A Message from Dr. Postel

Today, we’re sending our thoughts and our support to our friends at the University of Virginia and to the citizens of Charlottesville.

A little more than a decade ago, the University of Louisville and our city were involved in a similar controversy. A hate group decided to protest on our campus. The stress caused by that planned protest, the emotions it raised, the fear and anger among some of our students, faculty and staff, was palpable. A situation similar to that in Charlottesville was quite possible.

But we did not let that happen. Instead, our students, faculty, staff and administration worked together to ensure that we would not allow hate to overcome us. Make no mistake, a little bit of luck was involved in having no violence in Louisville at that time. But the culture in our city and on our campus played a much larger role.

Instead of violence, we chose education. We committed to civil conversation, talking to each other and learning from each other. The violence – the hatred – that many feared would divide our campus never came to pass.

We chose unity. And we became a stronger community because of it.

Today, our university is considered one of the most diverse, tolerant and welcoming campuses in the United States and particularly in the south. We are proud of this distinction, and we work at it every day.

We also know that there are still some among us who would divide us. So we must continue to work together, to respect each other and, together, to fight the attitudes that could poison and divide our community.

We must choose understanding and support.

We must choose unity.

I hope you will join me in sending thoughts and prayers to our friends in Charlottesville. And I hope you will join us in working to ensure similar events do not happen in our community.

Greg Postel, M.D.
Interim President
School of Dentistry

UofL Offers Free Back To School Dental Check-ups

Buying school supplies is one of many important tasks on the to-do list when preparing kids for a successful 2017-18 school year.

Getting health check-ups, including dental screenings or exams also should top the list.

“Tooth decay can be painful if left untreated, and painful teeth will affect a child’s performance in school,” said Alfonso Pozas, D.D.S., M.S.D., pediatric dental faculty at the University of Louisville School of Dentistry.

He encourages families to call 502-852-SMILE (7645) to take part in UofL’s free back-to-school promotion, where a dental provider will look in the child’s mouth for signs of decay. For kids entering kindergarten, a form will be sent home that can be turned in to the school, per Kentucky law for school entry.

“It is important for parents to brush the teeth of their children twice a day until the child is 8-years-old – hopefully by age eight, a child will have the skills necessary to thoroughly brush on their own,” Pozas said. “A parent also should help a child floss beginning no later than age 3, when the spaces between teeth start to close.”

In addition to screenings, families may choose a full dental exam for their child. This includes x-rays, a cleaning, fluoride treatment and a thorough look through the mouth.

For children experiencing extreme decay, the school also offers Silver Diamine Flouride, a 58-percent solution that stops decay in its tracks.

But prevention, says Pozas, is really the key to a healthy smile. Pozas encourages parents to find a dental home for their children beginning at age one, when teeth begin to erupt.

He also advises parents to consider sealants for children between ages 6 and 10.

“Sealants go into the deep grooves of molars, the areas where cavities are likely to form. They can last several years, and are ideal for decay prevention,” Pozas said.

A healthy diet means healthy teeth, new juice guidelines

Most parents know that proper nutrition leads to healthy bodies. Eating sticky candies such as “gummies” can lead to a higher incidence of cavities. Allowing children to drink anything other than water in a sippy cup, also can be problematic. Pozas says, the pH balance of the mouth is disturbed when a child is allowed to drink juice all day, for example. Better, he says, to drink juice or milk in one sitting rather than over the course of several hours.

Pozas emphasizes to his patients the new juice drinking guidelines released this summer by the American Academy of Pediatrics (AAP).

The new recommendations urge parents, when possible, to feed their children whole fruit rather than juice, where fiber and other nutrition can be gained. And, the Academy has reduced the quantity of school juice for children according to age:

- No juice for children younger than 12 months.
- 1-3 years – Limit fruit juice to a max. of 4 ounces per day (1/2 cup)
- 4-6 years – No more than 4-6 ounces (1/2 cup – ¾ cup)
- 7-18 years – Limit juice to 8 ounces per day (1 cup)

*In addition to free back-to-school screenings, the school also is offering free orthodontic consultations, and a $250 credit toward the cost of braces for treatment that begins within six weeks of the initial visit for children/youth to age 21. Learn more at uofl.me/yourdentalhome
The SOM Works to Train the Next Generation of Physicians

by: Dave McIntosh, PhD, Associate Dean for Urban Health Innovation and Chief Diversity Officer, School of Medicine

