

## Leadership Education in Adolescent Health (LEAH) Program Impact on Careers

Through support from the Health Services and Resources Administration's (HRSA's) Maternal and Child Health Bureau (MCHB), LEAH programs prepare health professionals from medicine, nursing, nutrition, psychology, and social work for leadership roles in public health, health services, academic, and research sectors impacting adolescents and young adults (AYAs). To explore the impact of participation in MCHB-funded LEAH programs on successful career pathways, data was collected through key informant interviews with 9 former LEAH trainees. This document reflects the unique characteristics of LEAH programs and how these pioneering programs impact LEAH trainees' careers.



▶ **INTERDISCIPLINARY TRAINING.** Engaged interdisciplinary training is the crux of LEAH programs. Health professionals in a variety of disciplines learn and work together through a team-based, AYA-centered approach not generally acquired through traditional clinical training.

▶ **FOUNDATIONAL, TRANSFERABLE SKILLS.** Former trainees emphasize the value of training that goes beyond clinical care, and includes instruction in all aspects of research, presenting, teaching, and data analysis, which they continue to use throughout their careers, even if they do not continue in clinically based AYA practice.

▶ **FOCUS ON ADOLESCENTS AND YOUNG ADULTS.** Former trainees note that “there’s nowhere else that we really invest in adolescent health.” Using a combined public health and traditional medical framework, LEAH programs approach the unique needs of AYAs with a holistic view, incorporating aspects of mental, behavioral, psychosocial, and physical health.

▶ **CAREER DEVELOPMENT.** LEAH programs open the door to a wide range of professional and career possibilities, including non-traditional and non-linear paths. LEAH faculty help trainees identify opportunities based on their interests and aspirations, and then help them develop strategies to land those opportunities.

▶ **LIFELONG CONNECTIONS.** MCHB funding of LEAH programs provides the infrastructure and dedicated time for faculty to mentor trainees. Trainees benefit from traditional one-on-one mentorship, relationships with their LEAH cohort, and interactions with varied faculty from other LEAH programs.

▶ **PROMOTION OF LEADERSHIP.** LEAH programs support and promote trainees in becoming leaders in their fields and espouse a broad perspective of what it means to be a leader—instilling the skills and confidence in trainees to “lead in different ways.”

▶ **A POLICY LENS.** Trainees are encouraged to present their research to policymakers and understand the importance of translating research into evidence-based practices and policies to better serve the unique needs of AYAs.

▶ **DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY.** Former trainees commend the LEAH programs’ emphasis on serving the vulnerable and underserved, of “leaving no one behind,” and developing cultural competencies that allow them to better care for all populations.

**DAVID BELL, MD, MPH** – *Medical Director, Harlem Young Men’s Clinic; President, Society of Adolescent Health and Medicine (SAHM); Professor of Pediatrics and Population and Family Health, Columbia University Medical Center*  
 “I have been the medical director for the Young Men’s Clinic...since 1999. In 1999, it was a 4-hour week clinic that saw 750 unique patients a year, now we’re a 5-day a week clinic that’s seeing close to 3200 to 3400 patients a year. It’s been this incredible growth story around young men... wanting to actually access care if you create something they connect to.”

**CAROL FORD, MD** – *Professor of Pediatrics and Chief, Division of Adolescent Medicine, Children’s Hospital of Philadelphia (CHOP); Editor-in-Chief, Journal of Adolescent Health; Project Director, CHOP LEAH Training Program*  
 When I came [to CHOP], I had a five-year plan...to focus on building the adolescent medicine division, which I did successfully, and then leverage that to apply for LEAH. That experience really helped me understand that it is a unique model...We were fortunate enough to get [the LEAH grant and] move in that direction more intentionally...the traditional medical work is integrated with public health in an interdisciplinary way... building on what was already here and quite strong, but didn’t have this synergistic, coalescing framework.”

