First Cohort of Health and Social Justice Scholars Announced
by Katie Leslie, PhD, Program Director, HSC Office of Diversity and Inclusion

One student from each of the four Health Sciences Center schools was selected to the inaugural cohort of Health and Social Justice Scholars for the 2016-2017 academic year. Our first scholars include: Ashton Green (School of Dentistry), Mallika Saharwal (School of Medicine), Jade Montanez (School of Nursing), and Diana Kuo (School of Public Health and Information Sciences). Biographical sketches for each scholar follow.

Ashton Green:
Ashton was born in Indianapolis, Indiana where she has lived most of her life. She is a proud alumna of Pike High School in Indianapolis, Indiana. Throughout her high school career she was an athlete, a member of the National Honor Society, spent three years serving as a freshmen mentor, and also attended Lead America Medicine and Healthcare high school conferences. She graduated high school in the spring of 2010 and enrolled at Xavier University in Cincinnati, Ohio in the fall, majoring in biology. While at Xavier, she was a four-year member of the women’s Division 1 soccer team. This experience provided her with a platform to continue mentoring youth, being a community role model, and participating in and organizing many community service events. After graduating from Xavier in the spring of 2014, she dedicated the following year to serving within the Indianapolis community. She established a junior youth spiritual empowerment group, with a vision to make a positive impact in the lives of young people within the community. The goal was to mentor junior youth between the ages of 12-15, from diverse backgrounds, in developing a sense of responsibility to create positive change within their community through acts of service. She is currently pursuing her dental education at the University of Louisville.

Mallika Sabharwal:
As an undergraduate student at the University of Florida, Mallika Sabharwal volunteered at the Equal Access Clinic, as student-run free clinic that provided medical care to underinsured communities in North Florida. Patients were often uninsured, homeless, or undocumented immigrants. Learning how the clinic addresses non-medical barriers she designed a social services resource manual for volunteers to refer to patients, like local GED classes and federal aid program enrollment. Before starting medical school, she worked at the Chicago Department of Public Health through the CDC’s Public Health Associate Program. In Chicago, Mallika worked in the school-based sexually transmitted disease program which educated and tested high school students on the south and west sides of the city, which are areas of high morbidity that also lacked health care professionals. Additionally, she improved awareness of STDs and access to preventative resources by coordinating the Condom Availability Program in conjunction with Chicago Public Schools. She worked with health education teachers and students to design condom dispensers for high schools throughout Chicago.

Now as a medical student at the University of Louisville, Mallika serves as the Public Health Coordinator for the national American Medical Student Association. As coordinator, she facilitates webi-
Jade Montanez:

Jade graduated with a Bachelor of Science in Nursing with Honors from the University of Louisville School of Nursing. While completing her BSN she was involved in a research study about the relationship of sociodemographic characteristics with depression, anxiety, and stress in African American adults with Type 2 Diabetes. Since completing her BSN, Jade has worked for our nation’s best as a Veteran’s Affairs nurse and with people at their most vulnerable moments as a Palliative care nurse. Jade’s interest in doctoral studies is firmly grounded in the belief that research and scholarship will afford her the necessary tools to critically think within complex, changing healthcare and education systems. She has a passion for continued research and development of interventions to assist underserved populations with management of chronic illnesses. Additionally, she has years of experience working for an international health non-profit in Connecticut, where she focused on development activities for the organization in order to provide funding for medical and social services for special needs Chinese orphans. In her spare time, she enjoys sports and fitness exercises as well as travel (both domestic and international).

Jade is currently enrolled in the Doctor of Philosophy in Nursing program at the University of Louisville.

Diana Kuo:

Born in Taiwan, Diana immigrated to the United States with her family at the age of three, and lived in New Jersey during her formative years, until she left to study pathobiology at the University of Connecticut. In addition to having a Master in Public Health, Diana has also completed a post-baccalaureate degree in clinical laboratory sciences at The University of North Carolina in Chapel Hill. Prior to starting the PhD program at University of Louisville, not only did she work for the private sector in the Research Triangle Park, she also was employed for the State of North Carolina as a medical laboratory technologist at UNC Healthcare and the Department of Agriculture and Consumer Services performing microbiological, immunological, and molecular testing for both zoonotic and human diseases. Additionally, she has years of experience working for an international health non-profit in Connecticut, where she focused on development activities for the organization in order to provide funding for medical and social services for special needs Chinese orphans. In her spare time, she enjoys sports and fitness exercises as well as travel (both domestic and international).

