

# PUBLICITY AND REGISTRATION

Most of the 2011 attendees heard about the Conference through colleagues (42%) and emails from the Minority Health Project (40%). The majority of attendees (94%) registered on the Minority Health Conference website.

### Graph 1: Publicity



\*Note: Since some response options are “check all that apply,” percentages may 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 sample size 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.

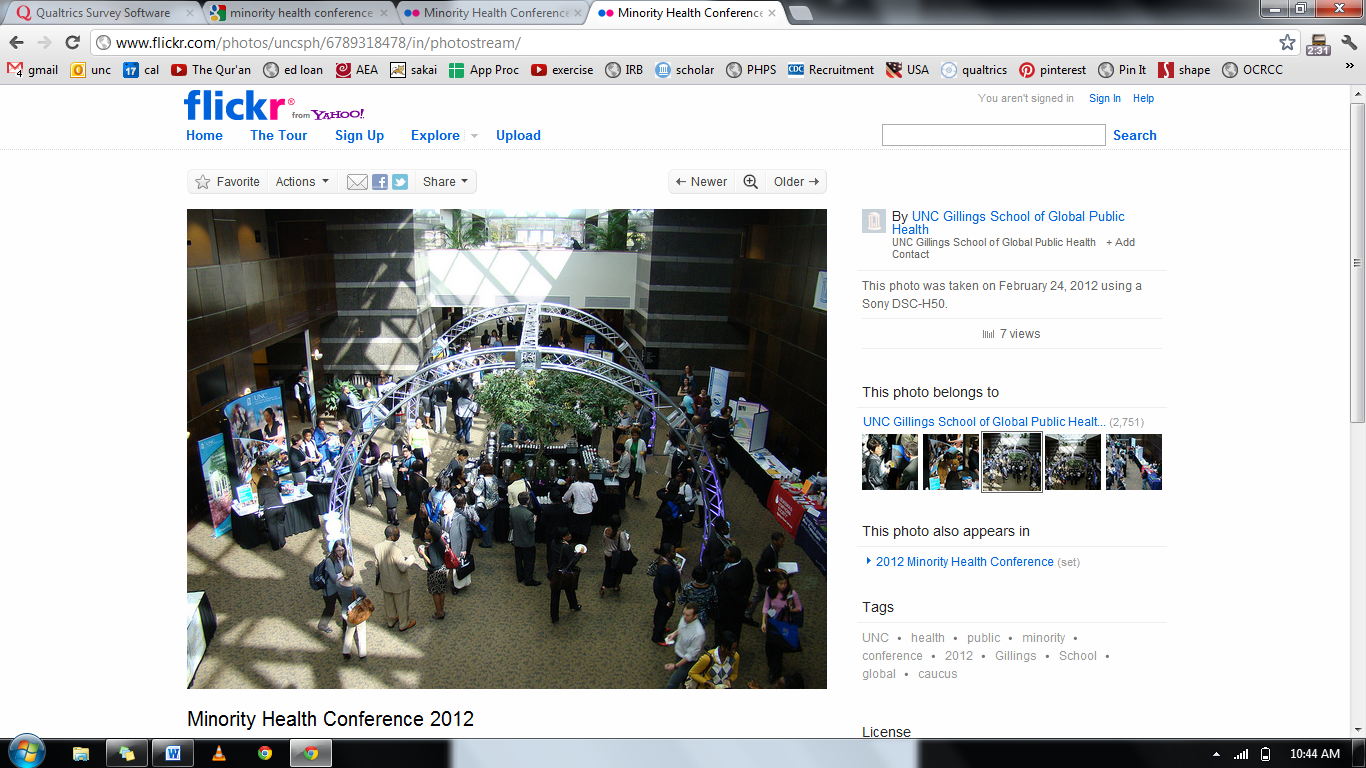
# AUDIENCE PROFILE

I am new to the UNC community and have heard wonderful things about the conference. I'm so happy that I had a chance to be part of it.

Attendees were mostly graduate students (40%), or public health professionals (19%). Of the 412 responses to the question, 74% of the respondents attended the whole day. Most attendees were from UNC-Chapel Hill and the UNC Gillings School of Global Public Health.

### Table 1: Attendee Profile

|  |  |  |
| --- | --- | --- |
| Answer | Response | % |
| Graduate Student | 176 | 43% |
| Undergraduate Student | 70 | 17% |
| Public Health Worker | 51 | 12% |
| Other (please specify) | 47 | 11% |
| College or University Faculty | 33 | 8% |
| Health Researcher (not faculty) | 28 | 7% |
| Community Organization Member | 18 | 4% |
| Health Care Provider | 12 | 3% |
| Political Leader | 1 | 0% |



# KEYNOTE LECTURES

## http://studentorgs.unc.edu/msc/images/stories/site_photos/diezroux-med.jpgMorning

Feedback for the keynote lecture by Dr. Ana Diez Roux was generally positive. Eighty-five percent of respondents (n=401) found the lecture informative and 63% of the respondents (n=398) felt the length of the lecture was just right. Additionally, many respondents noted the keynote speaker in response to the question “What did you enjoy the most about the Minority Health Conference?” However, the most common criticism of the keynote speaker was that, due to the academic nature of the lecture, it may have been difficult for everyone in the audience to understand.

## Afternoon

Feedback for the keynote lecture by Dr. Nina Wallerstein was also very positive. Of the 364 attendees who responded to this question, 87% found the lecture informative. The speaker was very well received in the comments section “What did you enjoy the most about the Minority Health Conference?”

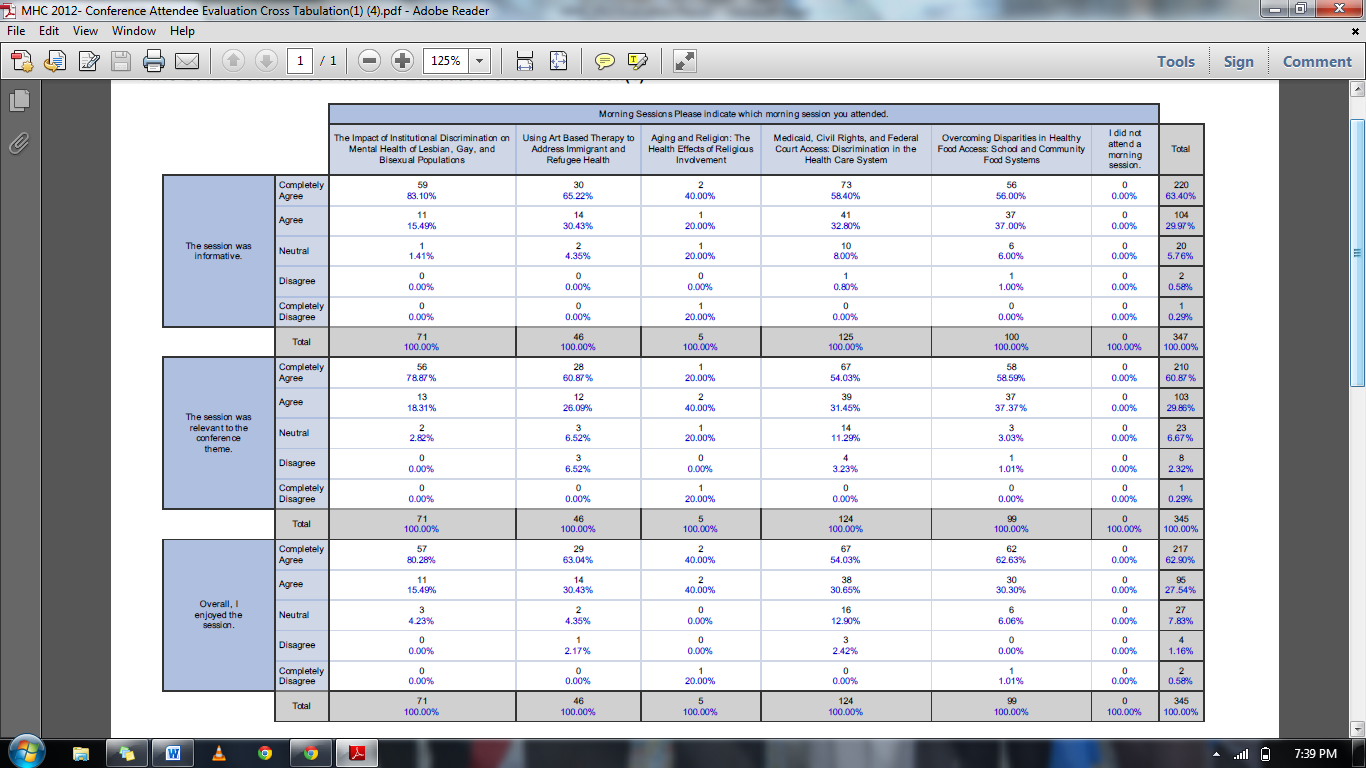
**Q: What did you enjoy the most about the conference?**A: Nina Wallerstein's lecture! I loved how honest she was about her challenges and self-realizations while doing CBPR. I was enthralled.

# INDIVIDUAL SESSIONS

## Morning

The morning session with greatest attendance was *Medicaid, Civil Rights, and Federal Court Access. Discrimination in the Health Care System*, followed by *Overcoming Disparities in Healthy Food Access: School and Community Food Systems,* and *The Impact of Institutional Discrimination on Mental Health of Lesbian, Gay, and Bisexual Populations*. LGBT Health Disparities and Healthy Food Access sessions received the most positive reviews.The table below provides an overview of the responses by attendees.

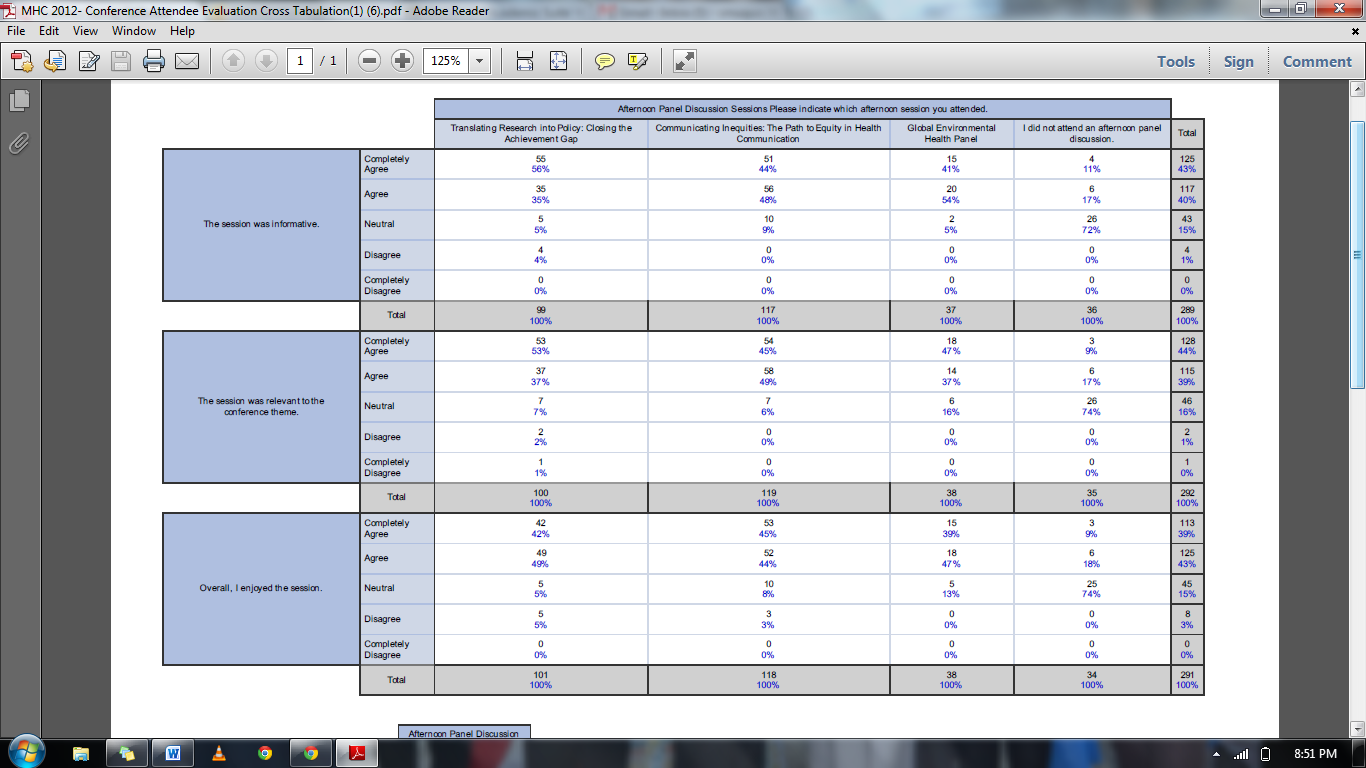
### Table 2: Attendee Opinions on Morning Sessions



## Afternoon

The afternoon sessions with the greatest attendance were *Communicating Inequities: The Path to Equity in Health Communication* and *Translating Research into Policy: Closing the Achievement Gap*. All afternoon sessions received overall positive ratings. The table below provides further information about responses from individual attendees.

### Table 3: Attendee Opinions on Afternoon Sessions



## General Feedback on Morning and Afternoon Sessions

Qualitative feedback for the sessions was generally positive. Some themes emerged from the responses, which may be helpful in planning future conferences. Attendees appreciated engaging and well-informed speakers who managed time and questions well.

Attendees appreciated speakers who effectively linked their research to practice. Additionally, many attendees wanted to gain a more in-depth understanding of the information being presented rather than a summary. Several attendees noted that they would have liked more time to attend a greater variety of sessions. Moreover, there were several interesting sessions were held concurrently and they had to choose between them.

Finally, the need to balance academic, community, and policy perspectives was reflected in several comments. People called for more practice-based and policy presentations with accessible language. For research-based presentations, attendees would have preferred that substantive portions of the results be presented, not simply information about the research studies. Overall, the sessions were well received by attendees.

“The session was informative, moving, and interesting. However, I would have appreciated a more explicit connection from research to practice.”

# POSTERS

Twenty-one poster presenters completed the survey about their experience. Feedback from poster presenters indicated that the majority heard about the call for abstracts in November (35%) and September (30%) 2011. Most heard about the abstract call from their school, department, or an organization (43%), an MHC email (33%), or a friend or colleague (29%). Suggestions for improved publicity the abstract call in the future included using LinkedIn, health blogs, the Minority Caucus website, universities outside of North Carolina, and RTI.

Almost all poster presenters were very satisfied (67%) or satisfied (33%) with the abstract submission process. Eighty-six percent of presenters were satisfied to very satisfied with receiving logistical information before the conference; with 14% of presenters stating that they were somewhat satisfied. All presenters were either very satisfied (48%) or satisfied (52%) with conference registration. One presenter commented that receiving logistical information sooner than two weeks in advance would be helpful for out-of-town presenters who need to make lodging reservations, and for those who want to put their poster together in advance.

Evaluation of satisfaction with conference day check-in and poster set-up processes, location of posters, and the poster set-up process was more variable. Sixty two percent of presenters were very satisfied, 24% were satisfied; 10% were somewhat satisfied and 5% were somewhat dissatisfied. Many presenters did not like arriving so early in the day to set-up their posters. In regards to poster location, 29% of presenters were very satisfied; 33% were satisfied; 5% were somewhat satisfied; 10% were neutral; 10% reported being somewhat dissatisfied; 5% were dissatisfied; and 10% were very dissatisfied. The presenters reported being very satisfied (52%) or satisfied (38%) with the set-up process; however 5% did report being very dissatisfied with the poster set-up process.

Some suggested it would be helpful to have signs directing people to posters that were not in the main lobby. Some felt 15-minutes was not enough time to interact with poster viewers (19%); however, the majority felt there was enough time (81%) to view.

# EXHIBITORS

The vast majority of the vendors had a positive experience at this year’s conference. Based on the experience they had this year, 20 exhibitors (n=22) would exhibit again. They were very satisfied with the helpfulness of the exhibitor committee members and 80% (n=20) found the fee for exhibiting fair (n=15) or a little low (n=1). Moreover, 19 (n=22) agreed that they had good traffic flow at their table during the conference.

The feedback also gives insight into areas that can be improved for next year’s conference. Issues expressed by vendors included the spacing between tables, not understanding the lunch schedule, and or which visuals and materials would work well with the space. Thus, for next year the planning committee should ensure adequate space between tables, provide clear agendas for all vendors, and communicate suggestions for how to set up their while spaces keeping the total table space in mind.

