Treatment Network Member Spotlight…… **Monica Webb Hooper, Ph.D.**

Dr. Monica Webb Hooper is Deputy Director of the National Institute on Minority Health and Health Disparities (NIMHD). She works closely with the Director, Dr. Pérez-Stable, and the leadership, to oversee all aspects of the institute and to support the implementation of the science visioning recommendations to improve minority health, reduce health disparities, and promote health equity. Dr. Webb Hooper is an internationally recognized translational behavioral scientist and clinical health psychologist. She has dedicated her career to the scientific study of minority health and racial/ethnic disparities, focusing on chronic illness prevention and health behavior change. In her academic positions, her program of community engaged research focused on understanding multilevel factors and biopsychosocial mechanisms underlying modifiable risk factors, such as tobacco use and stress processes, and the development of community responsive and culturally specific interventions. Before joining NIMHD, Dr. Webb Hooper was a Professor of Oncology, Family Medicine & Community Health and Psychological Sciences at Case Western Reserve University. She was also Associate Director for Cancer Disparities Research and Director of the Office of Cancer Disparities Research in the Case Comprehensive Cancer Center. Dr. Webb Hooper completed her doctorate in clinical psychology from the University of South Florida, internship in medical psychology from the University of Florida Health Sciences Center, and her Bachelor of Science from the University of Miami.

1. You recently started a new job as Deputy Director of NIMHD. What is this job like and how does it differ from your previous, more traditional academic jobs?

I became Deputy Director of NIMHD in March of 2020. *The bottom-line up front:* Thus far, my experience at NIMHD and at NIH has been amazing! I was sworn in just as we were shutting down due to the pandemic and transitioning to telework. While it could seem, on the surface, that this was an *inopportune* time to begin such a position, I don't view it that way. My learning curve has been steep and intense, but the work is deeply meaningful. The NIMHD Director, Dr. Eliseo Pérez-Stable (who is well known to the SRNT community), has entrusted me with key responsibilities on several large-scale initiatives to address the pandemic in underserved and vulnerable communities. And because I started my NIH career in tandem with the pandemic becoming a pandemic, I infused my science, experience, and voice into these efforts right from the beginning. I also work with our NIMHD leadership group to advance our mission and to provide strategic direction for the institute and the field. I have found the NIMHD staff to be highly supportive, and with the NIH-wide efforts to respond to COVID-19, I am working closely with leadership across multiple institutes, centers, and offices, which has been great. The work of NIMHD has grown this year; the work that we do has elevated importance, and there are many opportunities to have an impact.

Deputy Director is a very unique position. There are 27 NIH institutes and centers, and while most have a Deputy, the role and responsibilities are different for each of us. I work very closely with the Director to oversee all aspects of the institute. This new position is similar to my academic roles in some

respects, as I remain an active consumer of the literature, help to develop and identify cutting edge scientific ideas, and have many collaborations. There are also many differences. I am now a federal official and civil servant with a national view of the landscape from the NIH perspective, and the ability to have a direct impact on the minority health and health disparities scientific agenda – I did not expect a role of this magnitude at this stage in my career! I have always believed that my areas of scientific inquiry, and those of health disparities and equity researchers across the country are hugely important. However, this work is often under-appreciated relative to other fields of study. And as challenging as the current times are, the *collision* of the pandemic and longstanding systemic inequities has made health disparities part of the national conversation. NIMHD has more scientific visibility than perhaps ever before. It's an unparalleled honor and responsibility for me.

2. What do you view as the main challenges for your field? From your perspective, what do you view will be the next biggest breakthrough(s)?