Scholars will conduct interprofessional, community-based research along with a faculty mentor, participate in community service projects and attend monthly discussions. In addition, the scholars will receive annual financial support of $10,000 toward their education programs. Scholars are expected to continue in the program for three years. The first year of programming kicks off for scholars on August 27th.

For additional information, visit the Health and Social Justice Scholars web page.
Asian American Dental Association Formed
by Monica Lee, dental student

The relationship between health care providers and patients is one of the most significant interactions in the health care field. Proper communication and understanding are the fundamentals of providing patients of varying backgrounds with standardized health care. In order to enrich the cultural understanding of other future dental professionals, several students have formed the Asian American Dental Association (AADA) at the University of Louisville School of Dentistry.

Diversity is a proud and feared characteristic at the University of Louisville. AADA hopes to build on UofL’s diversity mission by providing students who are not familiar with the Asian culture an opportunity to become more knowledgeable.

AADA plans to share various Asian traditions and experiences through activities such as community service and social events in hopes of familiarizing participants and AADA members about the Asian heritage. AADA hopes these opportunities will allow students and members to feel more comfortable and connected with people of diverse backgrounds and perspectives. Removing stereotypes and prejudice thoughts will allow and encourage open minds and thoughts. Because ultimately, as future dentists, it is important to help patients of diverse backgrounds ease into the dental chair. As an organization, AADA can share knowledge to make this possible.

Networking events, community service activities, a mentorship program and local professional organization engagement are among the ideas for the group. AADA wants to reach out to the numerous people and communities in Louisville. The new organization hopes to strengthen the core of AADA and benefit the members to what being informed can offer future health care providers. The outlook of AADA is very promising, and the organization’s leadership cannot wait to share what the organization has to offer!

For more information, contact AADALouisville@gmail.com.
Back in college, when I first told a floormate back that I was “pre-med” she said, “Oh, it’s because your parents are doctors.” In reality, my dad works for the state toll service (he originally immigrated to work as a restaurateur in the United States) and my mom had recently switched careers to become a science teacher (when she immigrated she worked for years as a cashier at a drug store). Contrary to the “model minority” label which falsely assumes that Asians have higher educational status, higher per capita income, and ignores the unique health disparities of the Asian community, Asians are stereotyped as a group whose hard work and personal responsibility prove that the American dream is a reality, but is it really?

The “model minority” term first appeared in a New York Times Magazine article in the 1960s that described Japanese American immigrants overcoming discrimination through supposed “perseverance” in comparison to political action used by African Americans during the Civil Rights Movement. It was instated by people in power and is still perpetuated by broader institutions. For example, immigration law favors highly educated and skilled immigrant applicants from Asian countries to benefit the American economy. India and China are the top two countries of immigrants who receive H-1B visas, allowing immigrants to be employed by a company for expertise in a special field. The United States also offers special visa programs (EB-5) that allows wealthy individuals to invest in American development projects in exchange for green cards for themselves and their families. Universities are especially welcoming to international students who pay increased tuition. These are only options for the most educated and affluent people from Asian countries.

Asian Americans have the widest wealth gap of any racial or ethnic group. Data shows that Asian Americans have one of the highest median family incomes while the poverty rate among Asian Americans is also the highest, especially when adjusted for household size and geography. According to the Asian Americans and Pacific Islanders Data initiative, Asian Americans have larger households and their communities are concentrated in the four most expensive states (Hawaii, California, New York, and New Jersey). There are highly-skilled immigrants who live well while there are refugee populations that live below the national poverty average. The unemployment rate among Asian Americans is lower than the national average. However, when considering long-term unemployment Asian Americans have the highest rate compared to other groups, indicating chronic unemployment.

One reason that these data points are flawed is due to the reporting of aggregate data among Asian Americans. The term “Asian American” encompasses 48 different countries with distinct cultures, political histories, and societies. They are not homogeneous. Often the term is used as a generalization.
to describe a person of Asian descent and lumps together people of various backgrounds into one larger group. The reporting of aggregate data also affects public health and skews the reporting of data and intervention implementation.