### Graph 2: Vendors, how satisfied were you with the following?

# BROADCAST

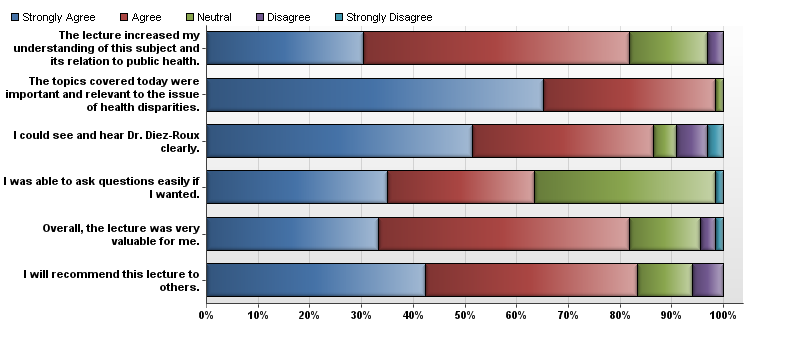
## Broadcast viewers

Student groups at seven universities organized parallel conferences where the keynote lecture was broadcast:

* ***Black Student Health Organization (***[***BSHO***](http://www.hsph.harvard.edu/administrative-offices/student-affairs/student-organizations/black-students-health-organization-at-hsph.html)***) at the Harvard University School of Public Health*** hosted a group viewing and discussion of the 14th Annual William T. Small, Jr. Keynote Lecture.
* ***Black Public Health Student Network (***[***BPHSN***](http://studentorgs.gwu.edu/bphsn/)***) at George Washington University School of Public Health and Health Services*** hosted their 3rd Annual Minority Health Conference. The theme was “Translational Research”, with a focus on mental health research, projects, and other activities in the D.C. area. The conference included 3-4 workshops and concluded with a community outreach/tabling session. Workshop topics were (1) the prison system and (2) experiences related mental health research within the lesbian, gay, bisexual, and transvestite community.
* ***Minority Students for the Advancement of Public Health (***[***MSAPH***](http://www2.uic.edu/stud_orgs/prof/msaph/)***) at the University of Illinois, Chicago*** held their 4th Annual University of Illinois at Chicago (UIC) School of Public Health Minority Health in the Midwest Conference, “Translational Research: The Road from Efficacy to Equity” The conference shared the keynote broadcast and had additional presentations (including submitted abstracts) and discussion.
* ***RWJF Center for Health Policy at Meharry Medical College*** presented the webcast of the keynote lecture and hosted an interactive discussion facilitated by two of the Center's Health Policy Associates, Drs. Tyson Brown and Andre Christie Mizell. Drs. Brown and Mizell are RWJF Sociology professors at Vanderbilt University.
* ***Society of Black Public Health Professionals (***[***SBPHP***](http://www.facebook.com/pages/Society-of-Black-Public-Health-Professionals-SBPHP/198004496877887)***) at the University of North Texas Health Science Center - School of Public Health*** hosted a viewing of the keynote lecture, followed by a facilitated discussion among students, faculty, and community members.
* ***Students of Color for Public Health (***[***SCPH***](http://www.ph.ucla.edu/chs/scph/)***) at UCLA*** presented the webcast of the keynote lecture and solicited additional faculty and student input through an interactive discussion following the webcast.
* ***Department of Public Health and Preventive Medicine*** at the St. George's University School of Medicine, Grenada hosted a discussion following the broadcast of Dr. Diez-Roux's keynote lecture.

In addition, 49 organizations in 24 states registered in advance to receive the broadcast and show the keynote lecture on Friday, February 24, 2012. Eighty-one percent 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 (82%), that the topics covered were important and relevant to health disparities (99%), and that the lecture was very valuable to them (82%). Eighty-three percent agreed or completely agreed that they would highly recommend this lecture to others.

### Graph 3: Respondent Opinions on Keynote Lecture



Despite group viewings, the majority of people completing an evaluation (75%) 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 a time conflict or competing work demands (74%). Sixteen percent reported technical issues, and 16% stated it was for another reason.

### Table 4: How did you view the broadcast?

|  |  |  |
| --- | --- | --- |
| Answer | Response | % |
| By computer (by myself or with one or two people) | 49 | 75% |
| By computer (in a group of four or more people; please provide the location below) | 13 | 20% |
| Other (not computer) | 3 | 5% |
| **Total** | **65** | **100%** |

Respondents were a diverse group, including public health professionals (52%), academics (28%), students (26%), community members (6%), and clinicians (3%). Most had heard about the broadcast from an email from the Minority Health Conference (40%), from a friend or colleague (34%), from an email from another organization (29%), and from the Minority Health Conference website (14%).

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

“This is one of the most compelling lectures I have ever heard. It will help inform my work with local coalitions striving to improve health outcomes in diverse neighborhoods and communities. This compelling research would seem to support the notion that "what surrounds us shapes us.”

“Social justice and environmental justice go hand in hand. I was pleased that Dr. Roux highlighted the important role that environment plays in health and behavior. She provided great insight into how these factors could be better conceptualized and inform meaningful study of their effects and future policy to address these issues.”

“I will be using at least some of her references in my dissertation research. Very informative and relevant topic.”

“In doing our community assessment it reinforces the need to get county wide, smaller areas ands sub-populations information. One aspect, I loved was looking at the relationship between where people live, personal factors and behavior impacting health. The systems approach model is very challenging and exciting to use in looking at the health of a community.”

One viewer expressed appreciation for the speaker and the moderator.

“Excellent speaker and relevant to current public health priorities that are being set by CDC and other federal agencies. Moderator feedback: Andre did a good job in engaging the audience. This is great practice for future interviews and/or media related sessions.”

Viewers had some complaints about difficulties with viewing the slides in the presentation. For many viewers, slides appeared fuzzy, and some mentioned that the camera angle did not always include the slides. Several viewers offered possible suggestions for future broadcasts.

“Although we were able to view everything, the PPT was quite blurry. Otherwise, you did a wonderful job!”

“Often when the speaker referred to her PowerPoint, we could not see the PowerPoint as the camera remained only on her.”

“It was difficult to see her slides, but absolutely necessary to do so to follow her presentation. In the future, maybe her slides can be provided directly to viewers.”

I would have liked to be able to see the slides at all times... maybe in a split-screen? even though I had downloaded the ppt presentation before hand, it wasn’t always clear which slide she was at during her talk so seeing the presentation simultaneously would have been great.”

### Graph 4: How did you learn about the broadcast?

## Broadcast Site Facilitators

We received 14 complete evaluations from broadcast site facilitators who viewed the Dr. Ana Diez Roux, Keynote Lecture. Overall, site facilitators agreed that viewers were engaged during the broadcast (77%). However, this percentage is down from last year, where 90% agreed that viewers were engaged. A majority of facilitators (69%) agreed that the broadcast was well-organized and well-run. The majority of site facilitators agreed that their time organizing the event was well-spent (77%) and that they would recommend the broadcast to other organizations (77%). Most facilitators indicated an interest in being a site for the event again next year (77%).

Attendance at broadcasts ranged from 0-30 attendees, with an average attendance of 8 people at each event. Eleven sites had 10 or fewer attendees, and 3 sites had 20-30 attendees. All facilitators agree that time allotted for questions was adequate. Seventy nine percent of sites reported that viewers stayed for the majority of the broadcast. Most viewers were public health professionals, students, and academics. There were also a few sites that had clinicians in the audience, and one site that was taping the broadcast and did not have any viewers. A few sites had problems with sound quality and readability of PowerPoint lecture slides. A few sites also indicated that their attendance was lower than they had hoped.

In the open-ended responses, two respondents indicated that they really enjoyed the broadcast and look forward to participating in the future. One respondent suggested preparing informational packets that can be reviewed prior to the broadcast for broadcast sites where viewers are undergraduates or do not have a background in epidemiology.

# VOLUNTEERS

Nine volunteers participated in supporting the Minority Health Conference this year on the day of the conference. This number does not include the numerous volunteers who have participated over the course of the year in a variety of different ways. On the day of the conference, these nine volunteers specifically addressed the following roles:

* Serving as a volunteers at large
* Transporting speakers at the airport or hotel
* Serving as greeters to conference attendees
* Serving as ushers throughout the conference in the main auditorium, poster galleries, and breakout session rooms
* Publicizing events to undergraduates before the conference
* Cleaning up at the end of the conference

Overall satisfaction of participation is presented below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Question | Very Dissatisfied | Dissatisfied | Neutral | Satisfied | Very Satisfied |
| Satisfaction with volunteering the day of conference. | 0 | 0 | 1 | 2 | 6 |
| Communication leading up to conference. | 0 | 2 | 0 | 2 | 5 |
| Communication day of conference. | 0 | 2 | 1 | 1 | 5 |

# APPENDIX A: 2012 Planning Staff

|  |  |
| --- | --- |
| CONFERENCE CO-CHAIRS |  |
| Turquoise Griffith Health Behavior and Health Education | **Publicity Committee** |
| Kea Turner Health Behavior and Health Education |  |
|  | Mary Choi\* Journalism and Mass Communication |
| **Conference Coordinator** | JaPeera Edmonds Humanities and Behavioral Science |
|  | Dominique Gillyard Journalism and Mass Communication |
| Sarah Weller Health Behavior and Health Education | Susan Kirtz Health Behavior and Health Education |
|  | Dasia Robinson\* Journalism and Mass Communication |
| **Broadcast Committee** | Danielle Tepper Journalism and Mass Communication |
|  |  |
| Andre Brown Health Behavior and Health Education | **Speakers Committee** |
| Jennifer Brown\* Health Behavior and Health Education |  |
| Jennifer Casanova Environmental Science and Engineering | Akilah Ffriend Health Policy and Management |
| Laura Harker\* Health Policy and Management | Anne Fitzgerald Health Behavior and Health Education |
| Chelsea Kolander Health Behavior and Health Education | Laurel Harduar\* Epidemiology |
| Carlee McConnel Health Behavior and Health Education | Tandrea Hilliard Health Behavior and Health Education |
|  | Meredith Kamradt\* Health Behavior and Health Education |
| **Evaluation Committee** | Autumn Locklear Health Policy and Management |
|  | Frances Nguyen Health Behavior and Health Education |
| Laura Baker Health Behavior and Health Education | Betty Rupp Health Policy and Management |
| Ashly Gaskin Clinical Psychology | Justin Smith Health Behavior and Health Education |
| Deanna LaMotte Health Behavior and Health Education | Jean Marie Strelitz Epidemiology |
| Emily McClure Health Policy and Management |  |
| Sadiya Muqueeth\* Health Behavior and Health Education | **Strategic Planning Committee** |
| Amy Reid\* Health Behavior and Health Education |  |
| Chelly Richards Health Behavior and Health Education | Sarah Beth Phelps\* Health Policy and Management |
| Abigail Wiener Health Behavior and Health Education | Christa Martens\* Health Behavior and Health Education |
|  |  |
| **Exhibitors Committee** | VOLUNTEERS |
|  | Solape Ajiboye Psychology |
| Lisa Bowen College of Arts & Sciences | Rachel Bland Maternal and Child Health |
| Veronica Conti Health Behavior and Health Education | Nicole Busby Computer Science |
| Melissa Davis School of Medicine | Meredith Carter Economics |
| Adrienne Gill Health Behavior and Health Education | Brittany Cooper Health Policy and Management |
| Julie Hasken Health Behavior and Health Education | Daphne Delgado Health Behavior and Heath Education |
| Jessica Johnson Health Policy and Management | Samira Dixon Sociology |
| Katie Lesko Epidemiology | Dionne R. Greenlee Documentary Writing, Duke University |
| Samantha Luu College of Arts & Sciences | Amanda Houpt Health Behavior and Health Education |
| Stefanie Mahaboob College of Arts & Sciences | Mary Key Health Behavior and Health Education |
| Lilli Mann\* Health Behavior and Health Education | Beth Knight Neurobiology |
| Nakeva Redmond Health Behavior and Health Education | Rachel Larsen Health Behavior and Health Education |
| LeVelton Thomas Health Policy and Management | Daria Lewis School of Nursing |
| Rebecca Woodruff\* Health Policy and Management | Christa Martens\* Health Behavior and Health Education |
| Cristina Yen School of Dentistry | Brendan McCaffery Maternal and Child Health |
|  | Tenesa McCaskill-Gainey School of Nursing |
| **Fundraising Committee** | La Shonya McNeil Public Health Leadership Program |
|  | Davena Mgbeokwere Social Work and Public Administration |
| Paul Gilbert\* Health Behavior and Health Education | Marie Patane Environmental Science and Engineering |
| Melanie Napier Epidemiology | Nakhil Patil Maternal and Child Health |
| Tamara Taggart\* Health Behavior and Health Educaiton | Lexie Perreras Health Behavior and Health Education |
| Zihan Wang College of Arts & Sciences | Laurie Phillips Journalism and Mass Communication |
|  | Kristina Redd Global Studies and Journalism |
| **Posters Committee** | Alicia Sparks Health Behavior and Health Education |
|  | Laura Villa Torres Health Behavior and Health Education |
| Brenda Buesher\* Health Behavior and Health Education | Dana Turner Health Behavior and Health Education |
| Heather D’Angelo Health Behavior and Health Education | Zihan Wang College of Arts & Sciences |
| Jia Huang Pharmacy | Ashley Willilams City and Regional Planning |
| Elaine Lo Health Behavior and Health Education |  |
| My-Linh Luong Health Behavior and Health Education | **Graphic Designers** |
| Punya Navaratnarajah Biochemistry |  |
| Lexie Perreras Health Behavior and Health Education | Caitlin Kleiboer Health Behavior and Health Education |
| Allison Schmidt Health Behavior and Health Education | Jeanne-Marie Destefano Public Relations Coordinator |
| Danielle Wright Maternal and Child Health | Alexis Monet Davis Journalism and Mass Communication |
| **ADVISORS** | |
|  | |
| **UNC GIlings School of Global Public Health Advisors** | |
|  | |
| Stephen Couch Office of External Affairs | |
| Chandra Caldwell Staff Advisor, Minority Student Caucus | |
| Ramona Dubose Marketing Director | |
| Oj McGhee Broadcast Coordinator | |
| Felicia Mebane Staff Advisor | |
| Victor Schoenbach, PhD Minority Health Project | |
| Charletta Sims Evans Assistant Dean of Student Affairs | |
|  | |
|  | |
| **North Carolina Institute of Public Health Advisors** | |
|  | |
| Debbie Atkinson Information Processing Coordinator | |
| Becky Hart Webmaster | |
| Jackie McIver MHC Program Coordinator | |
| Janet Place Director, Office of Continuing Education | |
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# APPENDIX B: 2012 Conference Attendee Evaluation

Q41 Thank you for attending the 33rd Annual Minority Health Conference: "Translational Research: The Road from Efficacy to Equity".  The organizers are very interested in your thoughts on this year’s Minority Health Conference. Please take a moment to tell us about your experiences. Your feedback is very important to us and will contribute the development of future conferences.

Q73 General Feedback    Why did you choose to attend the Minority Health Conference?

Q14 Please respond to the following statements by choosing the answer that best matches your opinion.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Completely Agree (0) | Agree (1) | Neutral (2) | Disagree (3) | Completely Disagree (5) |
| The conference was well planned. (1) |  |  |  |  |  |
| The speakers were informative. (2) |  |  |  |  |  |
| The registration process was efficient. (3) |  |  |  |  |  |
| The conference fee was affordable. (4) |  |  |  |  |  |

Q67 If you disagree with any of the above statements, please provide additional feedback.

Q35 Please tell us about yourself How many UNC Minority Health Conferences have you attended (including this one)?

Q55 Were you able to attend the whole day?

* Yes, I attended the whole day. (1)
* No, I only attended part of the day. (2)

Q53 Are you affiliated with a university or other organizations?  Please list.

Q37 What is your primary position?

* Undergraduate Student (0)
* Graduate Student (1)
* College or University Faculty (2)
* Health Researcher (not faculty) (3)
* Public Health Worker (5)
* Health Care Provider (6)
* Community Organization Member (7)
* Political Leader (10)
* Other (please specify) (8) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q38 How did you hear about the conference? (Check all that apply)

* Brochure (0)
* Email from the Minority Health Project (1)
* Colleague (2)
* Minority Student Caucus Website (http://studentorgs.unc.edu/msc/) (3)
* Minority Health Project Website (http://www.minority.unc.edu/) (4)
* Facebook (7)
* Twitter (8)
* Other (please specify) (5) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q39 How did you register for the conference?

* Minority Health Conference Website (0)
* Mail/Fax (1)
* Phone (2)
* Other (please specify) (3) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Q9 Morning Keynote Speaker The keynote lecture by Dr. Ana Diez-Roux was informative.

1. Completely Agree (0)
2. Agree (1)
3. Neutral (2)
4. Disagree (3)
5. Completely Disagree (5)

Q12 The length of the lecture was...

1. Too long (0)
2. Just right (1)
3. Too short (2)

Q13 Morning Sessions Please indicate which morning session you attended.

1. The Impact of Institutional Discrimination on Mental Health of Lesbian, Gay, and Bisexual Populations (1)
2. Using Art Based Therapy to Address Immigrant and Refugee Health (2)
3. Aging and Religion: The Health Effects of Religious Involvement (3)
4. Medicaid, Civil Rights, and Federal Court Access: Discrimination in the Health Care System (4)
5. Overcoming Disparities in Healthy Food Access: School and Community Food Systems (5)
6. I did not attend a morning session. (6)

If (AM6) I did not attend a mo... Is Selected, Then Skip To End of Block

Q15 The session was informative.

