Culture and Public Health: An Experience in Ghana

by Maryam Ahmed, MPH
Spring 2014 graduate of the School of Public Health and Information Sciences

In a typical academic institution, a student is taught various concepts, ideas, models, frameworks, and more. The environment in which the student learns is composed of relatively like-minded peers and the social atmosphere remains similar throughout the academic year. The problem solving skills and solutions are more or less relevant to the surroundings in which they are taught. As the world continues to move towards globalization, it is becoming more crucial to have a multicultural perspective and a multidisciplinary approach to developing solutions. Travel opportunities combined with an educational agenda serve as an effective way to gain a broader outlook. It provides a first-hand account of diverse people, cultures and the complex factors as well as constructs that influence different worldviews.

As current and future public health professionals, I think it is valuable to understand and be able to relate to people of diverse cultural backgrounds. Like me, most who are involved in public health initiatives are interested in making a difference and working towards promoting health for all. The field calls for interactions with populations that are comprised of different cultures and subcultures. What better way is there to learn about health systems and become informed about cultural variations and its beauty than to set out on an educational journey across the world?

Every year, the University of Louisville’s School of Public Health and Information Sciences (SPHIS) offers students a rewarding opportunity to travel to Ghana and develop individual and/or team research projects. The objective of such academic travels organized by institutions is to facilitate a learning opportunity that will allow students to broaden, build on and apply the skills gained from classrooms. This year, I decided to join faculty members and one other student on an adventure across the continent in hopes of gaining a better understanding of public health issues, access to and utilization of health care in Ghana.

Briefly, Ghana is located in the West Coast of the Sub-Saharan region of Africa. It is surrounded by neighboring countries Côte d’Ivoire [Ivory Coast] (West), Togo (East), and Burkina Faso (North). The country is rich in culture with dozens of languages, ancient kingdoms and empires, and diverse ethnic groups. It is commonly known as the first Sub-Saharan African nation to gain independence from Western rule and

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On April 11th, the School of Dentistry spearheaded the Health Sciences Campus 1st Patient Centered Care Symposium. This year’s symposium featured Dr. Hassan Tetteh, MD a board certified cardiothoracic surgeon. After receiving his MD from the State University of New York (SUNY) Downstate Medical School in 1998, Dr. Tetteh completed his general surgery residency at Downstate and Kings County Hospitals in Brooklyn, New York and then served as the director for surgical services aboard the USS Carl Vinson, (CVN70). In 2007, Dr. Tetteh received the Alley Sheridan Award from the Thoracic Surgery Foundation for Research and Education, (TSFRE). In 2008, he received a National Institute of Health, (NIH) and National Medical Association, (NMA) travel grant for young clinical investigators and completed his thoracic surgery fellowship at the University of Minnesota. Dr. Tetteh went on to complete an advanced cardiac surgery fellowship at Harvard Medical School’s Brigham and Women’s Hospital.

Along with his extensive work in the medical field, Dr. Tetteh is a recognized authority on health care and public policy. Dr. Tetteh received his Masters of Public Administration degree from the Harvard Kennedy School of Government. Hassan A. Tetteh is a Senior Scholar in residence at Academy Health, a leading national organization serving the fields of health services and policy research and the professionals who produce and use such work. As director of Thoracic Transplantation Procurement and Research for INOVA Health System Heart and Lung Transplant program; assistant professor of surgery at the Uniformed Service University of Health Sciences; assistant professor of surgery at Howard University School of Medicine and Commander in the U.S. Navy, Dr. Tetteh has joined Academy Health to contribute his expertise. While serving at Academy Health, Dr. Tetteh sits on the advisory group for a study of global public health innovation, is currently co-authoring a white paper on diversity in health services research and provides leadership in launching the newest Academy Health Interest Group. From the OR to the office Dr. Tetteh’s unique understanding of diversity and the value of heartfelt living has positioned him to sharpen your communications skills and open your heart space.