In the middle of July while most middle and high school students were enjoying their summer break, a group of 13 students from the Cabbage Patch Settlement House in Louisville spent the week learning about the rigors of medical school and the practice of medicine. As part of a new camp, the School of Medicine designed a series of experiences to introduce and inspire young people interested in STEM (science, technology, engineering, and math) to pursue careers in medicine. The week included simulation training experiences similar to those utilized by practicing physicians and medical school students. The highlights of the week included: virtually operating on the GI track using a simulator, watching a live open-heart surgery (that included the opportunity to ask the surgeon questions in real time during the operation), learning how to use an ultrasound machine, expanding their own DNA so that it was visible to the naked eye, and holding actual hearts. Each day during lunch, the students also had the unique opportunity to interact with practicing physicians who not only shared their favorite patient stories, but also discussed their story: why they chose a career in medicine, who inspires them in their work, the toughest part of medical school, along with many other insights. This unique experience provided students a glimpse into the life of a medical school student and a physician. With this experience, the School of Medicine is poised to hopefully expand the program to include more students and create additional learning opportunities for students interested in a career in medicine.

Dr. Gretel Monreal, Assistant Professor in the Department of Cardiovascular and Thoracic Surgery shows students from the Cabbage Patch a cross-section of a heart.

Samantha Sears, a fourth year medical student in the School of Medicine watches as Cabbage Patch students are surprised when the simulation mannequin responds to their questions.
Haiti is located on the western third of the Caribbean island of Hispaniola. While the 2010 earthquake and 2016 hurricane that hit Haiti did not affect Thomonde directly, many already limited resources were shifted to other parts of Haiti leaving Thomonde with a continuing and overwhelming lack of healthcare resources. In May of 2017, eight MEPN (Master’s Entry into Professional Nursing) students and two traditional BSN (bachelors of nursing) students in conjunction with two advanced practice registered nurses and two medical doctors journeyed to Thomonde, Haiti for an international service learning primary care and nursing program. Through Project Medishare, a community-based and Haitian-centered organization devoted to improving the health and quality of life in Haiti, the team worked to provide primary health and nursing care to rural communities surrounding Thomonde. This report will highlight health and general resources, public services, health indicators, population and environmental metrics, student-led nursing diagnoses, goals and interventions based upon Healthy People 2020 and Healthy Kentuckians 2010 standards.

Running Head: Fruit and Vegetable Round Up
by Kylie Pantle, UofL School of Nursing

In July, four students from the University of Louisville School of Nursing MEPN (Masters Entry into Professional Nursing) program partnered with Achieving Dreams summer camp, a section of a local organization in the city of Louisville, Dreams with Wings which works with children with varying disabilities. The focus of this collaboration was nutrition in which the school of nursing students designed a teaching session, aptly named “Fruit and Veggie Round Up”. This session included an interactive display board with Velcro fruits and vegetables to be removed and replaced on the board for different games involving nutrition knowledge. Participants were also invited to do active learning through song and dance, as the nursing students provided a fruit and vegetable version of the hokey pokey, and then concluded the session with “My Plate” coloring sheets and allowed for a Q&A session with the participants.
Public Health and Information Sciences

Presenting the Center for Health Equity’s Metro Racial Equity Youth Council
by: Melissa Schreck, Director External Affairs and Strategic Planning, SPHIS

The Racial Equity Youth Council, also known as the Despite Oppression Pursue Excellence Youth Council (D.O.P.E.Y.C.), is a group of 10 young people between the ages of 16-19 with the goal of empowering our community by advancing racial equity. As a strategic initiative of the Center for Health Equity, in partnership with Mayor’s SummerWorks and YouthBuild Louisville, we have taken on the ambitious, yet necessary goal of creating action plans over the course of seven weeks that address structural barriers faced by young people who are not in school and unemployed.

The infamous “separate but equal” doctrine has served as a foundational block in our society for policies and practices that greatly impact people today. In order to implement equitable change we have a curriculum of engaging in open dialogue, analyzing documentaries and discussing articles while also interacting with guest speakers. This curriculum has enabled us to enhance our awareness of mass incarceration, food injustice, gentrification, redlining and other forms of racial inequities that hinder our community’s potential.