While working at the Chicago Department of Public Health in cardiovascular disease prevention, we worked with community organizations to provide blood pressure screenings in communities most burdened by heart disease, specifically Latino and African American populations. The South Asian Cardiovascular Center, an organization initiated by a cardiovascular surgeon who noticed an increase in heart attacks among Indian Americans of his patient population, approached the health department to begin work with the South Asian community. Research shows that due to genetics Asians are more likely to develop diabetes and have heart disease at a younger age despite not being obese or overweight but having an increased muscle to fat ratio (skinny-fat phenomenon).

Just like in any race and ethnicity, there are people who are wealthy and successful while there are people who are struggling to make ends meet, living paycheck to paycheck. Media focuses on the success stories of Asian Americans and ignores instances where they struggle. To overcome the reporting of aggregated data and avoiding the hidden challenges that certain Asian American groups face, it is necessary to generate disaggregated data. Surveys should include national origin which would support people’s unique experiences. Aggregated data is also important to have an increased sample size and capture data from relevant subpopulations. To continue improving sample size, it is important to conduct surveys in different languages and oversample respondents who are likely to underreport their race or ethnicity.

Asian Americans are equally fighting to be heard in society. It is important that policymakers and nonprofit organizations recognize the diversity among this subpopulation to ensure that equal opportunities are available for everyone. Regardless of how motivated an individual is or the communal support system they may have, they need to have access to equal opportunities for a chance to pursue the American Dream. That is when upward social mobility is possible.

**Asian alone or in any combination by selected groups**

**2012 American Community Survey 1-year estimates**

School of Nursing

Nurse is First UofL Alum to Attend Harvard Research Scholar Initiative

by Hayley Kappes, Health Communication Specialist, Office of Communication and Marketing

Louisville native Amanda Speller will hone her research path at one of the world’s most prestigious universities. Speller, a 2015 B.S.N. graduate from the University of Louisville School of Nursing, has been accepted to Harvard University’s Research Scholar Initiative, a post-baccalaureate program that aims to increase the number of underrepresented minorities in doctoral programs. Through mentored research and training, the program strengthens a scholar’s competitiveness when applying to top graduate schools.

Speller, 24, is the first UofL graduate accepted to the program, which annually admits no more than six applicants from across the country. She will work as a research assistant with a Harvard faculty member, participate in professional development seminars and have access to undergraduate and graduate coursework. Speller, who works as a research nurse at the UofL Clinical Trials Unit, will study health policy and plans to research ways to make hospital operations more economically efficient.

“Amanda was selected based on her long-term goals, her interests in public health research, and the overall strength of her application, including her passion for research,” said Sheila Thomas, Ph.D., associate dean of academic programs and diversity at Harvard’s Graduate School of Arts and Sciences.

In July, Speller will begin the program, which lasts one year with an option for a second year. She will receive a $33,000 annual stipend and tuition for up to two classes per semester.

“This is a very prestigious program and an honor for us to have a graduate accepted into it,” said Lynne Hall, Dr.P.H., R.N., UofL School of Nursing associate dean for research. “Amanda was very active in research as an undergraduate student and published and presented.”

The School of Nursing served a key role in shaping Speller’s research interests, allowing her to work as a research assistant before she was officially accepted to the upper division of the program. She worked with Carlee Lehna, Ph.D., A.P.R.N.-B.C., School of Nursing associate professor, on two Federal Emergency Management Agency-funded grants focusing on home fire safety for parents of newborns, including those with special needs, and older adults. A paper that Speller co-authored with Lehna and other faculty members won the 2015 American Burn Association’s Lindberg Award for the best scientific paper submitted by a non-physician.

“My professors were willing to let me be involved in every part of the research process,” Speller said. “This gave me a very clear view of the joys and frustrations of being a nurse researcher. It is also very uplifting to have a group of highly successful people believe in you.”

Amanda Speller, 2015 School of Nursing B.S.N. graduate, has been accepted to Harvard University’s Research Scholar Initiative.
Diversity Alone is not Enough

by David Johnson, PhD, MPH, Postdoctoral Associate, Department of Health Management and Systems Sciences

Diversity alone is not enough. By this, I mean that simple exposure to a diversity of individuals is insufficient to achieve social justice. This is not to say that fighting to end discrimination has no place, for we know that regular interactions with people of diverse backgrounds can provide opportunities for greater understanding. Indeed, we must strive to achieve social justice in these ways, but stopping there leaves out a critical analysis and confrontation of a major source of injustice — our own unexamined beliefs.