This year’s theme: "Humanistic Communication for Improved Health Outcomes" was born out of a desire to educate the HSC health care providers about tools for effective communication with patients and colleagues alike. The symposium was well attended by over 150 constituents from all aspects of health care, mainly those that are responsible for patient treatment. Special guest speakers were Dr. Shirley Willinghgan, Provost for the University of Louisville, Mr. Bob Stethanpohl, CFO for Jewish, Kentucky One, Dr. John Sauk, Dean of the School of Dentistry, and the moderator, Dr. Jennifer McCants, (Continued on page 11)
SOM Prepares for 26th Prematriculation Program

by Mary S. Joshua, MEd
Director, Diversity and Inclusion

The Prematriculation Program is a four week program designed to aid in the retention of medical students from rural/underserved geographical areas, groups underrepresented in medicine, and other disadvantaged backgrounds, by assisting them as they make the transition from undergraduate school or the working world into the professional school environment. This program is conducted in the weeks immediately preceding the beginning of the school year, and consists of classes in Physiology, Genetics & Molecular Medicine, Gross Anatomy, Histology, and Embryology, taught by the respective departmental representatives. Learning strategies and coping skills are emphasized, and students engage in dialogue with basic science faculty, clinical preceptors, and School of Medicine resource and support staff persons. Students are nurtured and guided as they become familiar with selected first year medical course content, the surrounding area, our medical school curriculum, and available resources.

As students interact with basic sciences and clinical faculty, many will form lasting mentoring relationships. Also as they study and problem-solve together, many form study groups they will utilize throughout medical school. In addition, students gain a head start academically in many of the 1st year medical school courses. Since 1989, nearly 500 students have participated in the Prematriculation Program, which has made great strides in improving graduation outcomes for students from historically at-risk groups. The 26th Prematriculation class will be on campus June 30 – July 24. This year, we have 25 students participating in the Prematriculation program, coming from 7 different states. Be sure to welcome these students to the School of Medicine!

Safe Zone 1 Training Offered to School of Medicine Faculty and Staff

School of Medicine Faculty and Staff are encouraged to attend a Safe Zone 1 training on Wednesday, July 23 from 12:00-1:30pm in Abell 110 (lunch provided). The Safe Zone Training Program of the LGBT Center provides education on the lesbian, gay, bisexual, and transgender community that contributes to a safe and welcoming experience for all members of the university. The Safe Zone training for ULSOM additionally helps participants understand LGBT-specific health issues relevant to academic medicine, practice, and research. Safe Zone training includes a panel of people from the LGBT community, question and answer session, and an overview of emerging LGBT health issues for researchers and health care providers. Please RSVP to Stacie Steinbock by July 18th to confirm your registration.
Lessons Learned: Nursing Students and Faculty Discover Cultural Differences in Travel to Croatia

by Diane Riff, MS, FNP-C
Assistant Professor

This past May, I had the privilege of traveling with a group of seven undergraduate and graduate nursing students on an International Service Learning Project (ISLP) trip to Sisak Croatia. On this trip, our nursing students, along with communication students and their faculty, traveled to the Croatian cities of Zagreb and Sisak as members of a multidisciplinary academic team. Participants in the ISLP worked with students in two Croatian high schools on teaching health promotion topics that were selected by leaders local to the town of Sisak Croatia. I would like to share three lessons learned by myself and some of the nursing students in our travel.

Lesson #1: Pay attention to your own non-verbal communication and how those around you who are responding to that communication. Let me explain....

As most of the U of L community is aware, we like to show our Cardinal Pride by “throwing up the Cardinal “L”s”. This involve making an L with three fingers of the right hand. This is done by students and U of L supporters not only at sporting events but in group pictures and whenever there is a desire to show Cardinal love and support. In the past NCAA basketball season, popular actress Jennifer Lawrence was pictured on social media wearing a U of L shirt and throwing up the Louisville “L”. Thus, it seemed logical to our students that they would teach the students in the classrooms of Croatia the cardinal cheer along with the waving of the cardinal “L” at the end without any problem? (buzzer sound) Wrong!

After doing the cardinal cheer several times in the Croatian classrooms, one of our students noticed there were several Croatian students not participating in the “L” and many students looking uncomfortable. When one of the U of L students inquired about the lack of participation, she learned that a three finger wave, very similar to our “L”, was a potentially offensive symbol of domination waved by supporters of the Republic of Bosnia Herzegovina after the Bosnian-Croatian war in the early 1990s. Over 55,000 lives were lost in this war, and many of the Croatian students had parents and relatives greatly affected by this recent tragedy. We quickly apologized for our potential offense and we learned the Cards cheer could easily be done without the “L” waved at the end.
“It is time for parents to teach young people early on that in diversity there is beauty and there is strength. We all should know that diversity makes for a rich tapestry, and we must understand that all the threads of that tapestry are equal in value no matter their color.”