1. Completely Agree (1)
2. Agree (2)
3. Neutral (3)
4. Disagree (4)
5. Completely Disagree (5)

Q44 The session was relevant to the conference theme.

1. Completely Agree (1)
2. Agree (2)
3. Neutral (3)
4. Disagree (4)
5. Completely Disagree (5)

Q59 Overall, I enjoyed the session.

1. Completely Agree (1)
2. Agree (2)
3. Neutral (3)
4. Disagree (4)
5. Completely Disagree (5)

Q19 Any additional comments regarding the session you attended:

Q68 Afternoon Keynote Speaker The keynote lecture by Dr. Nina Wallerstein was informative.

1. Completely Agree (0)
2. Agree (1)
3. Neutral (2)
4. Disagree (3)
5. Completely Disagree (5)

Q69 The length of the lecture was...

1. Too long (0)
2. Just right (1)
3. Too short (2)

Q17 Afternoon Panel Discussion Sessions Please indicate which afternoon session you attended.

1. Translating Research into Policy: Closing the Achievement Gap (1)
2. Communicating Inequities: The Path to Equity in Health Communication (2)
3. Global Environmental Health Panel (3)
4. I did not attend an afternoon panel discussion. (4)

If I did not attend an afterno... Is Selected, Then Skip To End of Block

Q18 The session was informative.

1. Completely Agree (1)
2. Agree (2)
3. Neutral (3)
4. Disagree (4)
5. Completely Disagree (5)

Q47 The session was relevant to the conference theme.

1. Completely Agree (1)
2. Agree (2)
3. Neutral (3)
4. Disagree (4)
5. Completely Disagree (5)

Q60 Overall, I enjoyed the session.

1. Completely Agree (1)
2. Agree (2)
3. Neutral (3)
4. Disagree (4)
5. Completely Disagree (5)

Q46 Any additional comments regarding the afternoon discussion session:

Q20 Exhibitors Session and Poster Preview Please respond to the following statements by choosing the answer that best matches your opinion.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Completely Agree (0) | Agree (1) | Neutral (2) | Disagree (3) | Completely Disagree (5) |
| There was enough time to view the posters. (1) |  |  |  |  |  |
| The exhibitors’ information was useful. (2) |  |  |  |  |  |
| There was enough time to network with other conference attendees. (3) |  |  |  |  |  |

Q53 Any additional comments:

Q24 Feedback in your own words What did you enjoy the most about the Minority Health Conference?

Q25 What did you enjoy the least about the Minority Health Conference?

Q26 Do you have any suggestions for next year&#39;s Minority Health Conference? (Please provide specific comments about the presenters, sessions, content, panel discussants, etc.)

Q70 Overall, I enjoyed the conference.

1. Completely Agree (1)
2. Agree (2)
3. Neutral (3)
4. Disagree (4)
5. Completely Disagree (5)

Q75 Do you have any suggestions for future topics, themes, speakers, or possible funding sources?

Q71 Any additional comments:

Q76 Thank you for completing this survey!  Your feedback will help us improve next year&#39;s Minority Health Conference. Please click on the link below to download and print your Minority Health Conference 2012 Certificate of Attendance.   Certificate of Attendance

# APPENDIX C: All Responses Generated for the Minority Health Conference Attendee Evaluation

1. General Feedback    Why did you choose to attend the Minority Health Conference?

|  |
| --- |
| Text Response |
| I am a RD, LDN candidate and the subject matter is of great interest to me. I also used the conference as an opportunity to network. |
| Listen to speakers, engage with others with similar interests |
| I am new to the UNC community and have heard wonderful things about the conference. I'm so happy that I had a chance to be part of it. |
| because the opportunity presented itself |
| I work in cervical cancer screening, which is an issue that very much involves minority health. It's a good opportunity to meet people from around the state to exchange ideas. |
| I have heard great things about the conference. |
| I'm a Korean and minority in US. Not surprisingly, I pay attention to Minority Health. |
| Since I am a minority I felt that the information would be good for me personally and my clients |
| The topics of health disparities and social determinants of health are very important to me. |
| Interested in health disparities and environmental/policy level interventions. Many of my friends were volunteers and so was I. Enjoyed watching the keynote last year. |
| I was interested in the content, especially this years' keynote speakers, and had heard great things about past MHCs. |
| From all the positive feedback and experienced I'd heard about from others that attended last year. |
| Attendance was highly encouraged for one of my classes. |
| I make it a point to attend every year. |
| I was asked to attend by my employer. |
| The sessions and keynote speakers were interesting. |
| Went last year and enjoyed it; thought theme this year was especially great - very timely & practical |
| Because of the theme and the keynote speakers. |
| As a student, it is a valuable learning and networking experience. |
| Most interested in keynote speakers. |
| It's a tradition every year, the conference always challenges my thinking and provide intellectual stimulation |
| I attended last year and had a great experience; I was also required to attend as part of the MCH Leadership Consortium (but would have attended regardless.) |
| Because I have never been before, and a lot of my classmates were involved with it. The keynotes also sounded very interesting. |
| To learn more about current research and practice in health disparities |
| I am a student peer educator, and I wanted to learn more about public health issues and how I can implement changes at my university. |
| The conference always has great topics regarding health disparities. This enlightens my knowledge base and helps me to be more aware of these issues. |
| Topic seemed interesting and relevant. Chance to learn from leaders in the field. |
| Because it was talked about a lot in my program (HBHE) |
| UNCSPHF Fellow |
| Because it is a great conference. |
| Interested in the topic |
| Convenience of location, well-priced, work in the health profession, and class requirement |
| The conference always presents very interesting topics. I have attended for the last several years and always come away with valuable information that has helped me to be more effective as an advocate in my community. |
| interest in public health issues specifically nutrition and obesity |
| I am very interested in eliminating health disparities. |
| My interest in health disparities research. |
| Because I am in MSNA at East Carolina University College of Nursing and I wanted to attend! |
| I had a poster to present, and I wanted to connect with people in my field. |
| I wanted to witness the student-run conference that everyone talks about. I also thought the talks all sounded really interesting. |
| As a minority worker, I seek for broader information to improve the services I provide to others and myself. I found this conference to be an excellent provider of useful information and allows me to gain greater insight in life. I will promote this conference for other co-workers. This one was the best!!! |
| Heard great things and wanted to experience it for myself |
| to learn more about how research could be translated to practice to address the health disparities in the US |
| I attended the conference becuase it was an interest of mine as a Master's in Nursing Education with a focus on global health. |
| I wanted to learn more about health disparities work going on in NC, and I wanted to professionally network. |
| Student |
| Good reputation of the conference. Location (I live nearby). Affordable cost. |
| To learn more about epidemiological research and best practices for translating research in to clinical practice. Learn how to navigate some of the challenges involved in conducting research in minority populations. |
| To network and gain further knowledge in the health disparities field. |
| Because I've enjoyed the past four times I've attended. |
| Because I am interested in attaining a career in public health and would like to gain more knowledge in that realm. |
| It's important to address health disparities for different types of minorities. A great way to learn from peers, experts, and practitioners. |
| Mentor suggested that I should. |
| have attended in the past |
| I am interested in helping close the gap in health inequities in minorities, and also I needed some CEU's |
| Poster Presenter |
| As a first year masters student interested in health disparities the opportunity to attend various sessions geared towards health equity was a huge draw. |
| I am an MPH Candidate in the Public Health Leadership Program at UNC and hope to work with underserved NC populations when I graduate. |
| I served on the Planning Committee. |
| To personally meet with Ana Diez Roux; also to learn more about translational research |
| Very important when considering my field of interest |
| To learn more about the current health problems and research being done to help. |
| I just entered the Public Health program at ECU, and felt this conference would really compliment my studies. |
| The topics and speakers looked interesting. Also wanted to support my peers. |
| because of the topic, to network, i am a planning committee member |
| I am a student at SPH and work in translational research (NC Tracs) |
| minority health and disparities is an interest of mine |
| to learn |
| My work has a narrow focus, and I attended to learn more about what is happening in the field more broadly. |
| I'd heard so many good things from people in my department (HBHE) |
| SPHF reuniOn |
| It seemed like a good opportunity to hear what was happening in public health. |
| I attended in the past and enjoyed it |
| I have attended the Minority Health conferences for several years and have always enjoyed them, the Lectures and workshops that I attended on Friday were informative and interesting. |
| I was interested in learning more about the work going on to understand and alleviate health disparities. I am also very interested in applying research that happens in the "ivory towers" of the university, and making it useful to the people who are researched. |
| Because I'm interested in helathcare for the homeless. |
| I chose to attend this conference to gain a better understanding of the diverse populations that are currently being served at my local community health center. |
| The lineup of speakers looked very high-calibur. |
| It is a great opportunity to learn about the issues that matter most to me in my work. |
| As a public health professional, I feel it important to stay in touch with the most recent health issues. The Minority Health Conference provides the opportunity for anyone who attends to keep up with what is going on in the present and happenings in the future. |
| I am interested in working in minority health issues. |
| I've come to every conference for the last ten years. It is always informative and well-planned. |
| I'm an undergraduate student and was interested in learning more about research in the field of public health. My research mentor advised me to go. |
| I have attended several years and really enjoy the breakout sessions, the networking, and the current information provided on our community |
| Primarily because it was part of a training for another organization, but also I had heard really great things about the conference and was impressed by the high profile speakers. |
| part of a grant requirement and generally interested in the topic |
| I chose to attend this conference because it is always a great experience to learn about public health issues that are relevant to minority populations and to network with public health professionals. |
| Interest in health disparities and minority populations. |
| Planning committee member |
| in order to be informed of current issues and topics and in order to network. |
| Exhibitor and was interested in topic of keynote speaker. |
| I'm a minority social worker |
| Educational |
| Minority Health and Health Disparities are my areas of public health focus. |
| I was interested in hearing the keynote speakers, and learning about what is happening in minority health research. |
| I wanted to have the chance to network and co-mingle with other students/professionals geared towards public health and public policy issues. |
| I have enjoyed attending the conference in the past. The topics to be presented by main speakers were intriguing. |
| Have gone in the past and it's always been a great event |
| The conference always provides great insight into the work being done to addresst the disparaties in minority health. |
| Have attended in past and it is a great conference. |
| It was requird for my involvement in the MCH Leadership Consortium |
| I am interested in minority health issues and have an educational background in public health. |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 259 |

2. Please respond to the following statements by choosing the answer that best matches your opinion.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Question | Completely Agree | Agree | Neutral | Disagree | Completely Disagree | Responses | Mean |
| 1 | The conference was well planned. | 318 | 94 | 1 | 0 | 0 | 413 | 0.23 |
| 2 | The speakers were informative. | 271 | 119 | 18 | 1 | 0 | 409 | 0.39 |
| 3 | The registration process was efficient. | 269 | 104 | 21 | 15 | 2 | 411 | 0.49 |
| 4 | The conference fee was affordable. | 252 | 100 | 49 | 8 | 0 | 409 | 0.54 |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Statistic | The conference was well planned. | The speakers were informative. | The registration process was efficient. | The conference fee was affordable. |
| Min Value | 0 | 0 | 0 | 0 |
| Max Value | 2 | 3 | 5 | 3 |
| Mean | 0.23 | 0.39 | 0.49 | 0.54 |
| Variance | 0.18 | 0.34 | 0.67 | 0.61 |
| Standard Deviation | 0.43 | 0.58 | 0.82 | 0.78 |
| Total Responses | 413 | 409 | 411 | 409 |

3. If you disagree with any of the above statements, please provide additional feedback.

|  |
| --- |
| Text Response |
| $70 is still a bit steep for some UNC staff/ projects. |
| Nothing |
| (The student rate was very affordable - I can't speak to the general fee) |
| I am a graduate student so affordable becomes a relative term. |
| Keynote speakers were great; some panel speakers less informative and/or less related to the topic of translational research |
| I was a volunteer, so I was not charged a conference fee. |
| There was confusion about my registration fee that remained unresolved for over a month, which seemed unnecessary. |
| I would appreciate if the registration fee stayed below $50 for UNC Staff persons. Thanks! |
| Some of the speakers were informative- Betina Jean-Louis, Mary Mathew, Mark Hatzenbuehler. But other than that, I felt like they were either discussing repeated topics from last year (Nina was talking about much of the same thing that Bonnie discussed last year) or it was very general, technical and very, very, very research based - Ana Diez-Rous. Other than Hatzenbuehler who was FANTASTIC! I didn't hear from a single speaker who really translated research into practice. It was disappointing to have 2 keynote speakers who didn't translate research. So now what? was what I was left with. it just felt like a conference for researchers to talk about themselves again. Where is the action!? |
| The keynote speakers were good, but I was disappointed with the first break out session by Dr. Ammerman. She focused very little on the "how" of overcoming barriers to healthy food access, rushing through what I believed to be the most interesting part of her talk--her research and current projects in line with improving healthy food access. She spent the first 30 minutes of her presentation showing pictures of the healthier versions of foods she has made and telling stories about lab experiences that were funny, but not informative. Also, although it is important to provide "thanks" to those who ran the conference and were involved in getting it started, this became a bit redundant during the first 30 minutes of the conference. I might save the "thanks" for the end of the conference! |
| I felt as though some of the speakers were unprepared (i.e. had overly long Power Points, did not give clear presentations regarding their topic, and presented Power Points with typos). This seemed a bit unprofessional to me. |
| I wouldn't mind a $15 or $20 student registration fee in the future... |
| I thought the morning Keynote speaker was very interesting, but it was super early for that much "conceptual framework" type research to be presented. Maybe put the more conceptual researcher in the afternoon next time? |
| I think you should allow people who are unemployed to get a lower registration rate, not just students. |
| It was not set up for unc participants to bill grants |
| The cost seemed quite high considering the limited number of talks/panels and considering the quality of the food. |
| I didn't hear much between when I registered and the conference. I found myself checking back on the website to make sure the conference was still going on. More communication would have been appreciated. |
| I thought that if the snacks/ food had been toned down, the conference fee could have been brought down. |
| Registering is always a big hassle. People who don't have a UNC PID have to create one and fill out lots of strange information. It's very confusing and should be streamlined somehow. Also, it's not easy enough to find the registration button on the MHC website. You really have to fish around to register. |
| Though I can't remember exactly what was different about the payment procedures, I was a bit confused/ unsure of security and ended up paying at the conference (which was a well-run process). |
| I had a difficult time registering...First - when I noted being adjunct faculty - it assumed the dept. at UNC would pay for it. Next, when trying to use CC the electronic system wouldn't take it. Next - I called the # at the Institute of PH on the email and a VM said "I have been laid off" b/c of budget cuts and thus, cannot help you. No number left and couldn't leave a message. Finally - had to email J. McIver - who was very good but couldn't take my agencies CC info...so I had to mail a check and now have to file for reimbursement. |
| Too many lines. Only need to go in one line - not three. |
| It would be nice if community members could have a discounted rate or scholarships could be made available. The registration cost is prohibitive. |
| I did not have to pay the fee because it was paid for me by the SON, so I do not enough know what the fee was, so I can answer that question well. |
| My boss registered me and a few other people. Even though she paid the fees for everyone, none of us go the confirmation email. After getting in touch various times, we had to re-complete our forms and re-send them to the coordinators. At the conference, I was told I still owed money, yet I had already been confirmed and everything was taken care of. |
| Cannot register - very difficult to get and keep a password, need to make this happen easier. |
| I was in a committee/volunteer-I didn't have to pay for registration |
| The morning keynote speaker was not as informative as others throughout the day. |
| I found the registration process too involved for one just registrating for a conference. Also, once I clicked "submit" the document was no longer on the page, so I couldn't print a copy. |
| The long presentation after a heavy lunch did not seem to work out well. |
| Conference registration was confusing because fellows' folders were located elsewhere. |
| My department covered the registration fee, so I cannot comment on it's affordability, or not. |
| I really enjoyed how this conference was student led. It shows a lot about the aptitude of the Minority Caucus. |
| I was not able to create an account to register and it took me about twenty minutes on the phone to do so, however the woman who helped me on the phone was very nice and helpful. |
| I was sent a confirmation after completing the online registration. When I arrived to the conference my name was not on the attendees list. |
| I thought that some of the speakers were great and others weren't. Some of the speakers covered so much information that you didn't have time to digest it all. Also, I felt that they didn't cover the informaiton on a community level but rather national and state level. |
| The inaugural Vic Shoenbach (sp?) speaker put me to sleep. As compared to the morning speaker, she was inferior, in my opinion. |
| There was alot of miscommunication about registration when we were trying to register as a group and have it paid for by Lineberger. The process should have been more streamlined. Because of the time lag we ended up being wait listed and then there was miscommunication- some were telling our group we could go and someone else said we could not. It all turned out fine in the end. |
| It was great and fantastic, very well organized, wish there was more time. However, was not able to attend all the lectures since the most interesting were overlapping, hence unable to attend both. Overall, the event was wonderful, excellent, couldn't ask for more! |
| I came to the conference with my fellows from the Summer Public Health program. During regstration, we were not informed that our packets and name tags had been separated and put into the room that we were all meeting in. Therefore it made registration confusing and crazy once we found out and then had to return everything we had previously received. |
| Registration was not efficient because the wrong price was listed and I had to email someone to let them know so they could change it. I also thought the registration form was a bit long and asked me for unnecessary information. |
| for some reason I was noted as owing a balance when I paid for my self and other attendees |
| There seemed to be a lot of confusion over how the conference was going to be paid for. This may not have been the fault of anyone other than slow University processes in handling payment, but I attended to several unnecessary emails because I was concerned about not being able to attend because a of a lack of payment. |
| The prices for non-students seemed a little high for a one-day conference |
| The process of registration for participants who work for agencies, especially state agencies was not easy. I had to seek information from conference organizers on how to register for third party billing, when an agency was paying, as opposed to the participant. I would suggest that the registration include a process for third party billing next year. The fee for exhibitors, especially a non-profit/State agency was more costly than other conferences, which is the reason I registered as an individual. |
| I was on a planning committee so I didn't pay a conference fee. |
| Any way you can offer a sliding scale for the registration fees? |
| very well done |
| problems trying to register on line |
| There were certain elements that could have been planned in a more efficient manner. When registration exceeds the room in the main room, Signs which address the room is full as well as the location of the overflow areas. The overflow areas should have been equipped with equipment to where the speakers and their presentation. Possibly with ushers in each room to assist with seating during the program. |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 50 |