Let me be the example. I’m a Louisville homer and three-time graduate of U of L. As a white kid from the east end, I appreciate my childhood and the opportunities I had for success — but I realize now that I experienced very minimal exposure to people who didn’t look like me, worship like me or come from a similar economic background. I was brought up in a Catholic family, the youngest and only boy with two older sisters. My dad is an optometrist and we always did okay — not crazy wealthy, but comfortable. The home was filled with love, and only minor dysfunction, and I can’t remember a time when my parents were ever overtly racist or discriminatory. However, we all operated under some middle-class assumptions that were rarely questioned — that hard work always leads to success, for example, and that people can better their lives through their own effort alone. Like many white families, my parents likely assumed that teaching their children to be kind to others, not to call people names and to give everyone a fair chance was sufficient. I’m not sure it was.

I went to Catholic schools from kindergarten until high school graduation, and I had no non-white classmates until 9th grade, but even then I never really became good friends with them. I might have just been too tired, however — I got up at 3:30 every morning to deliver newspapers to help pay my school tuition (and for my first car). Diversity-wise, things were a lot different in college. I regularly had classes with students of every skin color and background. Outside of school was similar, and I developed a social circle that was more ethnically diverse. My undergraduate major in anthropology further helped to develop my interest and passion for social justice, but I had yet to confront the biases that were a byproduct of my upbringing.

I fell in love, got married, and discovered that I enjoyed teaching. I took a job in HIV education with Volunteers of America, on their HIV/STI Prevention STOP team, and my target population was Men who have Sex with Men (MSM). I was told that I was the first heterosexual man to work on the MSM STOP team — and still, I had yet to confront the biases that were a byproduct of my upbringing. It was in this work that I really began to see how marginalized people of color are — and particularly gay men of color. In talking with these men, I began to see how many cultural biases they must struggle against. I began to see that the world is not as fair as my parents — and I -- believed.

Fast forward to the present, and somewhere along the way, through self-reflection and critical thought, I realized that my early years with little diversity was formative of my worldview and how I develop and maintain relationships. My prejudices, biases and misconceptions have been constructed through this experience,
and I can only address and break them down by systematic reasoning, dialogue, and discourse. This is an ongoing process, and to my point, simply experiencing diversity does not erase or replace those prejudices, biases, and misconceptions.

I helped develop and now currently teach in the public health undergraduate program at U of L, where we really emphasize critical thinking and working in teams. Our students are an inherently diverse group of individuals, and it has been indescribably rewarding to work with students in and out of the classroom who vary in race, age, gender, ethnicity, and nationality, as well as different economic and social backgrounds. In a program like this one, self-reflection is not a luxury, but a necessity. We are guided by the Paul-Elder Critical Thinking model (see diagram), incorporating the Elements of Thought into many assignments, and we do most of our assessment using Intellectual Standards. With respect to critical thinking, our ultimate purpose is to help students to develop Intellectual Traits – such as Intellectual Humility, when one acknowledges “my biases and the limits of my knowledge,” and Intellectual Fair-Mindedness, when one strives “to treat every viewpoint in an unbiased way without reference to my own vested interests.” We regularly challenge our students to be mindful of their biases and prejudice when learning about and addressing public health issues, as well as when they work with each other.

The program philosophy has provided students (and me), a structured opportunity to break down our personal biases and prejudice through reason, dialogue and discourse. It is not always easy or pleasant to identify and address our biases, but I have found that to truly appreciate and understand the benefits which diversity provides, it must be done.

I not only want the experience of diversity and the appreciation for one’s own biases for my students, but I also want the same for my daughter. She is set to join the Jefferson County Public Schools system in the fall as a kindergartner, where she will undoubtedly have a greater experience with diversity in the classroom (and earlier) than I did. Over time, I hope to help her see her own biases, whatever they may be – because I’m fairly certain that just exposure to diversity is not enough.
HSC Diversity and Inclusion