In particular, reading and analyzing articles - from the Washington Post to excerpts by James Baldwin - have given insight into the ways the foundation of this country is flawed. This was particularly apparent in the works of Frederick Douglass and Rev. Martin Luther King Jr. The documentaries that we have watched have touched on the roots of mass incarceration and how laws, practices, and institutions have built up and continue to economically thrive off of the imprisonment of people of color. Along with learning about this form of racial inequity through a cinematic representation, we read articles dating back to 1852, which demonstrated how this battle of racial inequity did not begin recently but that it began with the birth of our nation.

To balance our sometimes emotionally heavy work, we have a Tai Chi instructor come in twice a week, ensuring a holistic experience. We use Tai Chi to connect with our inner selves and rise to our greatest potential. We learn different postures and forms that help us learn how to use our bodies in the most divine and healthy way. Our class emphasizes the principles of Baba Serikali’s Tai Chi: respect, confidence, inner peace, control, harmony, self-discipline, concentration, and self-value. This reflective practice centers our fo-
Our first action plan is to engage in Youth Participatory Action Research (YPAR). We are using this method of research because we believe that the people who are being most impacted should have the chance to have their voices heard. Our research will focus on youth in detention services exploring the “how” and “why” when we are often only given the “what”.

In our second action plan we will conduct racial equity trainings. This training will analyze how institutional and structural racism uniquely affect youth. Participants, ideally those who work with youth, will walk away with an enhanced view for how the world works and how it intertwines with race, power dynamics, and social standing. Participants will share what they learn from attending this training through communicating with others and acting as a racial equity advocate in the community.

Through our efforts, we aspire to amplify the voices of the unheard to implement equitable change regarding underrepresented youth. Collectively we have realized that despite oppression, our community can pursue excellence!

If you would like to learn more about the council or how racial equity can be incorporated into your work, please contact:
healthequity@louisvilleky.gov or call the Center for Health Equity at 502.574.6616.

We want to thank the youth participating in the Racial Equity Youth Council (REYC) for contributing this article. The REYC is organized by the Center for Health Equity (CHE), which is based in the Louisville Metro Department of Public Health & Wellness and directed by Brandy N. Kelly Pryor, PhD. Dr. Kelly Pryor is an Assistant Professor in the School of Public Health and Information Sciences and Director for CHE. The REYC is being coordinated by incoming Pan African Studies graduate student, Ms. Mahogany Mayfield, and Dr. Aishia Brown, SPHIS postdoctoral fellow. For more information about the REYC, please contact Dr. Brandy Kelly Pryor or the Center for Health Equity.
We Can’t Go Back  
by V. Faye Jones, MD, Associate Vice President for Health Affairs / Diversity Initiatives

As I watched the events unfold in Charlottesville, Virginia over the weekend, I saw what I would imagine it was like for my parents and grandparents as they grew up in the times of knowing their place in society, the attitude of being perceived as “less than.” The name calling, the violence, and, yes, the fear was forebodingly present in the community for all to see and experience. I could sense my heart hurting and the ominous feeling of disgust that was mounting inside me as every horrific event was broadcast to the nation. Although I was always aware of the existence of racism, I kept saying out loud, “How could we, as a nation, slide back so far in such a short period of time.” Did we not learn anything from our past? I kept thinking we are better than this.

Although this event climaxed in Virginia, the underpinning that fosters such attitudes have been growing for a long time. We have seen the gradual disregard of congeniality in society. We have witnessed the backlash (i.e., physically, emotionally and economic hardship) directed toward people who may be different than ourselves. Some of us have experienced the fear and pain, not only for ourselves, but for family and friends who have been directly affected. However, there is a light that has shone on the despair. Following the lead of Dr. Greg Postel, Interim President of the University, we must choose unity in our response to racism.