-Maya Angelou

Even as a young child, I always knew that I wanted to be in a career that would allow me to make a positive impact on the health and welfare of others. When I began my undergraduate studies at the University of Louisville in 2001, I had all intentions of completing a bachelor’s degree in biology and pursuing a medical degree to eventually become a pediatrician; but sometimes life does not pan out the way we have originally planned. During my senior year of my bachelors, I decided to explore other graduate programs that could accentuate the skills and curriculum that I acquired during my undergraduate studies. I also felt that I needed time to decide if medical school was still the right choice for my educational path. So, I researched several health-related masters’ programs, and discovered that the University of Louisville, School of Public Health and Information Sciences (SPHIS) was offering a new Masters in Public Health (MPH) Program, and after meeting with some of the faculty and staff at SPHIS, I was convinced the program offered limitless opportunities, and decided that epidemiology would be my concentration.

In 2007, I was finishing my MPH, and had several critical career decisions to make: was medical school still something of interest to me; did I want to venture into the work field with my new MPH; or was additional training in epidemiology more appealing for my future? After long deliberations, I decided that I would pursue a doctorate degree in epidemiology because as a minority, I was cognizant of the many health disparities in my culture, and this opportunity would allow me the privilege of positively impacting the health and welfare of many people’s lives. Surprisingly, I was awarded a graduate research assistantship through the department of Epidemiology and Population Sciences which allowed me to conduct primary data collection and research with a breast cancer epidemiology research study of Hispanic and non-Hispanic white (NHW) women from New Mexico, funded by the National Institutes of Health. More importantly, this opportunity was the foundation of my future research initiatives in cancer disparities. In 2009, I became the first University of Louisville recipient of the Susan G. Komen Breast Cancer Disparities Epidemiology Research Training Program Award. The goals of this program focused on the training of doctoral students in cancer epidemiology with an emphasis on breast cancer, racial/ethnic, socioeconomic status (SES), and geographic disparities. Funding from this award supported the completion of my dissertation; my findings suggested that ethnicity modifies the association between a specific haplotype of the ADRB2 gene and breast cancer risk, and being overweight or obese enhances the divergence of risk between Hispanic and NHW women.

Upon completion of my doctoral studies, I began a postdoctoral associate position with the Department of Epidemiology; and I have continued my research in breast (Continued on page 8)
Learning to be a Nine-Year-Old Grownup
by Karen Hughes Miller, PhD
Associate Professor, Graduate Medical Education, School of Medicine

How often do you get to transform from a middle-class university faculty member to a nine-year-old child living on the brink of economic disaster just by walking into a room? That sudden shift in role and socioeconomic status (and the challenges it brings) was the focus of the June 17, 2014 Poverty Simulation presented by the U of L HSC Office of Diversity and Inclusion.

After an introduction and instructions, an estimated 75 U of L students, faculty, and staff from medicine, dentistry, nursing, public health, and social work attempted to live the life that many of their patients and clients face every day. Simulating our assigned roles and working with our family units, we worked through a month during four 15-minute “weeks”, each with a script of tasks and challenges to face with the resources we were given.

In my role as a nine-year-old child, attending school was made difficult by my chronic asthma and learning disabilities. But school, by comparison, was easy when compared to my role as daytime caregiver to my one-year-old niece during spring break. Rather than heading out-of-town for a quick vacation, spring break to a family living on the economic edge meant a way to save an $85 weekly day-care fee by leaving the baby at home with the nine-year old. The following week, the $5 gift card to a local store I won at school for good grades was quickly applied to the family’s food budget. I felt good because I was “sharing the load”, but what happened to my childhood? What behaviors were being modeled?

Leaving the baby with the nine-year old was not the only questionable decision my family made during the simulation. My “Dad”, when shortchanged while buying bus passes, decided to ditch work on the final day since “it did not matter if he was fired ... the job was over.” My “Sister” also had transportation issues and one day was very late picking up her one-year old at day care. This put her in jail overnight and having to deal with Child Protective Services.

Even when “Dad” had money to pay the bills, he could not take time off from work to get to the various offices and agencies to whom payment was due.

How could we as a family have made so many bad choices? Because there were no good choices. Even though our intentions were good, our focus was that of a small team working to fight off adversity at every corner. Long-term consequences did not enter the discussion. Survival instincts took the place of good judgment, and after a week or so, we were not even considering “right and wrong” ...it was all about getting through the
also has historical significance in terms of the Trans-Atlantic Slave Trade. Though the economy is developing, the country ensures free healthcare to children under the age of 18 and pregnant women. Over forty percent of the population is covered and exempt from paying health insurance premiums. The number one cause of death is malaria. Many of the leading causes of death are preventable. The nation recognizes these issues and has developed a common goal to improve health outcomes and reduce mortality rates among women and children.