**CELIA WILLIAMSON, Ph.D.** – *Executive Director, Human Trafficking & Social Justice Institute and Professor of Social Work, University of Toledo*  
 “[LEAH] removes barriers. I felt I could publish articles, I could present at national and international conferences, I could submit grants and get them funded, and that’s exactly what I did. I got 10 years in a row of federal funding from the Department of Justice and/or the National Institutes of Health. I’ve gotten funding from national foundations, state government, local funding...I publish a lot. That’s how you become a distinguished professor...[which] means that you have reached national prominence, I, myself, have reached global prominence.”

**SALLY ANN OHENE, MD, MPH** – *National Professional Officer (NPO) Disease Prevention and Control, World Health Organization Country Office, Ghana*  
 “I think regardless of the field I’m in right now, the great impact was the solid foundation in public health. As opposed to clinical medicine where whatever it is you are treating has already come about and you are trying to, for want of a better word, do damage control or trying to restore the present. Public health is preventive, trying to prevent before the damage happens. So, I think I got a very good solid foundation with public health.”

**HOLLY GOODING, MD, MSc** – *Associate Professor of Pediatrics and Section Head for Adolescent Medicine, Emory University School of Medicine; Medical Director, Children’s Healthcare of Atlanta Adolescent Medicine Practice*  
 “My LEAH fellowship director is probably one of my main mentors that I feel like I owe my career to. I felt like because

of the LEAH program and because of [fellowship director] as a person, I didn’t just train a clinical field, but I got this lifelong mentor who was going to recommend me for opportunities and help me figure out [problems].”

**MICHAEL RICH, MD, MPH** – *Director and Founder of the Digital Wellness Lab and Director, Clinic for Interactive Media and Internet Disorders (CIMAID), Boston Children’s Hospital; Associate Professor, Harvard Medical School and School of Public Health*  
 “As far as we know, [the Digital Wellness Lab is] the first and still only clinic that is dedicated to kids who have problems with interactive media, problematic interactive media use with gaming, social media, pornography, and information bingeing... [LEAH] allowed me to never question doing something new and innovative...Today it seems like an obvious thing, but in the mid to late ‘90s, to consider screens in kids’ lives as a health influencer was more than a little off the wall.”

**IMEE CAMBRONERO, MPH** – *Social Impact Supervisor, 3M Gives*  
 “[LEAH] influenced me as far as my preparedness to be able to step into leadership roles. Two years [after] my MPH, I was leading an external evaluation with the CDC in Tanzania. In order to do that, I needed to have strong methodology skills, I needed to be able to negotiate...to be able to communicate...the fellowship really helped me define and refine those skills. Even though I haven’t been deep into adolescent health, the skills and confidence the program instilled can be applicable to any sector. I feel like I am like a living example of that.”

**MARIA TRENT, MD, MPH** – *Professor and Chief, Bloomberg American Health Initiative; Professor, Johns Hopkins Schools of Medicine, Public Health, and Nursing; Chief, Division of Adolescent and Young Adult Medicine, and Adolescent Medicine Fellowship Director, Johns Hopkins School of Medicine*  
 “For me now at this point, I think in my career to have written a policy statement for the largest and oldest pediatric organization in the world and they adopt that as their framework, that has been downloaded over 280,000 times and has been cited almost 300 times just [since] 2019, suggest that these influences that I’ve had through the LEAH Program...are very powerful...it’s what the program can allow you access to.”

**AMY WEST, Ph.D.** – *Professor of Clinical Pediatrics, Children’s Hospital Los Angeles and Professor of Psychology, University of Southern California*  
 “A lot of the patients I had in my LEAH fellowship were [AYAs] suffering from mood and anxiety disorders, and it solidified for me that that was the population that I was most interested in serving...it also solidified for me wanting to be in academic medicine. It was really a much more intensive opportunity for me to understand what it means to be a psychologist in a very interdisciplinary setting...I think it helped me to define my role in that setting and also to learn that that’s where I wanted to be, that I thrive in those environments.”

