

Diversity, Equity & Inclusion Philosophy

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Diversity, Equity & Inclusion Research Statement

My research seeks to reify the relationship between sleep and adipose-based cardiometabolic health outcomes through the lens of diversity, equity, and inclusion. Cardiometabolic disease pathways associated with sleep and adiposity are often conceptualized as closed systems encompassing a constellation of intertwined biological and mechanistic processes. However, it is my assertion that complex public health problems must consider the cultural context in which the lived experiences of those affected are embedded. As noted by the eminent sociologist Simon Williams:

When we sleep, where we sleep, and with whom we sleep are all important markers or indicators of social status, privilege, and prevailing power relations (Williams, 2005, p. 75).

Subsequently, I believe investigating how the most vulnerable members of society are impacted by sleep and obesity inequalities is fundamental to shaping and defining who we are as a community of researchers, academics, and public health practitioners.

Although progress has been made in modeling the associations between sleep and adiposity, the influence of the social determinants that drive the disparities within these domains has received much less attention. Accordingly, I am collecting epidemiological, clinical, and free-living data as part of the SLUMBRx (*Short Sleep Undermines Cardiometabolic Health*) study to begin modeling the up- and downstream demographic and ecological factors that mediate these health outcomes.

This line of research holds substantial promise for public health within a diversity, equity, and inclusion framework; objective, empirical data exploring the interaction between adiposity and sleep, contextualized within a socioeconomic schema, are important for understanding cardiometabolic pathogenesis in diverse populations and for developing public health interventions to prevent its conception and treat its consequences.

Central to accomplishing these goals is my commitment to fostering a sense of trust in the communities I serve. A core tenant of my research philosophy is ensuring participants fully comprehend their rights as study volunteers during each stage of research inquiry. As such, I employ multiple mediums of communication, rooted in health literacy techniques, to ensure research volunteers understand both the benefits and risks to study participation throughout the lifecycle of an investigation.

Diversity, Equity & Inclusion Teaching Statement

I believe the classroom environment is optimized for education when learning is interactive, engaging, and conducted in a non-threatening atmosphere. To foster a safe learning space, I engender a psychosocial ecology of empathetic listening and compassionate communication within my classroom.

Seek first to understand, then to be understood (Covey, 1989, p. 120).

During the delivery of my course materials, I strive to ensure that health issues facing underrepresented communities are at the forefront of my course objectives and assignments. For example, in my undergraduate *Environmental Health* course, students react to the Anniston Alabama Polychlorinated Biphenyl (PCB) case study in which minority communities were exposed to environmental contaminants through improper disposal of PCB waste products. In addition to assessing the policy prescriptions designed to initiate site remediation, this exercise requires students reflect upon the implications of the Anniston Community Health Survey data which found disproportionately elevated PCB levels among African Americans in Anniston, relative to their White counterparts (Pavuk et al., 2014).

As well, students in my doctoral, *Advanced Evaluation of Health Programs* course develop skills to incorporate face and content validation techniques to design culturally relevant measurement tools. As part of an in-class, panel of experts round table discussion, students critique methods to evaluate social determinants of health apropos to their specific research foci.

Diversity, Equity & Inclusion Service Statement

Cultural humility is at the core of all service opportunities I undertake. Whether service initiatives are advanced at the university, community, or professional level, I believe all stakeholders impacted by the results of the service activity have a right to express their voice.

Cultural humility is a process of self-reflection and discovery in order to build honest and trustworthy relationships. It offers promise for researchers to understand and eliminate health disparities, a continual and disturbing problem necessitating attention and action on many levels (Yeager & Bauer-Wu, 2013).

For example, when I served as chair of the search committee for the University of Alabama Department of Health Science tenure-track, assistant professor of biostatistics position, I requested the college-wide Diversity, Equity, and Inclusion committee provide training to all members of the committee. I solicited their coaching as I believed it was our moral responsibility, as a committee, to ensure we operated with cultural competency and sensitivity throughout all stages of the search and interview process.

Concomitantly, when I served as an Associate Editor for the peer-reviewed journal, *Health Education & Behavior*, I actively sought the expertise of reviewers from a diversity of backgrounds and research perspectives when finalizing my editorial decisions.

References

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