My goals for the trip were to conduct an interview with three women who are in a polygamous marriage with a chief, an influential and community leader recognized as keeper of traditional law and customs. My research interest was to explore social, cultural, and psychological components of the extended family, which is a common family group in Africa and many underdeveloped countries. In doing so, I hoped to understand the extent to which it had an impact on mental health. I also worked on a team project to analyze data that was collected in the previous year by local staff at the Tamale Teaching Hospital in the Northern region of Ghana and students from the SPHIS during their visit. The data was collected as part of a collaborative research effort aimed to describe personal and institutional barriers to access health care. We presented our findings along with recommendations to a local hospital staff to assist the hospital in developing patient-centered care procedures.

Our journey started in Accra, the capital of Ghana. We were welcomed and introduced to the country by a local tour guide who was also an exceptional storyteller. Our guide shared the country’s history, traditions, political and social structure, religion, and culture throughout the first week. Every moment comprised of invaluable lessons ---whether it was about cultural customs and norms or historical events. The team and I traveled to various regions of the country to gain a comprehensive and holistic perspective. As a part of our itinerary, we visited historical centers, museums, and cultural and traditional sites. We toured administrative offices, art and crafts producing villages, a National Park and the Aburi Botanical Gardens. We also shopped at markets and experienced a day-long traditional Ashanti funeral.

As a team, we spent the majority of our time in the city of Tamale, conducting our individual and group projects. Our group leader, Dr. Muriel Harris, provided a training on research methods and approaches. As a part of the training, the groups were assigned teamwork. This allowed for an exchange of important information among those who participated in the sessions. The experience led us to discover local health issues that differed from those we discuss here in the US. It also led us to identify key health issues, explore appropriate ways to address the challenges involved, and also gain insight on the complexity of the issues. Short conversations

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with health professionals who were also in the country to work with hospitals to improve health conditions revealed that implementing procedures to increase simple behavioral practices such as washing hands were proven to make a difference. Such discussions and others pertaining to finding solutions to address preventable health risks helped me realize just how much public health is taken for granted.

During our trip, we gradually gained an expanded view of what health and wellness looks like in other parts of the world, and in particular Ghana. We were able to expand our knowledge and awareness of structural barriers to health for populations impacted by poor economic conditions. Personally, I was able to gain a better understanding of the interconnectedness of health, economic development, politics, culture, social justice, and environment.

Traveling truly is a life-changing and transformative experience that enables the traveler to go out of his/her comfort zone to uncover diverse cultures, knowledge, and one’s connection to others. Most of my personal growth is owed to the experiences I have had during my travels abroad and they will stick with me forever. My three-week stay in Ghana broadened my worldview in many ways and will ultimately help me better serve the communities I will work with. I am grateful for the opportunity.

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Ghana

Mother and child at Kpanvo Health Center, a community based clinic primary health care clinic

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Connor

cancer disparities, mainly focusing on differences in breast cancer risk and outcomes by ethnicity. At the completion of my postdoc in October 2014, I will embark on the next phase of my career as an assistant professor of epidemiology and cancer disparities at the Johns Hopkins Bloomberg School of Public Health.

This issue of health disparities is important to me because there are grave differences in health outcomes based on race, ethnicity, and economic status that could possibly be reduced through increased public awareness, an understanding of which groups are more vulnerable, and the availability of public health interventions. In addition, the lack of minorities in U.S. health professions contributes to the racial and ethnic disparities. African Americans, Hispanics, and Native Americans constitute one-fourth of the U.S. population, however, only account for an estimated 6% of healthcare professionals. Currently, disparities are also prevalent among college faculty, with fewer than 4% in both the medical and public health fields. These statistics have spurred recommendations for more funding for research and diversity programs to attract minorities to these fields. These increases can then become one of the ways to help eliminate racial/ethnic health disparities among minorities, such as heart disease, HIV/AIDS, and cancer.

To this date, I have established a record of research in breast cancer disparities, and aspire to continue research that will further enhance knowledge in the area of cancer disparities among minority and underserved populations. It is a unique privilege to be one thread in this rich tapestry of diversity because I have the potential to increase its beauty and its strength. I feel fortunate to have had the opportunity to receive outstanding education and training from the University of Louisville and would like to encourage any student to pursue their goals with tenacity and determination.
Lesson #2: On a much lighter note, we learned that **beverages are served differently** in Croatia.