Medical Literacy Education in the West End: Opportunity for Health Enhancement and Grant Outreach

by Karen Krigger, MD, MEd, FAAFP, AAHIVM, Director of Health Equity

February, 2016 Redeemer Lutheran Church 3640 River Park Drive Louisville, Kentucky 40211 was awarded the LCMS “Stand with Your Community Grant” in partnership with the Lutheran Church- Missouri Synod, The Lutheran Church Extension Fund, and Thrivent Financial Foundation as part of Reformation 2017 celebration next year honoring the 500th university of Martin Luther’s Reformation Declaration. Five hundred and fifty churches applied nationwide for the award with 55 grants distributed. Redeemer Lutheran Church, whose Dare To Care Program serves zip codes 40210, 40211, and 40212 in Louisville’s west end, received funding for 2 years to provide medical literacy education classes to Louisville’s west end. Funds received provided patient incentives, patient travel, project support personnel, and supplies.

Louisville zip code 40212 have lower life expectancy rates than Iraq per the Louisville Metro Health Equity Report 2014. Zip code 40211 has the highest incidence of alcohol and drugs in the county per this report. The zip codes 40210, 40211, and 40212 have high disparate rates for diabetes, heart disease, cancer, HIV & AIDS, stroke, and homicides when compared to the rest of the country. A high percentage of patients within these zip codes receive medical care from managed Medicaid organizations that are often overburdened and time constrained with chronically ill patients with limited medical knowledge of their own health conditions. This initiative serves to provide medical literacy skills and disease based knowledge to affected individuals within their neighborhoods in a peer supportive manner.

Programming in March included “Colon Cancer Prevention and Screening “through participation with EPICS (Educational Program to Increase Colorectal Cancer Screening: a Cluster Trial). These events were sponsored by Morehouse University and the National Cancer Institute. Patients were given incentives such as water bottles, exercise bags, and pedometers. The activities of March also included nutritional tours of the 28th and Broadway Kroger as part of the nutritional study led by Diana Pantalos RD, UL pediatric nutritionist, and volunteered to assist UL medical students. Patients received $10 free groceries for the completion of a health menu activity during the activity at the Kroger store.

The “Living Well Workshop” series licensed from Stanford University focused on chronic disease management for 6 weeks, starting in April, with partnership support from Metro Louisville Department of Health and Wellness, Family Health Centers, and the State of Kentucky. Patient incentives included a relaxation CD and exercise book. A three week “Asthma Care” series was delivered by UL
School of Nursing personnel with recruitment to a grant from the Dr. Barbara Poliva UL School of Nursing.

June involved a partnership with Dare to Care for their “Cooking Matters” class for 6 weeks in which a chef and nutritionist led a class in the preparation of a healthy meal. In this 6 week class all the food needed to prepare a meal at home was given the participants, and families were also given a healthy meal preparation cookbook.

July activities will focus on the Redeemer Lutheran West Louisville Community Festival and Health Fair which will be held July 30. August will sponsor weekly trips to the New Albany YMCA for aqua arthritis classes. September will focus on diabetes and heart disease.

African-Americans and economically under resourced populations are traditionally “hard to reach “populaces for clinical studies. The Health and Wellness Outreach initiative at Redeemer Lutheran church offers a symbiotic connection between the university and disparate populations. Much needed medical education can be delivered by university personnel pursuant to health inequities while promoting study recruitment in underrepresented populations.

Contact Dr. Karen Krigger in the Office of Diversity and Inclusion at 852-7159 for more information or how you may become involved.

Upcoming Diversity Events & Announcements

- **Fostering Research Collaboration: A Networking Event for Women in Science**
  Tuesday, August 9
  7:00—8:30am
  Location: Abell Building, Room 110
  More information [here](#)

- **HSC Pride Networking Night**
  Thursday, September 1
  7:00—9:00pm
  Location: Play Dance Bar
  Contact: Chaz Briscoe

- **UofL LGBT Health Summit**
  Monday, September 12
  8:00am—4:00pm
  More information [here](#)

- **Research!Louisville Health Disparities Lunch and Learn featuring Glenn Flores, MD, FAAP**
  Thursday, October 13
  12:00—2:00pm
  Location: CTR Room 101/102

- **Health Sciences Center Poverty Simulation**
  Wednesday, October 26
  9:30am—12:00pm
  Location: CTR Room 101/102
  Register [here](#)

- **Save the Date! 11th Annual Patricia Allen Culturally Effective Care Symposium**
  Wednesday, November 2
  Location: Kentucky Center for African American Heritage