Who is Your Hero?
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Recently, a colleague asked me “Who is your public health hero?”
In the context of my new role, the image which appeared in my mind—a woman, standing proudly, a broad smile and hands on her hips in a single-breasted suit—was an unwitting hero, but for me, an image-maker of public health practice. Henrietta Lacks, and the cells, dubbed HeLa taken from her cancerous tumor in 1951, without knowledge or consent, is a complex story. Intersecting identities—an African American mother, wife, a poor tobacco farmer with a seventh grade education living in the Jim Crow South—worked together to form a matrix of domination. At 31, her death and the family left behind, tells a generational story of lived realities in the face of historical and contemporary injustices, amidst a biomedical and healthcare industry that has made billions of dollars and saved millions of people. The complex juxtaposition of triumph and tragedy of this story compels me to do the work of health equity.

June 2016 marks the 10th anniversary of the Center for Health Equity (CHE) in the Louisville Department of Public Health and Wellness. Louisville is an iconic story of public health promotion, as the first municipal government to open a center created to work toward the elimination of health disparities by supporting projects, policies and research working to change the correlation between health, longevity, and socioeconomic status. For the past ten years, CHE has spoken to the need for justice in every facet of the human experience and has done the hard work of illuminating marginalized voices facing avoidable inequalities. Since it’s opening, CHE has worked toward the empowerment of neighborhood residents by hosting Health Equity Dialogues, shifted the paradigm in how we think about and approach health through conversations on racial equity, and detailed what health outcomes look like across the city through the Health Equity Report. Now, we must build on that foundation.

As we enter a new decade and a new season at CHE, our focus is the same, but our approach has to morph with the changing landscape of problems in equity work. My vision for the CHE is to create a Louisville where every person, is valued equally. Regardless of race, gender, creed, class, sexual orientation, or any other identity, we must do the complex work of creating a social environment where everyone has the opportunity to attain their full health potential. Over the next year, we will advance this vision through three major initiatives: Youth Engagement, Community Capacity Building, and Environmental Justice. Whether creating original programming like the Health Policy Summit to take place this fall, or collaborating with partners around the city, CHE will be innovative and responsive to the changing environment of health. For 10 years, we have done the work Henrietta Lacks’ story calls us to do. Unfortunately, that work is not done, but we will continue to be visible and vigilant in the fight for equity. We will not be afraid to look back so that we can move ahead and invite all of you to do this work with us.
Community Effort Part of American Dental Association’s National Give Kids a Smile Day

More than 2,000 children at six Jefferson County Public Schools today learned about the importance of proper dental hygiene, and many received a free dental screening through the efforts of the University of Louisville School Dentistry, Smile Kentucky! and Aetna Better Health of Kentucky.

The initiative is part of the American Dental Association’s Give Kids a Smile Day, hosted during National Children’s Dental Health month, and seeks to tackle what the United States Surgeon General has called the number one common, chronic childhood disease, tooth decay.

“Our school is dedicated to improving the lives of Kentucky’s children, and that is why we close our clinics for the day to go into community schools to screen and teach kids about dental health,” said John Sauk, D.D.S., M.S., dean of the UofL School of Dentistry.

“Good dental care is vital to our students’ overall wellbeing and confidence, key elements in them coming to school happy, healthy and ready to learn,” said Jefferson County Public Schools Superintendent Donna Hargens, Ed.D. “We’re excited to partner with the University of Louisville School of Dentistry and other community collaborators on this important health initiative.”

About 250 UofL dental and dental hygiene students, faculty and staff, along with community volunteers visited Greenwood, Rutherford, Camp Taylor, Alex Kennedy, Maupin, and Roosevelt-Perry Elementary schools. Dental students and faculty screened children for signs of dental decay and cavities, and notified parents or legal guardians about the findings. These oral health evaluations also meet the Kentucky dental screening requirement for school entry. Dental hygiene students explained how to properly brush and floss, and talked with children about how too much sugar can lead to cavities.

Children left school with a goody bag complete with a toothbrush, floss and dental health educational materials. Parents and legal guardians are encouraged to find a dental home for their children where they can receive complete dental care from check-ups to fillings. A resource sheet lists provider options, including the UofL’s pediatric dentistry division.

Smile Kentucky! is a national model for community partnerships. Over 158,000 children have participated in education programs, 43,000 have received dental screenings and 3,600 have received free dental treatment valued at $1.3 million. Smile Kentucky! complements an effort by the American Dental Association (ADA). The ADA has called the program a model for community service.