In America we like our super-sized cups of 44 ounce plus sodas and the healthier refills of large ice cubed water glasses topped with a lemon. No bottomless water glass or free refills on soft drinks in Croatia! When a group of 4 ordered a coke in Croatia, they were served a 14 ounce plastic bottle of coke and 4 small glasses. Water was served in the same portions and often served “with gas”, which we gratefully learned meant carbonation.

Coffee was also served differently. In Croatia and much of Europe, the small demitasse of coffee is served upon request. As a coffee lover, I appreciated the coffee as strong and flavorful, but it came in such a small cup! I appreciated the coffee of Croatia, but I was glad to return to a larger sized refillable mug.

Lesson 3: In keeping with the coffee theme... **we learned that having coffee in Croatia, and life in general, is very social and enjoyable experience.**

American TV is big in Croatia and many of the students who speak English quite well noted that although they learn English in the classroom, watching American sitcoms has greatly improved their English fluency. At the end of the Croatian classroom day, the high school students invited the U of L students to go for coffee. They would then spend 1-2 hours sitting at a café getting to know one another. There is a strong social component to having coffee in Croatia. When I go into a local Starbucks near my home, I see most individuals getting coffee to go, working away on laptops or staring blankly at an iPhone. This was not the case in Croatia. It was refreshing to see people actually talking to one another in coffee shops! Many U of L students noted the visits over coffee as one of the highlights of the trip.

Cody McClain Brown is the author of a **blog** that describes his experience as an American who has recently moved to Croatia. He makes an interesting commentary on the differences in our coffee shops and social lives and how American sitcoms depict that Americans may aspire to be Croats.

“American sitcoms involve going to the same café/bar over and over again. On *How I Met Your Mother* the gang spends most of their time drinking with each other in the neighborhood bar. On *Seinfeld* Jerry and friends are always at a place that’s simply called “Restaurant.” Look familiar? Yes, this is just like having coffee in Croatia. When is the last time you went to have coffee with friends?” Think about what is says when the ideas of levity, humor, laughter and comedy on American TV really resemble life in Croatia.

While I have described three lessons of our travel, there were many more that were not discussed. I am so grateful we had a chance to experience life outside of our own worlds. The lives of the students and faculty are indeed richer because of the experience of traveling to Croatia, getting to know the people and the becoming aware of the customs of their beautiful culture. It is a reminder to me that I need to keep my eyes, ears, and heart open to experience the richness of others’ cultures. I look forward to returning to Croatia next May with a new ISLP group.
The HSC Office of Diversity and Inclusion would like to thank our campus and community partners who serve on the Poverty Simulation Planning Committee

- Brian Davis (HSC Diversity and Inclusion)
- Dedra DeBerry (NorthWest AHEC)
- Ryan Eid (Student, School of Medicine)
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- Thao Tran (NorthWest AHEC)
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Funding for the June 17 Poverty Simulation was provided by CODRE’s Diversity Programming Committee

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Poverty Simulation

This detailed simulation offered rich instruction to learners at many levels. Developed by Missouri Association for Community Action, the simulation needs not only willing learners but also knowledgeable volunteers to role play social service professionals and community business people (both honest and not-so-honest) to carry out the scenarios. Little did we know, that the these volunteers were members of the Louisville community who had first-hand knowledge of poverty, homelessness and working with social service agencies who had been instructed to treat the participants in the simulation the way they had been treated when seeking help from these agencies in the real world.

Following the simulation, many of the volunteers shared their stories with the participants during a powerful debriefing period facilitated by Larry Michalczyk of the Kent School of Social Work. Jimmy (who had been in charge of the Community Action Agency during the simulation) had the charisma of a rock star and the heart of a politician when he challenged us all to go out and try to fix some of the problems we had just observed. “Who’s going to fix this mess? Who’s going to take the handcuffs off the agencies all bound up in rules and regulations? It’s got to be you all going into the future!”

The simulation will be offered again at the annual HSC-wide Cultural Competency Workshop on November 4, 2014. Please contact the HSC Office of Diversity and Inclusion at 852-7159 for more information. Participate if you can – it will be an eye opening experience!
Announcements

- University of Louisville Commission on Diversity and Racial Equality Launches CODRE News. Check out the first edition [here](#).

- Planning diversity programs for Fall 2014? Submit your event announcements to the HSC Office of Diversity and Inclusion

- What are you doing to increase diversity on the Health Sciences Campus? Submit your newsletter articles to your school’s Diversity Chair.

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