4. Please tell us about yourself How many UNC Minority Health Conferences have you attended (including this one)?

|  |
| --- |
| Text Response |
| 1 |
| 1 |
| 3 |
| 1 |
| 3 |
| 1 |
| 3 |
| 1 |
| 1 |
| 5+ |
| 1 |
| 1 |
| 1 |
| 1 |
| 1 |
| 2 |
| 32 |
| 4 |
| 1 |
| 1 |
| 1 |
| 2 |
| 1 |
| 2 |
| 4 |
| 1 |
| 5 |
| 2 |
| 1 |
| 1 |
| 1 |
| 1 |
| 5 |
| 1 |
| 1 |
| 2 |
| 1 |
| 1 |
| 1 |
| 2 |
| 1 |
| 10 |
| 1 |
| 1 |
| 1 |
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| 1 |
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| 5 |
| One |
| 6 |
| 2 |
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| One |
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| 1 |
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| 2 |
| 0 |
| one |
| 1 |
| 1 |
| 1 |
| 1 |
| 2 |
| 1 |
| 1 |
| 3 |
| 5th |
| 1 |
| 1 |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 366 |

5. Were you able to attend the whole day?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Yes, I attended the whole day. | |  |  | | --- | --- | |  |  | | 304 | 74% |
| 2 | No, I only attended part of the day. | |  |  | | --- | --- | |  |  | | 112 | 27% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 2 |
| Total Responses | 412 |

6. Are you affiliated with a university or other organizations?  Please list.

|  |
| --- |
| Text Response |
| UNC graduate, current student at NCCU and advisory committee member UNC's BCERP |
| UNC SPH |
| University of North Carolina |
| UNC-Chapel Hill |
| na |
| no |
| Department of Epidemiology |
| UNC Gillings School of Global Public Health |
| Inje University in South of Korea |
| Bennett College, Senior REsources of Guilford and Guilford County Health Department |
| UNC |
| UNC-CH |
| UNC |
| UNC-Chapel Hill |
| UNC-Chapel Hill |
| UNC |
| UNC-CH |
| UNCG |
| UNC |
| UNC-Chapel Hill |
| UNC Chapel Hill |
| UNC Gillings School of Global Public Health |
| UNC- Chapel Hill |
| UNC |
| UNC |
| UNC Chapel Hill |
| UNC SPH |
| UNC Gillings School of Global Public Health, UNC Center for Maternal and Infant Health |
| UNC SPH - HBHE |
| UNC |
| Elon University |
| Duke University |
| UNC |
| The Ethlyn R. Strong School of Social Work at Norfolk University |
| UNC |
| UNCG |
| Winston Salem, NC |
| UNC-SPH |
| MCH |
| student UNC |
| UNC |
| UNC-Chapel Hill, School of Nursing |
| No |
| no |
| UNC |
| UNC |
| Elizabeth City State University and UNC-CH |
| East Carolina Association of Nursing Students |
| UNC Chapel Hill |
| North Carolina Central University |
| UNC Center for Health Promotion and Disease Prevention, and NC TraCS |
| UNC-Chapel Hill |
| yes |
| UNC-CH SON |
| Durham County Health Department |
| UNC at Greensboro- Center for Health of Vulnerable Populations |
| UNC |
| UNC Chapel HIll |
| I'm a graduate student at UNC-CH School of Public Health, and I'm a graduate research assistant with Active Living by Design |
| UNCC |
| University of North Carolina at Greensboro |
| UNC-CH (department of psychiatry) |
| University of North Carolina at Chapel Hill |
| Yes |
| UNC SPH |
| UNC IRB Member (community representative) |
| No |
| Elon University- SPARKS peer education |
| UNC |
| UNC - SPH |
| Winston Salem State University |
| UNC |
| Emory MPH graduate, but not employed at this time |
| Norfolk State University |
| UNC SPH |
| UNC Gillings School of Global Public Health |
| Unc |
| UNC-CH |
| University of North Carolina |
| Howard university |
| UNC SPHF |
| East Carolina University, Public Health Organization |
| UNC |
| UNC-CH School of Public Health, Environmental Sciences & Engineering |
| unc |
| UNC |
| UNC School of nursing |
| Student, HBHE |
| UNC |
| UNC |
| university |
| UNC-CH |
| UncsPhf |
| UNC Chapel Hill |
| Summer Public Health Fellow 2011 |
| I am a retired Clincial Social Worker. Presently working in the School System -tutoring part-time |
| UNC-CH School of Public Health |
| SPH |
| UNC |
| UNC |
| UNC-CH |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 360 |

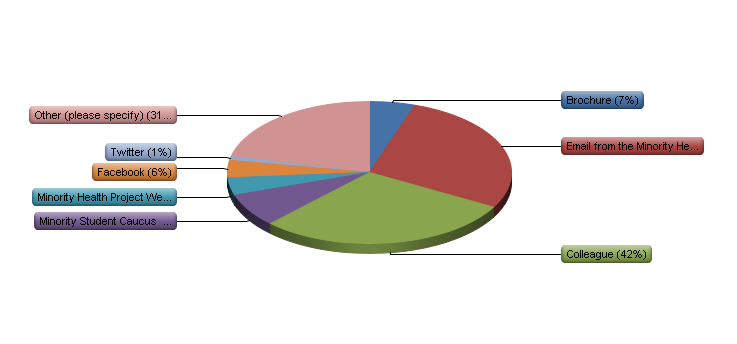
7. What is your primary position?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 10 | Political Leader | |  |  | | --- | --- | |  |  | | 1 | 0% |
| 8 | Other (please specify) | |  |  | | --- | --- | |  |  | | 47 | 11% |
| 7 | Community Organization Member | |  |  | | --- | --- | |  |  | | 18 | 4% |
| 6 | Health Care Provider | |  |  | | --- | --- | |  |  | | 12 | 3% |
| 5 | Public Health Worker | |  |  | | --- | --- | |  |  | | 51 | 12% |
| 3 | Health Researcher (not faculty) | |  |  | | --- | --- | |  |  | | 28 | 7% |
| 2 | College or University Faculty | |  |  | | --- | --- | |  |  | | 33 | 8% |
| 1 | Graduate Student | |  |  | | --- | --- | |  |  | | 176 | 43% |
| 0 | Undergraduate Student | |  |  | | --- | --- | |  |  | | 70 | 17% |

|  |
| --- |
| Other (please specify) |
| educator |
| psychological associate |
| ICHD student and Prof. of Psychology |
| Post-doctoral research fellow |
| Non-profit Pharmaceutical Product Sponsor (VP Regulatory Affairs) |
| seee above |
| Health Education Supervisor |
| inrested in applyign to grad school and currently working as a lab assistant |
| Postdoc |
| Public Health Administrator |
| Academic Affairs |
| Farmworker Health Program Coorinator |
| Researcher-not health |
| reserach fellow |
| Project Manager |
| AmeriCorps Member |
| staff |
| self-employed and adjunct professor |
| University Staff |
| Healthcare Administrator |
| Post Doctoral Fellow |
| Medicare Assistance Program |
| Postdoc |
| Staff Nurse |
| Future researcher |
| Teacher |
| Consultant |
| University staff |
| NSU College Graduate BSW |
| Staff |
| Fellow |
| ASPH/EPA Fellow |
| Patient Navigator |
| Administration |
| Candidate for Prevention Specialist Certification |
| Primay Care System Specialist |
| postdoctoral fellow |
| School Nurse |
| Resource Coordinator |
| School Health Supervisor |
| State Government Manager |
| Post-Doctoral Fellow |
| case manager |
| Teacher |
| Clinical Research Nurse |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 0 |
| Max Value | 10 |
| Total Responses | 412 |

8. How did you hear about the conference? (Check all that apply)



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 0 | Brochure | |  |  | | --- | --- | |  |  | | 30 | 7% |
| 1 | Email from the Minority Health Project | |  |  | | --- | --- | |  |  | | 162 | 40% |
| 2 | Colleague | |  |  | | --- | --- | |  |  | | 169 | 42% |
| 3 | Minority Student Caucus Website (http://studentorgs.unc.edu/msc/) | |  |  | | --- | --- | |  |  | | 44 | 11% |
| 4 | Minority Health Project Website (http://www.minority.unc.edu/) | |  |  | | --- | --- | |  |  | | 23 | 6% |
| 7 | Facebook | |  |  | | --- | --- | |  |  | | 23 | 6% |
| 8 | Twitter | |  |  | | --- | --- | |  |  | | 5 | 1% |
| 5 | Other (please specify) | |  |  | | --- | --- | |  |  | | 124 | 31% |

|  |
| --- |
| Other (please specify) |
| SPHF |
| I'm a former HBHE |
| UNC SPH listserve |
| Friends |
| Faculty |
| email to SON |
| MCH Leadership Consortium |
| listservs |
| Fellow student |
| Through HBHE Department |
| UNCSPHF |
| Other conferences (SOPHE, APHA) |
| Professor |
| self search |
| Classmates |
| Class Announcement |
| Professor |
| UNC-CH SON |
| email from MHC chairs |
| NCTraCS List-serve |
| sph email |
| email from NC SOPHE listserve |
| Dean of Social Work Dept at Norfolk State University - Dr. Dorothy Browne |
| Dr. Schoenbach |
| Involvement in past conferences |
| public health listserves |
| UNC SPHF |
| Emailed out to all ECU students in Public Health |
| MSC |
| email from listserv |
| Professors |
| OSA sph |
| ECU Multicultural Student Nursing Association |
| grant requirement |
| Planning Committee Member |
| Mentor |
| invitation from UNC SPHF |
| Dr. Schoenbach |
| Leadership Consortium |
| SPHF |
| Dean of department |
| UNC Course |
| Public Health Department at NCCU |
| OSA |
| Email from the SPHF listserve |
| Department Email |
| Faculty |
| Part of my former position was to support the student organizers |
| SON list serv |
| Colleague |
| Faculty in my department |
| UNC SPHF |
| listserv advertised need for volunteers, joined a committee |
| Invitation to attend Minority Student Caucus Dinner Thursday Night |
| Being a HBHE |
| current student |
| email from other source |
| Internet search |
| UNC - SPHF |
| UNCSPHF |
| People over Summer Public Health Fellowship notified me of the conference |
| My professor |
| HBHE Classmates |
| Professor |
| Professor |
| Dean Browne former faculty member |
| UNC SPHF |
| Supervisor |
| planning committee member |
| Advertisements in UNC SPH |
| CBPR list serv |
| School of Nursing |
| email from the SON |
| UNC SPHF |
| Other students |
| College |
| UNC SPHF |
| UNC Summer Public Health Fellowship |
| ncsu Social Work Dept. sent me an e-mail about it |
| My Professor |
| I attended last year |
| Dr. Seronda Robinson |
| Professor |
| Poster |
| Professor |
| on planning committee |
| UNC Summer Public Health Fellowship |
| NCCU /School of Public Health |
| card in my box in Nutrition office |
| Email from School of Nursing UNC |
| Professor |
| Community organization. |
| NC State |
| Information forward to me by supervisor |
| TA |
| Teacher |
| school organization |
| Class |
| Cidd lend program |
| NC SOPHE |
| LEND Fellowship |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 0 |
| Max Value | 8 |
| Total Responses | 406 |

9. How did you register for the conference?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 0 | Minority Health Conference Website | |  |  | | --- | --- | |  |  | | 382 | 94% |
| 1 | Mail/Fax | |  |  | | --- | --- | |  |  | | 7 | 2% |
| 2 | Phone | |  |  | | --- | --- | |  |  | | 6 | 1% |
| 3 | Other (please specify) | |  |  | | --- | --- | |  |  | | 17 | 4% |

|  |
| --- |
| Other (please specify) |
| via SON |
| SON |
| as volunteer |
| all of the above |
| My boss registered me |
| committee |
| done by the SON |
| UNC HPDP |
| Through community organization and research group. |
| Link in email to registration site |
| through the school of nursing |
| Someone affiliated with the school registered and paid for me. |
| Fee sent by mail |
| University Affiliate |
| on-line |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 0 |
| Max Value | 3 |
| Total Responses | 407 |

10. Morning Keynote Speaker The keynote lecture by Dr. Ana Diez-Roux was informative.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 0 | Completely Agree | |  |  | | --- | --- | |  |  | | 176 | 44% |
| 1 | Agree | |  |  | | --- | --- | |  |  | | 163 | 41% |
| 2 | Neutral | |  |  | | --- | --- | |  |  | | 52 | 13% |
| 3 | Disagree | |  |  | | --- | --- | |  |  | | 8 | 2% |
| 5 | Completely Disagree | |  |  | | --- | --- | |  |  | | 2 | 0% |
|  | Total |  | 401 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 0 |
| Max Value | 5 |
| Mean | 0.75 |
| Variance | 0.67 |
| Standard Deviation | 0.82 |
| Total Responses | 401 |

11. The length of the lecture was...

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 0 | Too long | |  |  | | --- | --- | |  |  | | 144 | 36% |
| 1 | Just right | |  |  | | --- | --- | |  |  | | 249 | 63% |
| 2 | Too short | |  |  | | --- | --- | |  |  | | 5 | 1% |
|  | Total |  | 398 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 0 |
| Max Value | 2 |
| Mean | 0.65 |
| Variance | 0.25 |
| Standard Deviation | 0.50 |
| Total Responses | 398 |

12. Morning Sessions Please indicate which morning session you attended.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | The Impact of Institutional Discrimination on Mental Health of Lesbian, Gay, and Bisexual Populations | |  |  | | --- | --- | |  |  | | 71 | 18% |
| 2 | Using Art Based Therapy to Address Immigrant and Refugee Health | |  |  | | --- | --- | |  |  | | 47 | 12% |
| 3 | Aging and Religion: The Health Effects of Religious Involvement | |  |  | | --- | --- | |  |  | | 5 | 1% |
| 4 | Medicaid, Civil Rights, and Federal Court Access: Discrimination in the Health Care System | |  |  | | --- | --- | |  |  | | 125 | 32% |
| 5 | Overcoming Disparities in Healthy Food Access: School and Community Food Systems | |  |  | | --- | --- | |  |  | | 100 | 25% |
| 6 | I did not attend a morning session. | |  |  | | --- | --- | |  |  | | 45 | 11% |
|  | Total |  | 393 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 6 |
| Mean | 3.69 |
| Variance | 2.74 |
| Standard Deviation | 1.66 |
| Total Responses | 393 |

13. The session was informative.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Completely Agree | |  |  | | --- | --- | |  |  | | 221 | 63% |
| 2 | Agree | |  |  | | --- | --- | |  |  | | 106 | 30% |
| 3 | Neutral | |  |  | | --- | --- | |  |  | | 22 | 6% |
| 4 | Disagree | |  |  | | --- | --- | |  |  | | 2 | 1% |
| 5 | Completely Disagree | |  |  | | --- | --- | |  |  | | 1 | 0% |
|  | Total |  | 352 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 5 |
| Mean | 1.45 |
| Variance | 0.44 |
| Standard Deviation | 0.67 |
| Total Responses | 352 |

14. The session was relevant to the conference theme.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Completely Agree | |  |  | | --- | --- | |  |  | | 211 | 60% |
| 2 | Agree | |  |  | | --- | --- | |  |  | | 106 | 30% |
| 3 | Neutral | |  |  | | --- | --- | |  |  | | 24 | 7% |
| 4 | Disagree | |  |  | | --- | --- | |  |  | | 8 | 2% |
| 5 | Completely Disagree | |  |  | | --- | --- | |  |  | | 1 | 0% |
|  | Total |  | 350 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 5 |
| Mean | 1.52 |
| Variance | 0.56 |
| Standard Deviation | 0.75 |
| Total Responses | 350 |