So what can we do?  
• **Shine a light on racism.**  
  ⇒ We have to acknowledge racism exists. So many of us would like to think we live in a society where one’s physical appearance and origin of birth doesn’t matter. However, the events in Virginia demonstrated how untrue that is. The immorality of racism lives and is trying to plant more seeds. We need to make sure there is no fertile ground to allow it to grow.
  • **Speak up**  
  ⇒ We can hinder its growth by speaking up. It is everyone’s responsibility to be engaged, to protect each other. When you see something, say something and do something. Be the voice of the voiceless. Be there to support your neighbor.
  • **Educate Ourselves**  
  ⇒ Have those difficult conversations. Attend professional development opportunities that enhance your own growth in this area. Ensure there are opportunities in the curriculum to have thoughtful discussions.
  ⇒ Understand that racism is considered one of the Adverse Childhood Experiences (ACE). Evidence-based studies have shown these experiences not only have a major economic impact, but have consequences on physical and mental health as well as social well-being.

• **Examine our policies**  
  ⇒ Ensure our policies are transparent.
  ⇒ Scrutinize existing policies for the presence of systemic barriers that may hinder progress toward our goal of inclusion.
  ⇒ Develop new policies that safeguard our right to feel valued and to be the best each of us can be.

• **Invest in diversity and inclusion**  
  ⇒ Ensure there are sufficient resources (both human and capital resources) to create opportunities that advance innovation needed to support intellectual development, academic enrichment, patient care, research and community engagement.

We need people of all races, ethnic backgrounds, economic status and political affiliation to speak out and reinforce our position for which we stand. We need to continue to come together as a university and a nation to say, “We can not and will not go back.”
Did You Know... Interracial Hospital Movement

by Jon Aaron Moody, HSC Office of Diversity and Inclusion

After being severely injured in a car accident three young African Americans were taken to a hospital in Hardinsburg, KY, it was the middle of autumn, and the year was 1950. Upon arrival to the hospital the black patients were refused at the door, and officials called for a black ambulance service to come from Louisville. While the ambulance sped the 70 miles to Hardinsburg the patients were given little medical attention as they laid on a cold hard concrete floor. The incident, which claimed the life of one of the three men, was later reported in the newspapers and lead to the formation of a biracial organization known as the Interracial Hospital Movement (IHM). This organization demanded the desegregation of medical facilities across the state of Kentucky.

The Organization was led by Mary Agnes Barnett, an African American woman who was married to a leader in the Louisville Progressive Party, and Anne Braden, who was a white newspaper writer as well as an activist for the Progressive Party. In 1951 the IHM began an extensive petition drive in support of desegregation, and the movement eventually morphed into a coalition that included both black and white members of civil rights organizations and labor unions. Additionally, Anne Braden’s door to door appeals lead to the further support by many religious leaders in the community such as J.C. Olden, who led the Militant Church Movement in Louisville along with Rev Albert Dalton of St. Stephen’s Episcopal Church. Mr. Olden went on to co-chair the IHM after being thoroughly impressed by Braden’s commitment to the cause.

In January of 1951 the IHM marched on Frankfort, KY where leaders presented Governor Lawrence Wetherby with the results of the petition drive, which garnered over 11,000 signatures from individuals across the state of Kentucky. Governor Wetherby immediately ordered an investigation into public hospitals, and set forth the requirement of all public medical facilities receiving monies from the government to immediately end all practices of racial restriction.

In early 1952 the IHM sent a committee led by J.A. Christian and William T. Byrd to Frankfort requesting legislative changes and that an amendment be attached to an impending Hospital Licensing Act which ruled that no licensed hospital in the state of Kentucky could deny care to any person because of race, color, or creed. The act passed Senate in February 1952 with the support of Senator C.W.A. McCann and shortly thereafter the Kentucky State Medical Association issued a statement in favor of barring all discrimination in medical facilities.

Despite the modification of the amendment by the House or Representatives to bar the denial of emergency treatment before the act was passed, the IHM had successfully started the process of desegregation of Kentucky medical facilities.

Anne Braden, early 1960s
Upcoming Diversity Events & Announcements

- **Diversity in Science in a Global Economy**  
  **Tuesday, September 12, 9:00am—12:00pm**  
  **CTR Building, Room 124**  
  Sandra L. Hanson, Ph.D., MA., Professor of Sociology, Catholic University of America, Washington, D.C., will present: Science for All? Diversity in Science in a global Economy. This presentation addresses the question of who will do science from a global perspective. It is argued that diversity in science results in better science. Cross-cultural variation in women’s access to science education and occupations is examined and sources of continued inequity are considered. Open to all postdoctoral fellows, graduate students and M.D.-Ph.D. students, faculty and staff. For further information please contact Carla Jones at (502)852-2454