## In Their Own Words: Former LEAH Trainees Reflect on the Impact the Program Has Had on Their Careers

**INTERDISCIPLINARY TRAINING.** “One of the things that I still use today is I really learned about the value of interdisciplinary work, that social workers can’t solve everything and neither can medical doctors and nutritionists and neither can lawyers and neither can mental health professionals. I run a local anti-trafficking coalition. We have 36 agencies involved, lots of members, including students, and I always level the playing field that the judge’s voice is no more powerful than a survivor’s voice. I have always run my coalitions, my collaborations and my task forces that way. I teach in my classes that everybody at that collaborative table is just as important and just as valuable as everyone else at that table. I very much work to make sure that everybody’s voice is equal.”

**FOUNDATIONAL, TRANSFERABLE SKILLS.** “One of the great things about the program, [it’s] focused on adolescent health but could be applied to so much more, especially ...leadership and development... I just see how the training has really helped me throughout my multiple career paths... as I think back about my career, there are so many connection points. Even though I was working on international health, we were listening to communities’ voices...I was working with multiple countries.....to be able to be successful in those multiple roles through a data and evaluation and learning lens, I’m using all of those different skills in a lot of these different roles that I’ve had over time.”

**FOCUS ON ADOLESCENTS AND YOUNG ADULTS.** “There are tons of other programs that look at children, look at adults, but this is looking at all areas [of AYA health] whether it’s nutrition, mental health, and physical health. So, making sure that whatever their need was, we had the right people who had the right skills to be able to care for all aspects of adolescent [and young adult] health because as we know, it’s a neglected area because everybody thinks they’re fine... forgetting that they have needs like everybody else, even if you are not going to full-time AYA practice, you have children, you have nieces, nephews, friends’ kids.... So, I thought that it still made a difference.”

**CAREER DEVELOPMENT.** “I think the biggest impact on my career was putting me in that pathway, that trajectory, that line of possibility that this could be my career...So, being able to be a researcher that’s funded federally, that was put in my path as well. At my university, I was the first person to ever get a federal grant in our social work program. No one encouraged me... because it wasn’t even possible. It wasn’t even in a reality, in anybody’s reality at my university, but I knew it was possible because I had already gone through that LEAH program and I had met people that were getting federal grants and I had presented at a national conference. So, to me, these things were a possibility.”

**LIFELONG CONNECTIONS.** “I can navigate almost any setting. I think that I learned that there, but I always have known that the reason was also because I had backup. Like if I could pick up the phone right now and I could call any faculty member, who was there then and say, ‘I need to talk to you about this. Can you give me your perspective?’ I really value that. It’s like I have a safety net that still exists. They are most supportive, the biggest cheerleaders still. If something good happens to me, I get 10 emails, or somebody will call me - or even when difficult things happen.”

**PROMOTION OF LEADERSHIP.** “I think there’s not only an assumption, but sort of giving you permission to take a leadership role. That doesn’t necessarily mean formal leadership as in chief of the division somewhere, so much as to take the lead in something. What it allowed me to do is never question doing something new and innovative and making it happen. I think that’s the key thing, it really is a sense that not only are we training you to be leaders, but we expect you to be leaders... It’s almost like if you were to put it in the military sense, officer training school, the expectation when you go in that you’re going to be at certain level.”

**A POLICY LENS.** “I learned some helpful skills around the importance of advocacy and taking a public health approach to mental health. That isn’t something psychologists are necessarily well-trained in. What was helpful about the...core components of LEAH, was rather than always coming from the bottom up, taking this top-down conceptualization of mental health as a public health problem...it helped me understand the importance of making that translation between the science that we create and actually how it’s going to impact policy, we can create as much good science as we want, but if that message isn’t communicated or that translation isn’t made, then it’s not really going to impact society in the ways that it could.”

**DIVERSITY, EQUITY, INCLUSION, AND ACCESSIBILITY.** “I came from a place where I was on welfare and food stamps...where there was poverty and high crime. I am a Black woman. So, to be able to reach those heights, that means that...you have to see it, you have to be in the room with them. They have to guide you, they have to show you, they have to encourage you, they have to challenge you, they have to critique you. I don’t come to this already having been born at a certain level where I’m just automatically confident and competent and all I need is the education and I’m fine. No, it’s much more, I think, much, much more than that, particularly when you want diversity and inclusion and equity.”