15. Overall, I enjoyed the session.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Completely Agree | |  |  | | --- | --- | |  |  | | 218 | 62% |
| 2 | Agree | |  |  | | --- | --- | |  |  | | 98 | 28% |
| 3 | Neutral | |  |  | | --- | --- | |  |  | | 27 | 8% |
| 4 | Disagree | |  |  | | --- | --- | |  |  | | 5 | 1% |
| 5 | Completely Disagree | |  |  | | --- | --- | |  |  | | 2 | 1% |
|  | Total |  | 350 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 5 |
| Mean | 1.50 |
| Variance | 0.56 |
| Standard Deviation | 0.75 |
| Total Responses | 350 |

16. Any additional comments regarding the session you attended:

|  |
| --- |
| Text Response |
| Needed a larger room. There were not enough seats. |
| The refugee project showed a 14 minute video which I felt I could easily do on my own time and would have preferred a richer discussion on their methodolgies. |
| I think it was such an interesting topic to look at ways to translate public health research into policy. Excellent presentation! |
| This session was amazing. The speaker was very well organized and very thoughtful. |
| It did not show the research aspects with regard to new knowledge sought and gained. |
| Excellent speaker, well-prepared; greatly appreciated the policy focus Topically, this was a crticially important session/discussion to have - LGBT populations are so infrequently included as "minority" groups; the term "minority" is often used to describe disparties by race and/or SES; I highly appreciated the broad conceptualization of "minorities" for this conference, and hope to see a growing inclusion of such (non-race-based or SES-based minority) groups (e.g. people with disabilities) often left out of our conversations and teaching |
| The session was informative, moving, and interesting. However, I would have appreciated a more explicit connection from research to practice. |
| I came in late but it was very impressive to look at mental health interventions in such a manner. I think it really is a fantastic representation of community based work. |
| This was a wonderful meeting, I hope the slides are available |
| He was great! |
| Phenomenal |
| Interesting, but speaker was very political and had a very liberal slant. |
| The session was very informative. Presenter very knowledgeable |
| This lesson was very informative and imperative to decreasing health care disparities. I also enjoyed that the speaker had life examples for their studies. |
| Fabulous presentation because the examples were so relevant and the explaination of the issues was so clearly presented. |
| It was hard to follow because the speaker was all over the place....dis organized but good information at times.......I did not like the comments about Pres. Obama.....very inappropriate....... Please repeat with a different speaker.... |
| Mark really explained his research so that anyone could understand it. Even though I am grad student with background in research methods, his explanation was so thorough and easy to understand that I could take anyone to his presentation and they would understand. He also really discussed structural level stigma and related his work to policy action. He answered questions thoroughly and completely. He was engaging and he was the only speaker at the conference that I saw that actually translated research to practice. |
| This was a fantastic session with great speakers explaining their work. |
| Excellent speaker. He was very knowledgeable of the topic. |
| I am very interested in the topic but the session seemed a bit disorganized. It would be strengthened if the presenters went further into how they do the therapy and how exactly it works on allievating the symptoms of depression and anxiety. It would have been better if they gave us a few take away messages to think about when engaging in our own field of practice. |
| Excellent session. Really proud that MSC and the MHC continue to include LGBT health in the conference. |
| She was fantastic! Great presentation! |
| Not related specifically to the theme and not exactly what I thought it would be |
| I don't think the session was relevant to the conference theme. |
| session needed more time! |
| I was frankly amazed at how entertaining this lecture was. I was dreading it initially! |
| great to have someone outside of public health and she didn't use powerpoint which was refreshing. |
| All of the sessions I wanted to attend were in the morning at the same time. LGBT session, Healthy lunches, and Religion/Spirituality nothing in the afternoon interested me. Shame these were scheduled at the same time. |
| There was no powerpoint which made it difficult to follow. Overall I wasn't clear what I was supposed to learn from the session. At times it felt like the speaker was just enjoying being on a soapbox. |
| please have more LGBT info at the conference |
| an exceptional presenter |
| The speaker was very biased on her opinions |
| Phenomenal! He did an excellent job of making complex research accessible to lay populations. One of the best presenters I've ever seen at a professional conference. |
| It was informative to learn about how law fit into public health action and research, but I don't think that the speaker followed the theme of the conference, because she did not touch on how practitioners can better position lawyers to work on health disparities. I had to go up to her afterwards to find out how public health practitioners and lawyers were networking and working together on things. |
| the Speakers were enthusiastic about the topic |
| Wonderful speaker with amazing energy and tons of knowledge! |
| A bit over my head, but very interesting! |
| Amazing presentation and speaker. She was engaging and the information was on a level that everyone could understand and ask questions about. |
| The speaker really knew his stuff--I loved the session. |
| This was one of the best conference sessions that I have ever attended! Dr. Ammerman is a fantastic speaker. Everyone in the audience seemed very engaged and eager to learn more about how the local food system can improve health equity. |
| Could have been less political and more focused on specific resources available to Medicaid recipients who feel their rights have been violated. |
| very interesting and informative session- great speaker |
| Justin Smith did a great job as a moderator. The speaker was knowledgeable and prepared for questions and was able to draw parallels between LGBT minority status and racial minority status very well. |
| So inspiring |
| i would like the powerpoint as a handout for future reference |
| It was a great session and I am glad that I had the chance to attend but had wanted to attend the role of religion workshop. |
| Mark Hatzenbeuhler was one of the most well-prepared speakers I have ever seen. He also does great work! |
| Amazing! |
| Very impactful and inspiring! |
| Excellent presenter...gathered new ways to introduce new foods and communicate to school age kids. |
| The speaker was terrific!! She was very informative with a combination of science and practical suggestions. The interspersed humor made the presentation very enjoyable. |
| Dr. Hatzenbuehler was fantastic, very interesting and inspiring. |
| Enjoyed the session very much. |
| It wasn't quite what I hoped it would be. It was mainly a discussion of the projects the preseted was involved with which was intersting and entertaining. However, I had hoped for more focus on how others can implement programs and how to know what pogras would be the most effective. It was more like story telling but no information on how to create or implement similar programs in our home areas. |
| Though the speaker was extremely intelligent on her topic and provided a wealth of information, it seemed like she jumped around a little from topic to topic. This made it a little difficult to follow along at some points. |
| Presenter canceled so I used this time to explore the posters. |
| wonderful |
| I thoroughly enjoyed this session. The speaker was very passionate about her job and the lecture. I would love to attend more lectures by her. |
| Jane was very informative and even without any media accompaniment, she was still highly engaging and interesting. |
| This was a really great session! Engaging speaker with innovative ideas! |
| I really enjoyed the morning session. I would love to have been able to attend more than one morning session, so perhaps if the keynote speaker's address were a little shorter, or if there was only one key-note speaker there would be more opportunity for the attendees to tailor the conference to their specific areas of interest. |
| There wasn't enough time. I'm not sure if the presenter had too much information to share or the allotted time was not realistic. |
| This woman was so passionate and just plain awesome!! She's motivated me to look further into medicare, medicaid, the impact of policy on these programs and older adults. |
| Dr. Ammerman is excellent. It's so refreshing to see a researcher who is also so connected to the community she's working in! |
| Too short |
| The presentation seemed to be made by an advocacy group rather than an academic or researcher. The personal beliefs of the presenter and other researchers involved distracted and biased the presentation of their work. The agenda behind the research was too obvious. |
| Alice is a great speaker. She was very engaging and she discussed a relevant topic. |
| This would have been an excellent keynote! Speaker was engaging and topic was so important to healthcare workers as well as those we serve. |
| Dr.Ammerman is an excellent speaker and her work is very relevant to the conference topic. |
| This was AMAZING!!! I had such high expectations and he exceeded all of them. He modeled translating research beautifully. I understood every chart, graph and piece of data presented. It was just beyond and I loved it. |
| I cant believe the speaker kept my attention, even without a powerpoint! WONDERFUL! |
| Alice Ammerman's presentation was one of the best I've seen in a long time. |
| A terrific presentation of research data - easy to understand, expertly explained, with very practical implications. |
| Presentation was motivating and informative |
| Need slides and a list of current work and/or publications |
| Passionate speaker |
| What an excellent model he created! Outstanding - |
| It was hard to obtain the topic of the session. There were stories told but could not really pinpoint where she was informing of anything. I felt it was more a session about her career and not the conference. |
| Honestly I didn't understand what she was talking about, its like she assumed everybody in the audience was a lawyer. |
| Mark was an excellent speaker. A very timely talk given the political situation in NC. Very informative! |
| Amazing presenter! Great Work! |
| Her language was a bit over my head since I am not in policy or law, but her passion and her topic were very relevant to the conference and to today's health issues. |
| She veered off to make political comments that I thought were misleading and inappropriate for that setting. |
| While the information was interesting, there was no "translational research" component |
| It was very interesting. |
| I loved the passion the speaker had for health care law and its issues. |
| The session was more about the work of one person but informational enough to have a take away. |
| It was clear that Jane Perkins was very passionate about this issue; however, I wish she would have given us more action steps for what we can do in our communities to combat this issue of Medicaid, Civil Rights, and Federal Court Access. How can we combat this issue on the grassroots level? |
| I was disappointed with this session. I didn't receive the information I thought should have been presented. She also made a couple of political statements that I found irrelevant and had nothing to do with the session. |
| Slides would have been helpful. |
| It was very informative. I enjoyed this presenation, and it gave the conference a great touch of humanity and very accord with the theme of translational research. |
| best session i went to all day |
| I wish we'd had more time here, but Alice Ammerman may have just had too much to say in this short time period. |
| na |
| Fantastic presenters who engaged the workshop participants; the content was unique and compelling |
| Breakout session was great. It was too short. |
| Great job! |
| The speaker seemed to be very biased and stepped off topic to discuss how much she disliked Obama's Health policy. |
| It was way too short |
| Excellent session! |
| N/A |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 116 |

17. Afternoon Keynote Speaker The keynote lecture by Dr. Nina Wallerstein was informative.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 0 | Completely Agree | |  |  | | --- | --- | |  |  | | 200 | 55% |
| 1 | Agree | |  |  | | --- | --- | |  |  | | 115 | 32% |
| 2 | Neutral | |  |  | | --- | --- | |  |  | | 46 | 13% |
| 3 | Disagree | |  |  | | --- | --- | |  |  | | 3 | 1% |
| 5 | Completely Disagree | |  |  | | --- | --- | |  |  | | 0 | 0% |
|  | Total |  | 364 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 0 |
| Max Value | 3 |
| Mean | 0.59 |
| Variance | 0.54 |
| Standard Deviation | 0.74 |
| Total Responses | 364 |

18. The length of the lecture was...

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 0 | Too long | |  |  | | --- | --- | |  |  | | 49 | 14% |
| 1 | Just right | |  |  | | --- | --- | |  |  | | 295 | 83% |
| 2 | Too short | |  |  | | --- | --- | |  |  | | 11 | 3% |
|  | Total |  | 355 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 0 |
| Max Value | 2 |
| Mean | 0.89 |
| Variance | 0.16 |
| Standard Deviation | 0.40 |
| Total Responses | 355 |

19. Afternoon Panel Discussion Sessions Please indicate which afternoon session you attended.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Translating Research into Policy: Closing the Achievement Gap | |  |  | | --- | --- | |  |  | | 101 | 27% |
| 2 | Communicating Inequities: The Path to Equity in Health Communication | |  |  | | --- | --- | |  |  | | 119 | 32% |
| 3 | Global Environmental Health Panel | |  |  | | --- | --- | |  |  | | 38 | 10% |
| 4 | I did not attend an afternoon panel discussion. | |  |  | | --- | --- | |  |  | | 116 | 31% |
|  | Total |  | 374 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 4 |
| Mean | 2.45 |
| Variance | 1.41 |
| Standard Deviation | 1.19 |
| Total Responses | 374 |

20. The session was informative.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Completely Agree | |  |  | | --- | --- | |  |  | | 128 | 43% |
| 2 | Agree | |  |  | | --- | --- | |  |  | | 118 | 40% |
| 3 | Neutral | |  |  | | --- | --- | |  |  | | 44 | 15% |
| 4 | Disagree | |  |  | | --- | --- | |  |  | | 5 | 2% |
| 5 | Completely Disagree | |  |  | | --- | --- | |  |  | | 0 | 0% |
|  | Total |  | 295 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 4 |
| Mean | 1.75 |
| Variance | 0.59 |
| Standard Deviation | 0.77 |
| Total Responses | 295 |

21. The session was relevant to the conference theme.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Completely Agree | |  |  | | --- | --- | |  |  | | 130 | 44% |
| 2 | Agree | |  |  | | --- | --- | |  |  | | 117 | 39% |
| 3 | Neutral | |  |  | | --- | --- | |  |  | | 46 | 15% |
| 4 | Disagree | |  |  | | --- | --- | |  |  | | 3 | 1% |
| 5 | Completely Disagree | |  |  | | --- | --- | |  |  | | 1 | 0% |
|  | Total |  | 297 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 5 |
| Mean | 1.75 |
| Variance | 0.60 |
| Standard Deviation | 0.78 |
| Total Responses | 297 |

22. Overall, I enjoyed the session.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Completely Agree | |  |  | | --- | --- | |  |  | | 115 | 39% |
| 2 | Agree | |  |  | | --- | --- | |  |  | | 126 | 43% |
| 3 | Neutral | |  |  | | --- | --- | |  |  | | 47 | 16% |
| 4 | Disagree | |  |  | | --- | --- | |  |  | | 8 | 3% |
| 5 | Completely Disagree | |  |  | | --- | --- | |  |  | | 0 | 0% |
|  | Total |  | 296 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 4 |
| Mean | 1.82 |
| Variance | 0.63 |
| Standard Deviation | 0.79 |
| Total Responses | 296 |