Health disparities are rooted in social disadvantage and are among the most wicked problems of our time. The goal is health equity, which refers to all people having a fair and just opportunity to attain the highest level of health. While it sounds like a simple concept and is a term that we hear with increasing frequency, conducting true equity work is quite the challenge. Achieving health equity requires valuing everyone equally and implementing intentional efforts to address avoidable inequalities and eliminate health and health care disparities (without worsening health in any population). It also requires a shift in how we design interventions and think about populations with health disparities, which are often at the individual level and include erroneous labels such as "hard-to-reach" or "difficult to treat." That is, we need to move away from interventions that seek to "fix" populations with health disparities (i.e., deficit models) toward approaches that emphasize individual and community assets, intervene on upstream determinants, and that distribute resources proportional to the need. Given the current national and global emphasis on addressing health disparities and understanding the structural factors at the root of them, we are at an important juncture. If we capitalize on this momentum, we have a real opportunity to see a breakthrough.

3. What strategies have you found to be most beneficial for managing all of your commitments?

I am still a work in progress in this area, but I manage for the most part. About 10 years ago (give or take a year or two), Dr. Jas Ahluwalia (well known to the SRNT community) followed up after a great meeting by sending me a book with a very nice handwritten note on the first page. It's called *"Time Tactics of Very Successful People"* by B. Eugene Griessman, and it's still sitting on my bookshelf. The book is an easy read and imparts gems that I have used (or tried to use) ever since. Examples include getting a handle on your time, increasing your efficiency, avoiding time-wasting activities, and investing time to save time. Again, I'm still a work in progress and a clone would probably be helpful.

4. What advice would you give to students and beginning researchers?

I have two pieces of advice for graduate students and post-doctoral fellows. First, seek and work with a mentor (or mentors) whose career you would like to emulate and who has (or have) your best interests in mind. This can be challenging to foresee during the interview process, so I recommend talking to current mentees and asking about their experience within the laboratory and with the mentor(s). Second, if at all possible, conduct prospective research for your thesis, dissertation, and/or post-doctoral project(s). My graduate school mentor, Dr. Thomas Brandon, strongly encouraged (or was it required???) trainees to bring research ideas to the table and to conduct their own projects. De novo

development and execution of randomized intervention studies for both my thesis and dissertation were perhaps my most valuable experiences as a doctoral student. While it would have been more time-efficient to utilize existing data and conduct interesting secondary analyses, the opportunity to conduct independent research, engage my peers in the lab as collaborators, "hire" undergraduate research assistants to work on the studies, and to think through and troubleshoot the challenges of study design, community recruitment and retention, data collection, analysis, interpretation, reporting, and dissemination was everything. And because I went directly from being a graduate trainee and clinical intern to a faculty position, having these skills allowed me to start my own lab right away. I followed the same model with my own graduate students. Thanks, Tom!

5. What tips do you have for effectively engaging community stakeholders in research? What may people not know about the benefits of community engaged research?

As a community engaged scientist, I greatly appreciate this question. In my experience, working with community stakeholders adds to the meaning and richness of research. From where I sit, the significant involvement of stakeholders at all levels and disciplines, at community-based organizations, as well as lay community members is a *must* in tobacco research – and this is especially true in the context of research among underserved populations. As an investigator, I was very "hands-on." I was on the ground with my research staff and spent time out in the community meeting participants and hearing their stories. My research partners and the communities I serve know that I am one of them. Full stop. I valued those opportunities, and in-turn, our partnerships were very strong (and still are).

Here are a few tips:

1. Build and maintain trust with community stakeholders *before* you need them for a project.
2. Recognize that we are *all* community members. Avoid language and behavior that separates oneself or your research team from "the community."
3. If you decide to seek community stakeholder input, be prepared to incorporate it or revise your original plans.
4. Commit to building sustainable partnerships that will exist beyond the specific project and are independent of grant funding.
5. Apply principles of effective academic-community partnerships such as equitable and bidirectional engagement, inclusion in decision-making, prioritize the return of results, and the amplification of community voices at every possible opportunity.
6. Include community collaborators into your lab/project meetings – they are team members.
7. Be mindful of community collaborators' time and compensate them fairly for their expertise, space, and resources.
8. Trust and transparency are at the core.
9. Give back to the community (more than participant incentives/compensation). Another full stop.

Working with and serving communities through science is complex. And importantly, it *is* possible to conduct rigorous science using community engaged research.