- **R!L 2017 Presents Building a Program of research to Understand Lung Cancer Screening Behavior and Improve Communication and Decision-Making**  
  **Wednesday, September 13, 1:00pm—2:00pm**  
  **CTR Building, Room 101/102**  
  Dr. Lisa Carter-Harris is a behavioral scientist with over a decade of clinical experience as an adult nurse practitioner. Her research is focused on understanding factors that influence decision-making regarding lung cancer screening. She is the PI of an R15 funded by the National Cancer Institute to test her conceptual model on understanding lung cancer screening behavior from the patient perspective. Health professions students, faculty, staff, nurses from the community and the public are welcome to attend. Sponsored by the University of Louisville School of Nursing. For further information please contact Dr. Lynn Hall at (502)852-8385

- **R!L 2017 Presents Across Sectors, Across Generations: Achieving Health Equity for All**  
  **Thursday, September 14, 12:00pm—1:30pm**  
  **CTR Building, Room 101/102**  
  Dr. Thornton is an assistant professor at the Johns Hopkins School of Medicine and also holds a joint appointment in the Department of Health, Behavior and Society at the Johns Hopkins Bloomberg School of Public Health. Dr. Thornton’s research focuses on childhood obesity and cardiovascular disease risk, health disparities, and social determinants of health. She has expertise in racial/ethnic disparities in health and health care. She is committed to informing the development of novel interventions to eliminate health disparities by addressing individual, family, and community level factors that contribute to disparities in child and adolescent obesity and cardiovascular disease risk. Sponsored by the HSC Office of Diversity and Inclusion. Free lunch provided with RSVP by noon on 9/13/17. Click here to RSVP

- **MAGS CV Workshop**  
  **Friday, October 20, 12:00—4:00pm**  
  **UofL Cultural Center Multipurpose room**  
  Need Help with your CV? This will be an interactive session on developing a Curriculum Vita (CV). Please bring your CV to get personal assistance.

- **UofL SOM Pediatric Grand Rounds — “Social Determinants: Using Culture as Catalysts for Health”**  
  **Friday, October 27, 8:00—9:00am**  
  **Second Floor Auditorium, Norton Hospital**  
  Theo Edmunds, JD, MHA, MFA  
  1) Learn how arts and culture can be used to mitigate the negative health impacts of poverty  
  2) Learn how arts and culture can catalyze communities toward developing more health protective policies  
  3) Learn how arts and culture innovators are using the social-ecological model to transform cultural producers into a new population health prevention workforce
Calling for Medical Student and Resident Volunteers

Wednesday, Sept. 13th, 11:30 am to 2:30 pm at the Kentucky Science Center

RESEARCH!LOUISVILLE: A MED SCHOOL PREVIEW FOR BIOMEDICAL STUDENTS
UME, GME, and L-WIMS are again partnering with the Kentucky Science Center this fun event.

Middle school and high school students practice some real medical content and meet students, residents, and faculty, and (we hope!) consider a career in medicine!

We will have six learning stations (each repeated twice):

At the Beginning - training on a birthing simulator
   Dr. Sarah Petruska (OB/GYN) and Kevin Martin (Paris Simulation Center)
   See how medical students and residents are trained to deliver babies using a life-size birthing simulator.

Suturing workshop -
   Hands-on training using real suture (on simulated tissue) to close an incision

Heart Sounds and Heart Anatomy -
   Dr. Lorrel Brown (Medicine and Cardiology) and Dr. Erin Davis (GME)
   Interactive session using media and simulators to learn how blood circulates through the heart and the sounds of a healthy heart

Taking a Patient history -
   Carrie Bohnert (Director, Standardized Patient Program)
   Why does a doctor ask so many questions? Students will work with Standardized Patients to learn the pattern of a history and physical (H&P).

How We See It -
   Dr. Tala Marie Kassm (Ophthalmology)
   Dissecting cow and pig eyes to see the parts of an eyeball and learn their functions

Bare Bones -
   Dr. Jennifer Brueckner-Collins and Dr. Nicole Herring (Anatomical Science)
   Exploring gender differences in skulls and pelvises

Please email Dr. Karen Hughes Miller Karen.miller@louisville.edu if you are interested.
Formal letters of thanks for your participation will be provided to your faculty/attendings as needed.