23. Any additional comments regarding the afternoon discussion session:

|  |
| --- |
| Text Response |
| Great!! |
| I chose this session because the speakers and their organizations were great. I wish they had been able to apply their work more to the conference's theme. They spoke about their work and some about evaluating their work, but weren't able to really articulate how research or evaluation had informed their work in the past or going forward in the future. |
| A little long. |
| The speakers did not go into very much detail and it mostly felt like they were listing things I could have found on their website. |
| I spent the time in a discussion with Nina Wallerstein, Bill Jenkins, and Vic Schoenbach about future collaborations. |
| In my opinion the session served as a summary of the programs and I was looking for more of a research-oriented session. Where we could see how the research turned into action. Both presenters gave statistics and described the program and it's interventions. I did not gain any information that I could not have gathered from a website. |
| Interesting to hear what the speakers do at their jobs, but not as much about research & very little to no focus on evaluation of the effectiveness of their work |
| Great presentations but I think they could be a little shorter and maybe more diversified. |
| I wish there were more presentations on these important topics |
| I was expecting a panel discussion, but it wasn't really a panel, it was three speakers in a row. |
| I was really disappointed in this session! I was hoping to learn about the research and methodology that informs programming at the HCZ and EDCI. Instead, we just got an overview of the programs - no new info for me. :-( |
| It felt more like a presentation of the successes of the two programs rather than a discussion of specific challenges and processes that would be helpful from a skills perspective. It felt more like a sales pitch than an educational session. |
| It seems that speakers are different from the list on conference schedule. |
| Excellent lecture - the physician who spoke at the end was my favorite speaker of the entire day. He was very engaging. |
| For some reason this session felt extremely long. Perhaps it was just the timing though- having been the final part of the conference. |
| I really enjoyed Dr. Pignone's talk because it focused on practical applications of theoretic concepts. It would have been good to have each of lectures in afternoon listed with times so we could hit one or two without missing an individual speaker of interest. |
| I especially enjoyed Dr. Pignon's presentation! Would have appreciated more discussion from him, instead of being cut short due to last speaker... |
| Both of the speakers were wonderful and complemented each other well. In the future, I might like to see more folks on the panel, and shorter presentations by each of the presenters and then leave more room for discussion at the end |
| I was so impressed with Dr. Pignone's presentation!!!!! please have him back......I would love to hear him present longer.....It would have been better to have him for the entire 1 1/2 hour!!! |
| It was a bit long but super informative. The format was pretty tiring - so much lecture, so much powerpoint. It would have been nice to see some use of empowerment education methods at this conference. But the speakers were great and the information was very informative. I liked that it went from bigger picture - NY to local - Durham. |
| I enjoyed hearing about water and sanitation improvement from a student's perspective in another country. It truly showed research in action. |
| The moderator seemed unorganized. The person who was first on the list in the program went last for some reason, but he was by far the most professional, engaging, and informative. He had practical information and great examples for the audience. The first two speakers who the program said would go second and last we're not great. They did not offer the audience any practical tools or examples to take with them, and instead spoke vaguely about their work. They were so disengaging, that half of the audience left after them, leaving only a half-filled room for the final presenter who was fantastic. Because the first two took so long, the last presenter was short on time, which was a shame. The other moderators I saw were excellent, but this moderator did not seem well-trained in how to run her session. She didn't even stick to the order of speakers listed in the program, and all the speakers seemed confused with the sudden switches. |
| A4 was v informative |
| Not enough chairs in the room. I did not stay the entire time as I was unable to remain standing after the first speaker. |
| The initial speaker who wrote the book on American Indians seemed to just go on about how "awesome" her book is and did very little on educating us how to create culturally relevant messages. The other two speakers were effective and interesting. |
| You have technical issues with the site, in the section asking which sessions were attended no text appears, if I click forward or try to reload the page I end up on the survery questions about the topic I picked, bit I can't tell what topic i is. |
| Dr Sosby should have gone last, after the master's student |
| Having 3 speakers for the last session was great. I really liked the variety. Each had their own style of presenting, each brought alot to the table. |
| I thought that focusing on education (comprehensive education programs) as a means to reduce disparities was an excellent example of the interdisciplinary nature of public health, and in general I think this was reflected in all of the session topics. |
| The three speakers did not seem to be very related thematically. I really enjoyed Dr. Pignone's talk. Would have liked to hear an actual book excerpt from the first author who spoke. |
| I felt this topic was important enough to require a little more time for each of the three speakers. |
| the topic of environmental health is less interesting to me |
| 2 of the speakers were just ok, they spoke more about what they did and I didn't make the connections with the session title |
| Loved this session! It was great to hear from HCZ and then how their framework is being applied locally. Both speakers were excellent. Not too formal but great presenters of information and knowledgable. |
| Pignone's presentation was especially good. |
| The session was relevant to the conferenec theme however they did not talk about policy at a governmental level and I was expecting that. |
| The last speaker of the day had valuable information to tell everyone, yet the first speaker spoke mostly in cliches |
| I enjoyed learning about this initiative. |
| Again, the speakers explained more about their respective programs, than how the programs were informed by research or fed back into research. The translational aspect was missing. It would have been interesting to hear more about how HCZ is packaging itself to be replicated across the country |
| the speaker from UNC had great research and a wonderful presentation. all speakers were good and the session overall was good. |
| All the speakers were knowledgable and enthusisastic about their work |
| greatly enjoyed the lecture given by Dr. Pignone and the lecture by the P.A. was interesting. I didn't get a ton out of the middle lecture |
| This was one of the most engaging and informative sessions I have ever attended for this conference. It truly captured the theme of the conference. |
| I would like a copy of the research for future reference |
| It was nice to have the Harlem folks juxtoposed agains the Durham folks but there was really not enough time for either. |
| It was great to see the similarities and differences between EDCI and HCZ. |
| Dr. Michael P. Pignone's session was the best out of the three due to his topic. |
| For this conference to focus on Minority Health, I needed the speakers to attach health to their presentations. |
| The first 2 speakers were not informative and I left before the 3rd speaker. |
| I found that the speakers spoke about the same thing, except on smaller scales. I would have liked to hear more about the overall project instead of sitting through the same basic lecture back to back. |
| The room was very crowded. I was a poster presenter so I arrived about five minutes late, however, several of us had to stand or sit around the room, because there were no seats left. |
| Another great session! It was great to hear how the Harlem Children's Zone model is being replicated in East Durham. Lots of innovative ideas presented. I loved the enthusiasm of the speakers! |
| It was exciting to see the HCZ did not allow a group to come into the community and just administer surveys. Harlem has been surveyed to death, articles have been published and no programs implemented to make change. HCZ has taken a stand against using the community to gain information without given back in return - a way to solve a problem. They are doing phenomenal work and I'm glad to see they are able to share the plan and how to with others |
| having a panel of multiple speakers was interesting-they seemed to be pushed for time; lots of people left early/in the middle of this session |
| Both presenters merely gave a service overview that I could have easily obtained from going online and perusing their websites. I didn't learn anything new about either organization. |
| The first two lectures in this discussion were a bit vague and did not convey that much information, but still interesting. |
| It was great to hear about an applied situation. |
| I did not attend as I was presenting my poster. |
| I thoroughly enjoyed this session with the three panelists. |
| Great Presentation |
| Larger room. |
| Need more communication about how the presenter got to the point of his/her research. |
| I appreciated the diversity of presentations. |
| The case examples were well described and I thoroughly enjoyed the speakers. |
| I wished the talk by Ms. Oxendine had been more focused. Native American health is a HUGE issue in North Carolina--and I believe the population and its health issues seem to be largely overlooked. This is an important topic to cover. |
| This session complimented the conference very well. I believe communication is an extremely important aspect of health care that tends to get overlooked. I truly appreciated this session. |
| This was a great session. All three speakers were great, particularly Sobset & Rowe who actually addresses translational research in their presentations |
| I was very impressed with the Harlem Children's Zone presenter and information but it felt rushed. She only had limited time because of the East Durham presentation that followed. More time should have be given to her because she has the proven success that East Durham hopes to attain |
| I wish I could've attended. I had to leave to pick up my son from school. NExt year he'll be in High School so I will be able to stay |
| This session was great! There was alot of informaiton covered but great! |
| Very informative, great speakers! |
| The author was good, but the second presenter from Greensboro told me only things I already know. She was followed by a much better presenter - I wish we'd heard only from two speakers so we could've had more time with him. |
| Excellent job! |
| I did not attend the 3pm Panel. |
| The afternoon session lasted a little too long for my liking. |
| Very much enjoyed the physicians discussion regarding the Congestive Heart Patient Communication. |
| I was not able to attend afternoon panel |
| I actually tried to go to all three sessions. I went to the global environment one first to see the first speaker. She was OK but I thought she could have talked more about interventions and policy level impact. The room was only a third full. I tried to go to the health comm seminar but the entire room was full and it was impossible to get in to the remaining seats. Then I went to the education seminar which was good. I guess you never can predict how many people attend each session but my advice would be to not use the room that is hard to get in and out of. Also, I think it would have been nice if there'd been more time for the poster sessions before this. |
| The presenters did not seem prepared to fit their content within the 15 minute time frame. This seemed like to little time to address such a complex topic. The content was very interesting and there were a lot of questions from the audience that could have led to a much richer discussion, but time constraints made this difficult. |
| Excellent....esp. Dr. Pignone's presentation.......invite again |
| Everyone in this session was fantastic. I thoroughly enjoyed the session. |
| Very informational but felt that it lacked a connection to work happening locally. |
| A little long. At least 3/4 of the audience left before it was over. Could have been about 15 minutes shorter. |
| I did not attend a session, but spent some time looking at posters. |
| I liked having 3 different speakers to broaden the perspective of one topic. |
| Oxendine and Pignone talks were very informative. |
| Great project and great presenters |
| Did not attend sessions |
| I was hoping to hear more about what we can learn from their program and apply to other public health realms. Or what their program can teach us about early interventions. Instead, it felt more like an advertisement/promotional presentation of their program. |
| I felt like the speaker on pesticides could have connected it much more to practice, since that is, after all, the theme of the conference. It was very focused on research results rather than practical application. |
| unable to attend due to tornado warning- |
| This session was too long and seemed like a PR tool for the organizations that presented, and was overall not very informative (I could have probably gotten the same information from going to these organizations' websites). |
| MD presentation could have been "stand alone" and expanded. Most interesting and applicable to health care reform as it relates to minority health and access |
| Dr. Pignone was very informative and I would want to hear him again. Lisa Oxendine was also good. Bradonlyn White did not deliver much concrete information. I would suggest a more cohesive panel or just one speaker. |
| One major point that was relevant to me personally was the importance of communication to people were they are not above them with terms that they don't have a clue. Keep it real and be honest. Trust is a worthy factor when communicating. |
| I DID NOT ATTEND AN AFTERNOON SESSION |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 96 |

24. Exhibitors Session and Poster Preview Please respond to the following statements by choosing the answer that best matches your opinion.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Question | Completely Agree | Agree | Neutral | Disagree | Completely Disagree | Responses | Mean |
| 1 | There was enough time to view the posters. | 94 | 177 | 48 | 68 | 7 | 394 | 1.30 |
| 2 | The exhibitors’ information was useful. | 95 | 211 | 82 | 3 | 0 | 391 | 0.98 |
| 3 | There was enough time to network with other conference attendees. | 91 | 194 | 72 | 34 | 4 | 395 | 1.16 |

|  |  |  |  |
| --- | --- | --- | --- |
| Statistic | There was enough time to view the posters. | The exhibitors’ information was useful. | There was enough time to network with other conference attendees. |
| Min Value | 0 | 0 | 0 |
| Max Value | 5 | 3 | 5 |
| Mean | 1.30 | 0.98 | 1.16 |
| Variance | 1.25 | 0.48 | 0.89 |
| Standard Deviation | 1.12 | 0.70 | 0.95 |
| Total Responses | 394 | 391 | 395 |

25. Any additional comments:

|  |
| --- |
| Text Response |
| There weren't that many posters but there was a lot of time allocated to look at the posters. I felt like I was revisiting several places. |
| Served as a volunteer- didn't get a chance to view/use this time. |
| Key note speakers times went over and reduced the time available for poster session. Also, poster session was not located in a visible area and there were no signs (at least that I noticed) to indicate where they were taken place. |
| The first lecture was very academic looking at the big picture which is great but it went over MANY peoples heads. |
| Most of the rooms were overcrowded with people sittng on the floors. A larger conferences space would be more comfortable. The lunch lines were also a bit chaotic. A boxed lunch might allow for more time to network. |
| You should give a reception after the conference so that people can network |
| In addition to the great information from speakers, poster presentations and exhibitors, the conference is also an excellent opportunity to network. |
| Even if I didn't visit with each exhibitor's booth-- just having them there seemed to "legitimize" the conference. Having professional organizations want to be there really seemed to validate the professionalism of the conference. |
| didn't find posters until end of the day |
| It would have been useful to have more time to see the posters. I only had time to actually have a conversation with 1 or 2 people per session, when I would have liked to speak with more. I didn't feel like there was enough time to network with the poster presenters. |
| It was a very good meeting overall, but it would be nice to have some "more hands on” workshops or more information about specific processes & strategies. |
| The posters seemed too far removed from the rest of the conference. |
| Even though there were dedicated times to the poster presentations and the rooms were written into the schedule, it still would have been nice in the introductions to welcome people to view them and state their locations (because they were a little off the beaten path) and that they were presented in two separate rooms. |
| I would have liked more time to view posters; they were also a bit hard to find this year, so it wasn't as feasible to stroll through between sessions. |
| The food was good and sufficient. I had some vegetarian food, it was good. |
| The posters were so hidden from the rest of the conference. I had to really look for them, so I'm wondering if most other people didn't see them at all. |
| I think it would be better for attendee's to have assigned tables during lunch so that people can network more. |
| I miss having the posters displayed in the common conference area. |
| I think that longer periods of time to view posters and exhibits is necessary. I know it is difficult given the fact the conference is only one day, but those are great resources that not everybody had a chance to visit! |
| I never found the poster sessions. |
| I liked the multiple times to view posters with presenters there. |
| Those manning the registration table could have been more friendly. |
| I was unable to look at the poster session because I did not feel I had time. |
| Refreshments were nice, but should be allowed in the session rooms. |
| The posters should have been in a more open area. They were cramped and out of the way. I heard many people ask where they were and I heard poster presneters say they did not have the expected traffic. |
| Most of the exhibitors were local and had volunteer opportunities for students in the area. It would be really beneficial if there were some more organizations like the National Health Service that were not solely in the Chapel Hill area, especially for those people who traveled out of state to attend the conference. |
| At conferences I've attended recently, the host provided a list of attendees, their interests/professions, and contact information. I think this information would be very helpful as I am looking to meet other students who are also interested in applied gerontological research and/or aging. |
| I didn't see the posters initially. They were too removed from the main hall of the conference. |
| I had less time as a volunteer so I can't speak as accurately to this as a normal conference participant |
| I was so busy networking and visiting with friends during break that I didn't get to go to the poster session or look at all of the exhibitor tables. A suggestion for next year is to draw more attention to the poster sessions because they deserve traffic. |
| I forgot about the posters. |
| Everyone appeared to only connect with people they already knew. |
| No real networking time. Posters were secluded and I did not know that they were in another room. |
| In past years the posters were out the whole time, and I was able to look at them during lunch, but I did not see them this year. The exhibitors tables were a lot better this year than in past years, but I am sad I didn't see many women's health organizations such as IPAS or FHI or Planned Parenthood. I think their presence is important |
| The split rooms for the poster sessions made it difficult to talk to other attendees and researchers when presenting a poster. |
| Did not attend. |
| Really enjoyed seeing all the different tables. |
| Because there were such short breaks between the key note speakers and the break out sessions, I felt as if I was not able to spend thorough time networking and visit the poster sessions. |
| I did not have enough time to view the posters, however should I have attended the afternoon sessions I may have had time. |
| I didn't get a chance to see any posters because I was concerned about not having a place to sit for the keynote speakers and sessions. It's great that you all have so many people it's a testament to the success of past conferences. I think you all are outgrowing your space. |
| I enjoyed the conference so much and wanted to see and discuss the topis in the poster sessions, but there was no time to see all of the posters. Yeah there needs to be more time to see the posters |
| Perhaps you could have a networking corner or section of the conference, so promote more networking opportunities |
| The posters were awesome, informative and very well put together. |
| It's only a day and it's hard to fit everything in. Undoubtedly, it was well organized, but I had to prioritize and manage my time to get the most out it. But that is a good thing! |
| Postere were relegated to obscure location--made it difficult to interact with many participants |
| N/A |
| This is really where I felt the conference could have used some improvement. It was such a good event that attracted so many great people, that I wanted more time to be able to talk with them. I ended up missing the first 15 minutes of each session because I was networking instead. I think the keynote talks might have been shortened a bit to accommodate having a better poster session. Also, I thought the poster sessions were kind of hard to find. |
| where where the posters- please move them back to the main area or have an explicit signage as to where they are |
| I didn't realize the poster sessions were there until much later in the day - this was my own fault for not paying attention to the schedule/program, but with the layout, they were not easily accessible. I might reverse the order of where the information tables were and the poster sessions and have the information tables in the other room; afterall, this does seem to be a showcase for research in this area of study and I am not sure that the posters received enough recognition. The tables were informative, but I would have liked to have seen more of the research being showcased. |
| I did not have much time to talk to exhibitors as I spent most of the time outside of workshops, networking and catching up with old friends. |
| It wasn't clear to me if exhibitors were to be disseminating their information to conference attendees as possible consumers/utilizers of the information or if it was to make conference attendees aware that those services existed so that they could involved as employees or volunteers. |
| The posters were not very visible. It took me a while to figure out where they were located. |
| excellent conference, well organized, wonderful meals, communication and networking awesome. |
| Didn't easily see where poster exhibits were located. Not enough information on poster availability. |
| I only had time for two posters and didn't get to any of the tables. Would have like much more time for posters and networking. |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 55 |