For more information about oral health outreach efforts through Smile Kentucky! please visit http://www.smilekentucky.com/.
On a balmy weekday morning in November, the 8th grade science class from Louisville’s West End School visited ULSOM accompanied by their teacher, Mr. Matthew Howell. Sporting purple collared shirts and khakis, the confident, composed young men (West End School is all boys) walked into the student lounge where they were greeted by Dr. Faye Jones and white coat-clad members of the Class of 2018. Despite finding themselves in potentially intimidating and certainly foreign surroundings, the students were likely put at ease by the lounge’s presence of a dartboard, Ping Pong table, and piano, indicating that even a place as serious as medical school is not without its forms of recreation. After becoming acquainted, the entire group headed to the third floor’s Paris Simulation Center and spent an hour with Mr. Kevin Martin and his trove of medical simulation equipment.

There, the students were given hands-on access to equipment trained on by U of L physicians. Mr. Martin demonstrated how to use a defibrillator to revive an arrested heart and then tasked the students with saving the life of a simulated patient who had gone into cardiac arrest. After some minor coaxing, several young men stepped forward and successfully restarted the patient’s heart, proving to be quick studies of the defibrillator apparatus. The session continued with the party breaking into smaller groups to interact with other equipment on site, including surgical graspers and otoscopes, both of which proved to be big hits among the students. At the end of the hour, everyone reconvened in the lounge where each 8th grader was handed a goodie bag, niceties were exchanged, and a group photo, in which kids proudly donned their new U of L shades, was taken.

When I dreamt up the idea for this project, my aim was rather simple. I wanted to expose middle school students from West Louisville to medical school. To my eye, medical school and the medical profession at large are inherently forbidding institutions. Too many kids are told that medical school is both overwhelmingly difficult and reserved for geniuses. These notions are simply not true. While the long hours and sleepless nights of medical students are well documented, no person is born with the study skills and intellect needed to succeed in medical school. These attributes are acquired and honed over many years. Human achievement is largely a function of self-confidence and access to resources. How would a kid know he can be a physician unless he can see it for himself? These young men from the West End School, who had never set foot in a medical school, saw one with their own eyes, touched it, and walked its hallways, making it tangible, making it real, making it possible.

No one can predict if any of these students, who are set to begin high school next year, will be inspired to pursue medicine as a career as a result of this visit, but access to our community is a good place to start.

For more information about the West End School, please visit http://www.westendschool.org/.
Global Health Center, Nursing, and Classical and Modern Language Students Work Together to Address Needs Among Newly Arriving Refugees

by Sarah Van Heiden, Global Health Initiative

When the School of Medicine, the School of Nursing, and Arts and Sciences join forces, they are able to produce some amazing results. The School of Medicine’s Division of Infectious Diseases-Global Health Center, in partnership with the School of Nursing, the School of Classical and Modern Languages, and local organizations, have created a novel interdisciplinary collaboration that has resulted in some creative interventions focusing on Louisville’s newly resettled refugee populations. Dr. Ruth Carrico, Associate Professor with the Global Health Center has worked in partnership with Catholic Charities of Louisville and Kentucky Refugee Ministries to identify areas of need among the refugee communities that students, faculty and staff can assist with filling. School of Nursing faculty, Montray Smith, has been a strong collaborator with the Global Health Center and through her leadership, students in her Community Health Nursing course conceptualized, planned and implemented projects focusing on some of those recognized needs. With the expertise of Clare Sullivan and her student Luis Cardenas, representing the School of Classical and Modern Languages, projects were designed with a basis in cultural competence critical to project success. Luis worked extensively with the nursing students so they had a grasp of the cultural aspects important to their targeted groups. He also worked with the refugees to ensure they understood the information that was provided.

Examples of the resulting projects included an emphasis on how to use public transportation, how to manage chronic diseases such as diabetes, and fall prevention. In an effort to overcome the language barriers that might prevent some refugees from understanding and using public transportation, nursing students created an instructional video focusing on how to navigate the Transit Authority of River City (TARC) system. This video is available with narration in Spanish and in Arabic. In another project, students worked to create an educational pamphlet designed to help Arabic-speaking refugees manage their diabetes. The pamphlet explained the disease process, described the consequences of not treating diabetes, and provided simple instructions for managing the condition. Students provided recipes and nutritional information regarding healthy food choices and portion control emphasizing foods that are important in Middle Eastern diets. Lastly, students designed a program specifically for the elderly refugees focusing on general safety within the home. A particular area of interest among the elderly refugees was footwear that helped them prevent slips and falls. With donations from Supplies Over Seas, the students were able to provide nonslip socks to the refugees.

