

January 8, 2008

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My research involves collaborating with an interdisciplinary team of researchers. These studies target Internet use and prostate cancer among African-American men; “media/message” exposure measures to evaluate tobacco-related media messages; whether exposure to various media channels and social networks influence women’s awareness of human papilloma virus (HPV); how health journalists initiate, prioritize, research, and develop medical science and health news stories; and The studies also explore communication inequalities and their determinants and utilizationthe factors that determine the use of communication channels among low (SEP) populations. Further, these research activities have successfully sharpened my project management skills, broadened my perspective of various phases of cancer prevention and control, and allowed me to acquire the skills necessary to execute outcome studies using large datasets. Findings from this research has been disseminated at presentations in community meetings, workshops, forums, and major academic conferences. as well as resultedThe research has also been incorporated in manuscripts that have either been published, submitted for publication, or are inbeing preparation for publication. Additionally, I am currently writingcontributing two book chapters for two books, one with co-authors, Dr. Otis Brawley and Dr. Michelle Holmes exploring the clinical and public health variables across the breast cancer disparities continuum and the other with co-authors, Dr. Viswanath and Kelly Blake, on media and health.

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During the design and implementation of these projectsmy research program, quantitative, qualitative, and mixed-methods approaches along with a community-based participatory research (CBPR) approach arehave been used in the development of appropriate research designs. Utilizing these varied approaches has allowed me to learn more about the fullentire spectrum of research methods relevant to cancer prevention, and control and health disparities. Future research can drawing insights from the theoretical frameworks of knowledge gap theory, communication inequalities, translational, and dissemination research, future research endeavors and will can continue to explore how evidence-based interventions and health information research reaches diverse audiences through suitable channels, particularly to those individuals who bear a disproportionate burden of health disparities.

Plans for securing extramural funding to continue my research program include using the data from this pilot study and other research Additionally, I hope to use this pilot data as a foundation for designing additional studies future studies and in applying to apply for other funding mechanisms such as the NCI R03, or R21, K01 + awards, and ultimately an R01 award. Currently, I am also writing an NCI Cancer Prevention, Control, Behavioral, and Population Sciences Career Development Award (K07), which if received, will provide me with additional mentoring and support toward transition to an independent investigator and the development of an NCI R01 award. Other possibilities include applying for funding from the Centers of Disease Control and Prevention, the Department of Defense Congressionally Directed Medical Research Programs (Breast, Prostate Cancer, Minority and Underserved Populations), American Cancer Society, Susan G. Komen for the Cure Foundation, Robert Woods Johnson Foundation (vulnerable populations). Additionally, the Lance Armstrong Foundation offers grants to fund cancer community programs and the American Association of University of Women offers community action grants on topics affecting women. These are the selected mechanisms/agencies that where I plan to can pursue request funding to support my research program.

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Finally, my research activities have beenare complemented withby several years of professional communication and and college teaching experience. AdditionallyFurthermore, throughmy research at Howard University workingwhere I worked -with African-American men with prostate cancer, I have has

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enabled me to fostered wonderful community outreach partnerships with several community, advocacy, faith-based, and grassroots organizations in the Washington/Baltimore areas. Additionally, my work in the Massachusetts communities of Boston, Worcester, and Lawrence This has enhanced my collaborative spirit and capacity for community engagement-has been enhanced by my research in the Massachusetts communities of Boston, Worcester, and Lawrence. There is aThe growing evidence-base of effective cancer prevention interventions and it is has made it essential that we translate our research findings into practice in community-based settings to achieve the greatest impact on population health. As suchTherefore, community engagement will be prove instrumental in fostering collaborative research partnerships and in enhancing evoking public trust for the effective translation and dissemination of cancer communications as well as the uptake of evidence-based cancer interventions.