26. Feedback in your own words What did you enjoy the most about the Minority Health Conference?

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| --- |
| Text Response |
| the lecture I attended |
| Keynote speaker |
| Networking with other students and talking about minority health issues. The LGBT talk was FANTASTIC -I actually left one and then went to that one instead. |
| I appreciated how well planned the conference was. Everything flowed smoothly and I really enjoyed the networking opportunities and content of the sessions I saw. |
| The Art Therapy presentation |
| The breakout sessions |
| Dr. Diez-Roux's talk was really fascinating. And I love see old friends. |
| the Lunch |
| The dedication of the students and their professionalism |
| Dr. Nina Wallerstein |
| I really liked the session about Art and expression. |
| Ana Diez-Roux's keynote lecture |
| The keynote speakers |
| The variety of topics to learn about. |
| The morning session about LGB Health. |
| Plenary sessions and being able to interact with Nina Wallerstein during lunch. |
| The keynote speakers were GREAT! |
| The nutrition in schools presentation |
| The keynote speakers were AMAZING!!!!!!! |
| Learning about a diverse group of professionals research and their efforts to translate that into practice. |
| The first keynote speaker and the morning session on LGB mental health and institutional policies |
| Ana Diez-Roux's talk |
| Nina Wallerstein! and also good job on the healthy food. |
| Keynote speakers |
| first key not lecture |
| Session topics were excellent! |
| The speakers/presentations were FANTASTIC! Nina Wallerstein was especially great. I also loved the theme of translational research. The conference was well-organized and well-run (I appreciated how everything started and ended on time.) Great job! |
| The first keynote. |
| I was beyond impressed with the morning session I attended on LGBT mental health disparities. The speaker was informative and able to answer questions effectively. |
| I enjoyed the speakers. I found the conference to be a bit more lively this year. Also, the networking is always enjoyable. |
| Nina Wallerstein! |
| The morning and afternoon lectures |
| It was extremely well-planned and seemed as though a lot of effort and thought was put into exhibitors, presenters, and poster projects. |
| Keynote lectures and organization of the conference. The students did an excellent job. |
| Ran smoothly. Great sessions. |
| Keynote lecture and section |
| The selection |
| Dr Diaz's lecture |
| Excellent experience-I was incredibly impressed with the entire event, but meeting and talking with the other attendees with the best part. Also, the staff at the Friday Center was great! |
| I enjoyed everything - keynote speakers, sessions, posters, exhibits and meeting and talking with other attendees. Lunch was great and is a good time to interact with other attendees. |
| topics and poster sessions |
| The venue was very well suited for hosting the conference. It was easy to mingle and to view the vendors. The posters were a little out of the way though. |
| The speakers because they were all so enjoyable to listen to and hear experiences from. The food, water, and snacks were also very good! |
| hearing from the creative research projects people are involved in, networking with colleagues, the food (especially the special early lunch before the main lunch) |
| Meeting interesting people |
| The Medicaid talk. The food was also great! |
| Keynotes were fabulous the student organizing was impecable! |
| To learn about different projects among different disciplines and in different areas of the country |
| The food was great! Good location, variety of topics offered |
| I thought this year's MHC keynote speakers and sessions better reflected the diversity in what we mean when we talk about "minority health", as compared to last years. |
| the entire conference....speakers over all were very informative |
| Mark Hatzenbueler's talk |
| I enjoyed the afternoon lecture by the Professor from New Mexico. It was a wonderful presentation with great examples of how research must be specific to each culture. |
| Nina Wallerstein's lecture! I loved how honest she was about her challenges and self-realizations while doing CBPR. I was enthralled. |
| Excellent speakers. |
| The afternoon keynote speaker AND the incredible food. |
| This was a relaxed and friendly environment, and the food was good. |
| The excellent speakers and discussions that occur during breaks and lunch |
| The networking |
| range of topics and presentations to choose from |
| I really enjoyed the Food discussion in the morning, as well as the networking opportunities |
| It was very well organized, there were lots of options, the food was good |
| the lecture |
| Great opportunity to learn from others, network, and hear from Dr. Wallerstein. |
| Exhibitors |
| Nina Wallerstein's Keynote |
| The speakers brought so much good information. |
| Outstanding conference- all areas were good. |
| As a student I most enjoyed the opportunity to listen to (and learn from) people who are working in the field of public health and who have experience navigating some of the challenges that may come up with interacting directly with communities. |
| I most enjoyed Dr. Diez Roux's talk. She was fabulous! Also, the food was excellent :) Everything was very well-organized. I'm very impressed and look forward to next year's conference. |
| The variety of presentations and agences represented; yet they all were linked by the theme of the conference quite well. |
| Meeting other attendees. |
| The keynote speeches were excellent; the afternoon panel on closing the achievement gap was among the most informative sessions of any conference I've attended. |
| The presentations were very imformative |
| I enjoyed being able to pick 2 of the lectures I attended, and how large the range in topics was. |
| networking and Dr. Wallerstein's talk |
| I most enjoyed the presentation by Dr. Nina Wallerstein |
| theme and variety of speakers' topics and disciplines - law, education, etc |
| Great lunch |
| Everything was so well organized |
| Ana Diez-Roux's lecture. It was just incredible!! |
| Dr. Wallerstein's talk |
| afternoon keynote session |
| Expertly run, wonderful presenters, great theme, AMAZING lunch. |
| I enjoyed the key note speaker. The content (systems dynamics) was surprising and completely relevant. |
| The speaker on illiterate patients and how to portray health information in a way they can understand. |
| I loved the morning session on LGB mental health. What an awesome presenter! The food was also tasty. |
| The Keynote Lecture and the A3 morning session workshop |
| being stimulated by great ideas and actions that are happening to reduce health disparities. Learning about people who are trying to break the "University's" habit of exploitation of minority groups and seeing models that can be used to understand how health disparities work |
| Keynote speaker |
| the speakers |
| Wonderful speakers! |
| The net working, the environment, speakers |
| diez-roux lecture |
| The session about incorporating text messaging into healthy eating was very interesting. The lunch was also amazing. |
| I enjoyed the material presented by Dr. Diaz-Roux and Dr. Wallerstein. |
| The ability to view the posters and network with colleagues |
| The level of organization this year was wonderful. I enjoyed the range of topics. The keynotes complimented each other really well and the breakout sessions were very well-organized. And of course the food was great. |
| Dr. Ammerman's lecture and getting to network with all of my favorite colleagues. |
| The keynote speakers |
| I enjoyed meeting with other public health and health professionals at the conference. |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 335 |

27. What did you enjoy the least about the Minority Health Conference?

|  |
| --- |
| Text Response |
| nothing |
| Registration cost |
| The keynote speakers always tend to be a bit boring and too long - maybe have them talk about one small aspect of their work for 30 minutes only? |
| Waiting in a large group for lunch |
| the lectures |
| The food is really delicious, but it ALWAYS makes me sleepy after lunch! Lighter options would be great - a non-butter-soaked veggie, non-cream-sauce-covered fish, etc. |
| Short break |
| Crowded |
| Dr. Diez Roux's presentation was a little too academic. I worried that the community-based orgs wouldn't find it as informative. |
| The Keynote speakers talked for too long. What they said was interesting but it's hard staying awake unless you're really familiar with and passionate about what they're talking about |
| Not sure! |
| Nothing. |
| The initial introductions / welcome seem to be a little repetitive. Three UNC representatives doing an introduction seems a little overkill. One would have been ideal - two at the very most. |
| The length of the first keynote address. |
| The space was not conducive to easy movement, which may indicate that the conference is growing and may require a larger space in order to comfortable accommodate attendees. |
| Not sufficient time for poster session. |
| the third session |
| The space at the Friday Center was a bit small for the number of attendees. |
| Nothing |
| Lack of time to see posters. |
| it would have been nice to have access to presentee's slides |
| Not sure I liked having two key note speakers, it would have been nice to have both earlier because one was very academic and one was more community oriented. |
| Of the four sessions, I found the afternoon session less interesting. |
| I think that the introductions/first keynote speaker, while very relevant, were a bit long. |
| I would've enjoyed more information on community resources. This year there seem to be more of a focus on Student information vs. general since it is both for the students and professionals. |
| Harlem Children's Zone/East Durham Children's Initiative session |
| Not enough time to network with colleagues |
| Nothing, it was all wonderful. Thank you to everyone who was involved with planning it and making it the best conference yet. |
| Poster one of the talk was cancled |
| I. Enjoyed everything |
| no fruit at lunch |
| The first Keynote lecture was a little dull, especially in a crowded lecture hall that early in the morning. |
| There was not a least favorite experience. |
| it was a one day event with concurrent sessions |
| The speakers that used a lot of statistics. I am interested in real life experiences like living in the same area as your subjects being tested for an extended amount of time. |
| Long lunch line |
| Amount of sitting room when eating breakfast. |
| The introductions before first lecture made the first section way too long. too long sitting. |
| I was hoping there would be more discussion on interventions/outcomes as a result of research (title was "translational research"....many talks still focused on methodology. As a clinician in training, I would really like to learn more about how we are making a different in our communities, not just the research approaches. |
| The canceled speaker, |
| I didn't like that the posters were in separate rooms. Having them in a larger hall would be nicer and facilitate people being able to find posters and talk with presenters |
| nothing |
| The keynote speaker - Ana. Her talk seemed to be about research for research sake. It was not translational. I think the theme of the conference was not carried about through most of the speakers. Other than Mark Hatzenbueler, I don't know who really discussed translational research. I didn't like the format. Lectures, powerpoints, dark rooms get very tiring. And it really emphasizes the banking model of just dumping information into people. It could have been much more engaging. |
| Not enough time for the poster sessions, and the communications session in the afternoon. |
| Not enough seating in afternoon concurrent session. |
| The lack of organization in the breakout sessions. |
| I would have liked to have seen more ideas for future steps. Both of the keynote speakers left me with a vague sense of what to DO about some of the challenges researchers and others face when trying to eliminate health disparities. I do not feel that either of these keynote speakers spoke entirely to the theme of this conference. |
| We need a little bit more time to speak with one another to debrief after sessions. |
| I would like to have had more focus on repro-health and medical aspects and empowering women/women's issues within minority groups |
| not being able to have coffee in the morning keynote |
| The length/ depth of the keynote speakers.. |
| I still didnt feel like I had a better grasp of how to translate research into practice/I wish the speakers had spoken more to the theme |
| aging and religion session was canceled |
| Posters were too far removed. |
| N/a |
| 1st session seemed too short! |
| I was very disappointed that Dr. Linda George had an emergency and was unable to speak on the health effects on religious involvement. |
| Nothing |
| I thought the day went really smoothly, I think that more time could be allotted for lunch - especially for people who may be at the end of the lunch lines who end up having limited time to eat and network with fellow conference attendees. |
| I would have liked a little more time for networking. |
| n/a |
| The food at lunch and snack options throughout the day. |
| The long key note lectures |
| You can't bring any coffee to the keynote lectures because it's in the auditorium. |
| day seemed too long maybe more time for networking would be helpful |
| Wish there was more time to look at the posters (but that may be a matter of how I budgeted my time). |
| the length of the key note lectures |
| 1. I had sent a request about hearing and if you had a FM system, I did not get a response. Interesting for this to be about health disparitities and my hearing loss did not seem to be of importance. 2. I was in the Sunflower room during the morning key note speakers presentation. It was very frustrating to attempt to listen to a speaker and not be able to see her power point slides when she would turn to reference them. As a person with hearing loss I need all of the cues I can get. When in a room with a projection of the speaker and poor timing of her power point, I quit attempting to listen. If I only get brief views of the power point and can't see her lips during the whole presentation I am unable to follow the presentation. |
| Nothing! |
| location of poster session |
| It's hard to think of things I didn't like about it. I guess not being able to hear all the presentations! |
| Maybe if there were 30 minutes between the main speakers and the small break out sessions, that would have only extended the length of the seminar by 30 minutes total and would have given more time for networking/poster sessions. |
| I expected the speakers to talk more about what type of research they were doing and what they were learning to be applied to minorities, so I was disappointed when this was not the case. |
| It seemed like there were fewer choices of breakout sessions this year. I would rather have more breakouts and fewer keynotes. Dr. Diez-Roux's speech was interesting, but was too complex and jargony for a lay audience. I could see people nodding off around me. |
| Each session was informative |
| The low level of conversation about applying research and knowledge to the development of programs that can reduce disparities right now. |
| nothing |
| Lack of clear signage indicating the MAIN auditorium vs overflow rooms. I was very disappointed to be in the overflow room when there were open seats in the main auditorium. The lecture was not filmed well and her slides were often not shown which made the overflow room particularly bad. |
| The first presentation was very tedious to sit through. |
| Nothing. I would attend like to attend the conference in coming years. |
| The opening speaker information and data was not tailored to NC. |
| n/a |
| The keynote lecture was very boring and it looked like many people were falling asleep (probably because it was too much information on the research methods and data analysis). Also, the food is SO unhealthy! I always feel gross after attending the conference and eating candy/donuts/cheese all day. |
| The morning session that I wanted to attend was cancelled. |
| The keynote lecturers message was relevant but it was dry. |
| The location of the posters. I did not like seeing them in a back room, later when the sessions were beginning there was no bell if you were looking at the posters and I missed the first 10 minutes |
| It was disappointing that there wasn't enough room in the auditorium for the keynote speech. |
| The absence of basic science. |
| I wish that the conference was a two-day event. |
| N/A |
| N/A |
| registration process |
| The posters were in the back and less visible. |
| Dr. Ana Diez-Roux |
| Can't think of anything |
| I wish there had been more faculty in attendance for networking and discussion. |
| Questions from the audience were occasionally off-topic. |
| I was a poster presenter and did not like having my lunch scheduled during a morning session. I would have liked to be able to eat and attend a morning session. |
| The lunch set up was a little strange. |
| The welcome and introduction always goes much longer than it needs to be. Also was told multiple times that there was no seating available for the key note but went in anyway and was easily able to find a seat. |
| the overflow room for the opening lecture |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 281 |

28. Do you have any suggestions for next year&#39;s Minority Health Conference? (Please provide specific comments about the presenters, sessions, content, panel discussants, etc.)