Throughout this course, students were challenged to learn about the cultural aspects of the newly arriving refugees and look at every day activities through a different lens. Students began to recognize the difficulties these new members of our community experience as they are learning a new language, new culture, new elements of daily life, and new systems of healthcare. This is important as refugees arrive to Louisville each year from more than twenty different countries and speak almost as many languages. Their abilities to work, learn the language, and acculturate are difficult, especially if they are also addressing health issues. This multi-disciplinary collaboration was an excellent example of shared learning and community engagement. The end result of the semester was a group of project deliverables that had recognized value among those they were designed to serve. The projects have laid groundwork for these students so they will be able to evaluate the ongoing effectiveness of the programs and consider how to expand their impact through a reach to a wider audience.

More information about collaborative activities can be found on the Global Health Center’s website http://globalhealth.center/.
In mid-July 2015, Dr. Joseph Benitez joined the University of Louisville’s School of Public Health and Information Sciences. He is a new assistant professor in the Department of Health Management and Systems Sciences. Dr. Benitez received his PhD from the University of Illinois at Chicago’s School of Public Health where he studied in the Division of Health Policy and Administration. Dr. Benitez identifies as a Health Services Researcher, and his major areas of emphasis are in Health Economics and Applied Econometrics.

Overall, Dr. Benitez research focuses on the changing dynamics of U.S. health care delivery with special attention to public policy related to health and health care, access to care, and health care safety net institutions. In his short time at UofL, Dr. Benitez has also been selected for the New Investigator Small Grant Program (NISGP) from AcademyHealth—the premier organization for health services and policy research in the U.S. The NISGP supports early careers of health services researchers. About 50 people applied for the grant, and Benitez was one of six investigators funded as part of the 2016 cohort. NISGP awardees receive $10,000 to conduct health services research in addition to professional development opportunities such as mentoring and in-person activities. His project focuses on the implications of state decisions to expand their Medicaid programs on hospital financing. The work investigates the potentially adverse effects of reductions in government funding to hospitals serving a disproportionate share of the poor and historically uninsured. Many hospitals in low-income areas often act as anchors to local health care safety nets, and future reductions in public funding may place some hospitals at financial risk and exacerbate disparities in access to care.

In some of his other work, Dr. Benitez studies public policies intended to increase access to care among the medically underserved, and inform the allocation of resources to support local safety net organizations such as community health centers. In other work, Dr. Benitez examines the implications of state decisions to raise the income limits of Medicaid eligibility—thus, extending coverage to a larger share of the low-income population. His main areas focus on determining how much—if at all—do residents benefit from the expanded eligibility with special attention to uptakes in insurance coverage, access to care, and financial burden due to health care costs.

Professionally, Dr. Benitez is a member of AcademyHealth, the American Society of Health Economists, the American Economic Association, the Association for Public Policy Analysis and Management, the American Statistical Association. He is also a Georgia native and alumnus of University of Georgia where he earned his undergraduate degree prior to earning a Master of Public Health degree from the University of Kentucky for his Masters in Public Health. Prior to moving to Chicago, Dr. Benitez was an ORISE Research Fellow at the Centers for Disease Control and Prevention where he work with the Racial and Ethnic Approaches to Community Health (REACH) program in the National Center for Chronic Disease Prevention and Health Promotion.

Dr. Benitez is also a newlywed and married to Dr. Priscilla McCutcheon—a faculty member with a joint appointment in UofL’s Departments of Geography and Pan-African Studies.
By now most people in academia are familiar with the general concepts of cultural competency, and have either voluntarily or been forced to attend a cultural competency based training at one point in their academic or professional careers. These trainings can include some form of gaining knowledge, awareness or skills about working/interacting with those of a specific identity or culture. Workplaces, curriculums and accrediting agencies increasingly require cultural competency initiatives and programs even though measuring cultural competency can still be quite challenging. Additionally, there seems to be momentum gaining in these types of initiatives and programs to also be comprehensive, ongoing and integrated into regular practices, instead of one-time events. While learning about the experiences, advantages/disadvantages, intersections, oppressions, marginalization, and many other facets and layers of cultures is extremely vital. Do we ever expect to be fully “competent” about one, let alone all or many cultures and identities? Then why do we continue to use this terminology?