|  |
| --- |
| Text Response |
| More focus on international work/ leaders in international work would be good speakers |
| More global health content |
| more time for the poster presentations |
| Really try to have panelists/ speakers focus on introducing a new method or way of thinking about a problem, or an innovative intervention. It's easy to spend a lot of time talking about all the roadblocks and frustrations. We all sympathize, of course, but it can be frustrating to listen to a talk all about a PROBLEM (esp. one we all know is there) without any discussion of how to move forward - or at least "here's what we've tried that didn't work, so we should try something else." |
| I felt the morning session was a little too long because the introductions were combined with the key note lecture. Perhaps limiting the introductions or reducing the length of the key note would help. |
| No |
| The poster sessions were too far removed physically from the conference. It would have been nice if they could have been more integrated into the "flow." |
| Stagger the events so people can attend mulitple and won't get bored at one. For example, have 3 sessions start at 10am, have 3 different ones start at 10:30. If each is an hour long and people want a change of pace, they can go to a different event. If I left the session in the middle, I would have to aimlessly walk around for a while because it wouldn't be worth interrupting another session when most sessions had all the seats filled until the ned. |
| I wish the posters had been out in the open more - I think I would have spent more time with them if they weren't tucked way in the back. |
| Is there a loud speaker system that they could use instead of bells to tell people when sessions are changing? Or switching lights like in a thearter? |
| I thought the morning key note address was very dry unapproachable. It felt like the practitioners in the audience were trying to make the work relevant to their work, but the speaker's work just couldn't translate. |
| Keep the afternoon Schoenback plenary. |
| Potential keynotes: Paul Farmer, Ronald Labonte, |
| All was well-organized! The time between sessions, the bell to indicate transitions, etc. I really enjoyed the conference and have not raised my standards for other conferences. Thank you to all who were involved in the planning and execution. |
| schedule breaks? |
| Is there a speaker system to signal session change to avoid having to ring bells. I felt bad for the people who had to walk around doing that. |
| :Larger conference space. Have more than one speaker per session. Have all of the posters near the exhibits and have larger blocks of time for the posters. |
| 1. make sure there is milk at lunch 2. more global health topics |
| key notes - Tom LaVeist, Brian Smedley, Arjumand Siddiqi |
| The only suggestion I have is to ask people in sessions, in addition to turning off their cell phones, to avoid using their laptops for things completely unrelated to the conference - in two of the sessions I was in, people were using laptops/iPads to browse the web/look at pictures... I don't mind people taking notes but having to look at someone shopping online was super distracting/annoying. No other suggestions - everything was great!! |
| It would have been nice if the panel discussion had actually been a panel. Give each panel member five minutes, and then have discussion topics or previously submitted questions that can create a conversation in which audience members can engage. It would mix up the day, since the other three sessions consisted of people talking at you (not that I didn't enjoy them). Also, some sort of closing remarks would have been nice to wrap things up. The food was soooo great! And maybe just a tad more time for networking? But I know the day is only so long... |
| It seemed almost laughably ironic to be serving soda, doughnuts and candy at a public health conference. |
| partnerships between minority serving institutions and majority institutions addressing health disparities. Programs exist at Meharry, Jackson State, Harvard, |
| Some people registered in advance but can't find his name |
| N/A |
| I think it makes it more interesting to have someone representing the community where research or a program takes place to accompany the researcher in the presentation. |
| less concurrent sessions |
| It was absolutely fantastic! The organizers did an outstanding job and I don't think it could have run more smoothly-- even with a tornado watch! |
| There was not enough tables for people to sit down and eat the breakfast at when first entering the complex. |
| the video for the overflow during the morning session made it difficult to follow the presentation because they didn't show the slides that the presenter was referring to |
| Hear more from community partners (who participate with universities on community-engaged research projects). More on CBPR. :) |
| It would be more inclusive to bring nursing research to the conference as another important voice in health discussion. And get nursing CEU's. |
| Breakfast should have been in the Trillium room. |
| Successful translational projects in communities - continuing the conversation |
| keep the same location |
| I mentioned earlier that more individuals on a panel would be interesting. Also, maybe put a few blank pages at the end of the booklet since not everybody brings a notebook and might want to take notes/get people's contact info (not mandatory, but might be nice). I'd also like to see more panels and more work with youth |
| Dr. Pignone |
| Use a different picture on the cover of the brochure - the picture was an international picture and didn't really correlate with the theme or the primary topics discussed at the conference. Other than the water talk - this picture had no relevance. I think that its ironic that both keynote speakers were not of color. Yes, Ana is Argentinian but, basically she is white. And I am speaking as a white person. For a Minority health conference, how come we were not hearing from minorities doing work for their populations or in their communities? I think a better use of a keynote would be to have the children's zone speakers present. Research to practice and what is going on in practice. I felt like the conference was really just smattering of research for research sake. What were the attendees supposed to come away with? I was hoping to come away with suggestions for how to take action, address structural level racism and stigma, and other than Mark's talk, I did not walk away with that. What about some researchers who look at institutional racism and its effects on health outcomes, specifically in the African American community? What about the work the racial equity institute is doing to take that work and put it into practice? What about motivating us to push for policy change at community, organizational, state and federal levels to address the crippling issue of institutional racism in this country and its impacts on health. I believe public health is mainly about social justice. But I didn't hear that at the conference, other than Mark's talk. There was such a strange power dynamic in the conference that seems to perpetuate the academic hierarchy that Nina discussed. White researchers talking to a mixed group of researchers telling them about their own research, treating minority communities almost like objects. What do minorities want? What do they not want? What are they doing in their own communities? What do they need from researchers? How can they get involved? How are they involved already? I was struck by the racial composition of the speakers, the attendees and then those that were serving us our meals and cleaning our bathrooms. Wouldn't it be powerful to really address that? |
| The conference was wonderful. I would continue to include speakers that not only speak of their research but include aspects of how it is applied. |
| More chairs in rooms for concurrent sessions. |
| Encourage breakout session presenters to have a structured presentation to offer with key take home messages for their audience. |
| Perhaps have more panels to choose from? |
| Just a little bit more unstructured time between sessions (like 10 min) |
| See above |
| Have the keynote speakers be more interactive and fun. |
| Shorter morning speaker |
| I would suggest putting the posters in one of the larger meeting spaces across from the auditorium (Redbud). |
| Posters in different location |
| The conference was well organized, the speakers were great, and the presenters had interesting offerings as well. It was nice to have lunch provided so we did not have to rush out and return. It was a great time to meet others and network. I really appreciated having the beverages available in the lobby area--even after lunch. It was really well done and well run! |
| I also think that a round-table forum would work well instead of all presentations - 3-4 speakers could take part in a panel on one theme. This would be more interactive and encourage cohesion among speakers. |
| n/a |
| I would like to see a session by the Racial Equity Institute about dismantling racism. |
| Perhaps shorten the key note lectures and allow more time for the optional lectures. |
| I enjoyed the later start time - made it possible to commute that morning for 2+ hour drive |
| May need to explore bigger space; wish there was more room in some of the conference rooms. |
| more speakers of color |
| Make the afternoon lecture slightly shorter (45 min?) - after lunch is a tough time to keep people focused for a full hour. |
| put the poster session in a single, more central location |
| No specific suggestions -- it would be hard to top! |
| No long discussion plus dim lights after big lunch |
| Impress upon the presenters the importance of using jargon-free language when possible; what I love about this conference is that it brings together practitioners and researchers. Having overly complex subject matter and language furthers the divide between research and practice. |
| More community-based presenters. The first keynote was extremely research focused and filled with specialized terminoology, graphs, etc. It would be nice to hear from more people not affiliated with a university! |
| In the web video, show the slides more, not so much of the speaker. |
| Keep continuing the same tradition. Make sure to encourage many posters session. |
| Clear signage to main auditorium, better directions from the sign-in area, the folks checking people in did not seem to know very much about the conference. |
| Continue with the great range of topics and quality of keynotes |
| The keynote lecture should be invigorating and really speak to the passion and new findings that brought us all to the conference. Try to stay away from keynote speakers who focus on their research methods! Also, please please please have healthier food in the future! |
| I know room is an issue, but putting the posters with the tables worked better in my opinion. |
| It seemed like there was a lot of time between the morning panel and afternoon keynote- it might be necessary because the size/networking time, but I would have preferred less time or the afternoon keynote during lunch. |
| I attend this conference for the first time. Does this conference mainly focus on the health behavior and health education area? I'd like to see more about other areas of interest like epidemiology. |
| Public health is an interdisciplinary field and MHC should reflect this as well. I would enjoy if there were a basic science aspect of this conference. |
| More marketing of posters. |
| excellent content - keep it up!! |
| Bring the posters back to the main space where the exhibitors are so they are easier to get to. |
| Not at this time |
| None |
| Position posters in a more accessible area, if possible |
| Maybe have more interactive events in sessions for particiapants. |
| Poster location should be marked or made clear at registration. |
| Speaker during lunch.. |
| I would have preferred that the sessions be less time, so that we could go to more of them. For example it was very hard to select only one out five sessions. I would have liked the option to go to 2 sessions in the morning. I did like the fact that the afternoon session combined 3 speakers into one session with an overarching theme for the speakers. I liked that a lot! There is so many good topics and sessions, I wish I could have gone to more of them! |
| Possibly move the posters to another space. Maybe closer to the front door. |
| To be more inclusive, update the MSC webpage, and simplify access to the conference information. |
| It would meaningful to have an actual "minority" person to be keynote speaker. |
| no |
| For the 2 large sessions ( 1 in am and 1 in afternoon) not be as detailed with the research facts but focus more on the outcomes and how this may be used to focus on future work. |
| More intermittent time for people to view the poster session and network. |
| provide more time to attend multiple sessions in the morning or afternoon rather than having participants choose one presentation to see, I would have liked to see three of the four morning sessions and was disappointed to only be able to see one. |
| I think the key note speakers should demonstrate the applicability of their talk to all different fields. Staying within their own work or not mentioning how their technique can be expanded upon, limits the great potential of their research in my opinion. I also think more structured question and answer would be helpful. |
| none at this time |
| Spread it out to at least two days. Poster could be in a "high traffic" area instead of the back of the center. |
| The workshops should repeat themselves. Many workshops gauged my interest but I was limited to attending only one. |
| i like the Community Based Particapatory Research (CBPR) focus and I think we should learn more about it and how to incorporate it's principles into our work. |
| Overerall, I really enjoyed the health conferance therefore, I would change much. |
| Three breakout sessions and one keynote would be great! |
| More opportunity to hear more than just one morning and afternoon session - I would have loved to hear some of the other sessions, and I was not able to. |
| -- |
| My suggestion would be to have folks pre-register for break-out sessions. The room for my session was not large enough to accommodate the number of people. |
| Have a back up presenter just in case someone gets sick and is unable to make it. |
| need to focus health equity as a civil rights issue |
| More outreach to other schools |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 184 |

29. Overall, I enjoyed the conference.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| # | Answer | |  |  | | --- | --- | |  |  | | Response | % |
| 1 | Completely Agree | |  |  | | --- | --- | |  |  | | 229 | 61% |
| 2 | Agree | |  |  | | --- | --- | |  |  | | 143 | 38% |
| 3 | Neutral | |  |  | | --- | --- | |  |  | | 4 | 1% |
| 4 | Disagree | |  |  | | --- | --- | |  |  | | 2 | 1% |
| 5 | Completely Disagree | |  |  | | --- | --- | |  |  | | 0 | 0% |
|  | Total |  | 378 | 100% |

|  |  |
| --- | --- |
| Statistic | Value |
| Min Value | 1 |
| Max Value | 4 |
| Mean | 1.42 |
| Variance | 0.30 |
| Standard Deviation | 0.54 |
| Total Responses | 378 |

30. Do you have any suggestions for future topics, themes, speakers, or possible funding sources?

|  |
| --- |
| Text Response |
| no |
| Speakers on minority health in the rural setting |
| There should be something on HIV/AIDS |
| Acknowledging university researchers expertise within the CBPR framework |
| Cultural Competence, The intersection of health and education |
| Policy focus; Broader conception of "minority" |
| Asian health issues |
| Community-Academic Partnerships done right, maybe have some training-oriented workshops for skill building |
| N/A |
| Environmental health issues that impact minorities disproportionately / Try again health effects of religious involvement |
| More speakers will real life examples |
| how communities of color collaborate with one another (Eg. hispanic and black communities coming together to improve all members' health outcomes) |
| I think a theme/topic would be the interdisciplinary nature of health--thinking about people who do health-related work, but who aren't normally classified as "public health". |
| Consider not having topics/speakers that are predominately from a hbhe approach. what about other issues like MCH, etc? It was a lot of an overview if you are a hbhe. |
| Refugee and Immigrant health disparities, beyond just mental health. |
| A topic or theme surrounding intersectionality |
| See above-Empowering and improving the health of minority communities via empowering women |
| Social support as a means of improving health would be an interesting topic for a session |
| More on communication and health literacy |
| Environmental justice, community capacity, activism |
| first-generation college students who are applying to or in grad school? |
| No |
| Gerontology, HIV/AIDS, Health literacy |
| Someone from the Appalachian Sustainable Agriculture Project |
| I think you can just expand on the current topic and include more specific topics; looking at health reform and how it may roll out to benefit (or not) all residents of the US |
| Not at this time |
| Minority Health and Health Disparities Topics |
| Could it be free for students?? |
| Migrant Health topics |
| more on LGB populations, women's issues |
| Continue to broaden range of topics covered. |
| There is conference funding available through both the CDC and NIH. You should explore these options. |
| Adolescent pregnancy in rural areas |
| no |
| Since the next conference will be in the wake of the beginning of new political terms at the federal, state and local levels, a policy/political theme would be relevant. This might also bring in some different perspectives for the conference. |
| The Life Course Perspective and the effects of racism on the infant mortality rate . |
| Healthcare and our prison system |
| Requiring that caregivers look like the population they serve (to a certain degree) when funded by public monies |
| Have atleast one motivational speaker as it is very appealing to a young student audience. |
| Reproductive health and justice (nationally and globally) |
| Dr. Ronny Bell Wake Forest (Native American research and health disparities) |
| focusing on the current issues with affordable healthcare and healthcare politics addressing what we can do as healthcare providers to help those who need healthcare |
| Please continue to give attention to translational research, application of knowledge, bi-directionally between evidence based practice and practice based evidence. I can't make a commitment now, but American Cancer Society may be interested in being a sponsor in the future. |
| Examine the issue of trust and safety in healthcare/clinical services. |
| Maybe something that looks at how social policy influences health? Or maybe something that has a more global focus, something that combines the local and the global- maybe "Health in the Global South" so that we can talk about international health, but also health in the southern united states. |
| Potential Theme: "From Whence We've Come"; taking a specific look at progress in minority health research over the years; founding ideals; the people and ideas that have gotten us this far and how they've contributed to current and prospective research; could honor a specific visionary or visionaries in the field; It is in Feb, so a focus on history seems fitting. |
| Suggested themes that do not seem to have been covered previously: "The impact and influence of women on family and community health" and "The role of media and communications in minority public and private health" and "The impact of mental, emotional and spiritual life on public health." |
| Not right now |
| Possibly focus on women's health |
| Mental Health, Pregnancy Prevention |
| Health disparities in cancer care, governmental/societal constructs that shape racial disparities |
| Health Ministry Association, Evidence based practice, Religion and Health... |
| More on aging populations. |
| I would have loved to learn more about the distribution of STDs and other infectious diseases among minorities. |
| All topic in minority health are good to me |
| Just more on LGBT populations |
| Knowledge around Medicare, Mental Health, Homelessness, and working with curtural differences. |
| Not at this time but will make a suggestion soon. |
| Let's see, I would like to see something targeted towards movement and health (i.e physical activity, etc) |
| I would like to see more about Native American Health. |
| Unfortunately, no. |
| Continue including CBPR as a focus |
| Cancer, clinical trials |
| no |
| no |
| Not really. |
| Focus on certain age populations |
| Dr. Elizabeth Castillo MD and PhD medical anthropologist from Asheville/MAHEC on how medical system itself unconsciously creates health inequitiy |
| above |
| N/A |
| none |
| Relationship between diet and health/chronic diseases, importance of a healthy diet, and how low-income families can find and prepare healthy food |
| Please continue to provide more research and work in the area of LGB AND T issues. |
| Dr. Michael Pignone |
| Role of obesity and health in the minority population, obesity in childhood, and obesity prevention in minority population |
| Lifestyles and customs of hispanic, other nationalities |
| Include information on Dental Health Disparities |
| none |
| HIV/AIDS- Stigma- |
| keep at least one session on LGB health |
| CDC has (or used to have) conference grants, but it might be necessary to start a year in advance |
| Substance abuse in younger children. How can we win this battle in the homes, community and schools. |
| Environmental Justice, African American land displacement |

|  |  |
| --- | --- |
| Statistic | Value |
| Total Responses | 83 |

31. Any additional comments:

|  |
| --- |
| Text Response |
| This was an incredibly well run conference - everyone was talking about a great experience it is to have this conference to look foward to each year and this year the two co-organizers really did out do themselves - it was seamless.... |
| thanks for the oppurtunity |
| The food is seriously unhealthy. Really. Proper lunch food NOT coated in butter or cream sauce would be great! |
| Well done. It was one of the best health conferences I've attended. Time for a bigger venue! |
| Great job! |
| it was great thanks |
| Turquoise and Kea and everyone else did a wonderful job, and I'm proud to be a student in the SPH at UNC. |
| As a first-time attendee, I was incredibly impressed by the entire event! |
| Great conference!!! I always look forward to it. I am a retired social worker and when working, viewed issues from more of a micro perspective. Now that I am more of a community worker and advocate, it's a macro perspective and this conference is a perfect opportunity to look at the broader issues. |
| I'd like to see more interdisciplinary themes--it was noted that most of the planning committee members are from the Department of Health Behavior and Health Education--this likely influences the type of people who are invited as keynotes, discussants and who decides to attend the conference. It would be nice to include more diversity of disciplines both from the Gillings School of Global Public Health, and from other disciplines. It would also be nice to see more student work/research featured beyond just posters. We could have people suggest panels/roundtables to host. Also, either a more focused networking lunch, or discussion tables at lunch to foster conversation with people. Also encourage people who are taking photos to share them with MHC afterwards--would be nice to have pictures of all the poster presenters at their posters and discussants together at their panel |
| Great Conference! very well organized |
| Use practice based people for your keynote speakers |
| The Friday Center is an excellent venue for the conference. |
| Excellent work! Thanks for a wonderful day. |
| Thank you for a wonderful day! |
| Fantastic job as always |
| The desserts served at lunch were GREAT!!!!!!!!!! Thumbs-Up! |
| Please try to get Dr. George, or someone else well versed in the area, to speak on the subject of the impact that religious involvement has on health. |
| Great conference!! |
| Please be mindful when someone places a request about the speaker system and accomodations. |
| Thank you! |
| I really enjoyed the location, the temperature in the rooms was perfect and the the staff of the Friday Center was great. All food/drink options and ferquency of offering them were perfectly timed. |
| Great job. Congratulations to the organizers. |
| The conference was just a bit over my head, so I wasn't able to absorb as much as I would have liked. But I am a junior in college, so I was definitely one of the youngest there. |
| Handouts would have been helpful |
| A fantastic conference all the way around. Kudos! |
| Could a summary and discussion of the keynotes by Diez-Roux and Wallerstein be made available to the UNC and UNC Chapel Hill Administrations and appropriate faculty and staff. |
| Great job! |
| I enjoyed this Minority Health conference better than last year's. While there were a lot of people in attendance, the conference was well-organized and I felt the topics were pertinent to the conference theme. The one criticism I have was being in a room right off the main hall for the small group sessions- it was very distracting when people would trickle in and the loudness of the atrium would flood the room and make it hard to hear the speaker. |
| Congratulations to all of the student leaders and volunteers for this year's conference!! You have done a wonderful job!! |
| Great job! |
| Great conference! |
| THANKS FOR A GREAT CONFERENCE! |
| Very well planned conference, enjoyed meeting the student co-chair and members of the MHC. I plan to attend some meetings in the future and hopefully help plan the next one. Excellent job! |
| Very well organized and well worth my time. I only wish I had been able to stay the whole time. Thank you! |
| I would like to be part of that panel. |
| Thank you!! |
| Send this information to the schools around the country. |
| The conference planners did an excellent job! |
| Great execution overall |
| I truly enjoyed myself |
| While not necessarily a detractor for me, many of my friends complained that a conference on minority health had very low representation from presenters of minority races. I don't think that's a huge deal and probably reflects a larger social issue around minorities in academia. Great job Turquoise & Kea. My interests are far from minority health or domestic health disparities person but I still found the conference informative and interesting. I REALLY appreciated the Global Environmental Health session. |
| I am just floored that this is all student run. Excellent job!!!! :-D |
| GREAT JOB. Students were fantastic presenters. A fun event and informative. |
| Proud of your accomplishments and keep up the good work. |
| Thank you for all your hard work! |
| food was EXCELLENT |
| Thank you for a great conference! |
| I would like to hear more of the minority voice in this discussion. |
| Hope I can come to the conf next year. |
| CEU desired, but I know you know :) |
| N/A |
| Job well done! |
| none |
| Congratulations to Turquoise and Kea for an amazing job well done! Truly amazing work for a student led conference!!! |
| Well done conference, very impressive and organized student led conference. Enjoyed the session on Medicaid, Civil Rights and Federal Court access, particularly talk by Jane Perkins. |
| Great job Turquoise and Kea and the planning committee! |
| Well organized, staff very helpful and friendly. |
| Thank you for another great conference. |
| thank you! |
| Great job - this was a terrific conference! |
| Great job!!! |

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| --- | --- |
| Statistic | Value |
| Total Responses | 62 |