One HSC student recently shared that from her perspective our institution may be creating an environment where students are given the impression that they’re culturally competent. They are given a cultural competency based test as a part of their curriculum or they may even take a class entirely devoted to learning about one culture/identity, and if they pass it, then they think they’re culturally competent. Check... aced that subject....now onto the next one. This is of course not the message we want to send anyone. Cultures are always evolving, they intersect, they’re layered and distinctive by geography, by language, and really they’re unique to each individual who holds them. Therefore we always have to be studying them. To understand even a small portion of cultures we will have to spend our whole lives learning about them and examining them. We shouldn’t expect to accomplish an understanding of culture through just one training, or through one degree.

Another critique of cultural competency approaches is they can also lack a focus on understanding ourselves. This is especially true for people who identify as white, who can go through large portions of our lives without truly examining our cultures and identities. The same is true for other privileged identities. Far too many cultural competency trainings have tended to focus on marginalized populations and cultures, while not examining privileged, dominant cultural beliefs and traditions as well. Not that dominant cultures or identities should be the focus by any means, as that would be extremely damaging to the purposes of cultural competency initiatives. The point being that no matter our individual identities, critically examining our own biases, experiences, perspectives, traditions and cultures is just as crucial as learning about cultures different than one’s own. These are just some of the reasons why we as an institution should strive to also move beyond traditional cultural competency approaches.

Planning begins this spring, as the Health Sciences Center Office of Diversity and Inclusion, and numerous campus and community partners, embark on exploring the concepts of Cultural Humility. The concepts of cultural humility were first published by Dr. Melanie Tervalon and Dr. Jann Murray-Garcia in 1998 with the focus of improving multicultural training with physicians. The cultural humility concepts they developed included “a lifelong commitment to self-evaluation and critique, to redressing power imbalances in the physician-patient dynamic, and to developing mutually beneficial and non-paternalistic partnerships with communities on behalf of individuals and defined populations.” Since their groundbreaking editorial, cultural humility tenants, concepts and practices have spread and been adapted to sociology, social work, pharmacy, education
and many more fields. At the HSC, one goal for this cultural humility initiative is to develop an academy in which participants can learn about cultural humility concepts, to learn to critically examine and understand themselves, to learn how to identify and challenge power imbalances in their lives and at this institution, to explore skills for interacting with those different than themselves, and much more. This academy will of course just be the beginning of setting off participants in their lifelong exploration of cultural humility practices. As such participants will also be expected to be contributing toward the second goal of the HSC cultural humility initiative, which is to change our institutions to follow cultural humility concepts and practices.

The cultural humility initiative will involve the input and experiences of experts from around the U.S. but also from many local leaders and those dedicated to seeing this initiative come to realization. If you’re interested in being involved in this initiative either as a participant in the coming cultural humility academy, as a potential facilitator for the academy, or to be immersed in planning please be sure to contact Ryan Simpson, Assistant Director of the Health Sciences Center Office of Diversity and Inclusion. We’d like as much input as possible to see this cultural humility initiative come to fruition and to impact our learning, practices and lives.

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**Upcoming Diversity Events & Announcements**

- **Women’s Suffrage March**  
  *In honor of Women’s History Month*  
  Thursday, March 3  
  12:15—1:15pm  
  More Information [here](#)

- **10th Annual Kentucky Women’s Book Festival**  
  Saturday, March 5  
  Location: Ekstrom Library, Belknap Campus  
  Learn more [here](#)

- **The State of Latinos in Louisville**  
  Saturday, March 5  
  9:00am—12:00pm  
  Location: Bigelow Hall, Miller IT Center, Belknap Campus  
  [Register](#)

- **HSC Lunch and Learn**  
  *Speaker: Dean Craig Blakely, School of Public Health and Information Sciences*  
  Wednesday, March 9  
  12:00—1:00pm  
  Location: Kornhauser Auditorium  
  [RSVP](#)

- **Health Sciences Center Poverty Simulation**  
  *Presented by HSC Office of Diversity and Inclusion*  
  Wednesday, March 23  
  9:30am—12:00pm  
  Location: CTR 101/102  
  [Register](#)