The Other Side of My Stethoscope
By Densey Matthew, MD, Third Year Pediatric Resident. The author reflects on her experiences from a month long rotation in Poverty and Social Justice in Children’s Health.

It’s amazing to me that I’ve lived in this city for almost 2 years and am only now beginning to realize the divide that separates the well to do who live in secure neighborhoods from those barely making it in their crime ridden streets and communities; all less than 3 miles from my front door. As I drove down Broadway and passed the unwritten divide between the east and west end, I was a little afraid and very intrigued. The streets and shops began to look more and more run down, and families and friends would be gathered together on front porches of homes that were in dire need of remodel. I passed several liquor stores, fast food restaurants, and gas stations with food marts attached selling “groceries.” There were also corner grocery stores that were heavily advertised with signs for various brands of beer and liquor along with other food products. The further I drove, the more I felt like I was in a whole different city: one that was in the midst of a struggle. Citizens struggling each and every day to find a job, support a family, keep children out of gangs and away from drugs, live healthy and happily, and ultimately, escape the never-ending cycle of poverty.

Then again, what is poverty? This is the question I was asked before starting this rotation and now I understand it is so much more than a lack of money or things. It is a fight for “human and social capital” which entails a good education, a job that supports the family, access to the library and a fully stocked grocery store, churches, good schools, and of course decent healthcare, all of which also provide healthy social networks for further personal and community growth and development. As I drove through the streets on the West End and explored the supermarkets, I was saddened that my experiences with my patients in continuity clinic, most of whom are overweight and engaging in high-risk behaviors. They are just one of the statistics of children living in food deserts, whose parents work but cannot afford the high prices of fruits and vegetables much less the gas to drive the miles to a fully stocked grocery store. They are truly just surviving between minimum wage jobs all the while making sure their kids stay out of gangs and the poor influences that saturate their surroundings.

I recently saw a Hispanic family whose very adorable 2-year-old child had some speech delay and behavior problems. I was making my way through the anticipatory guidance and realized that he wasn’t getting enough uninterrupted sleep at night. Dad told me the child was only sleeping from 11 pm to 6 am and when asked why, he said it was because he had to pick mom up from work at 6am so he’d take the child with him and when they would come home the child would go back to sleep. I encouraged dad to try and put the child to bed earlier so he could get as much uninterrupted sleep as possible and maybe that would help with his behavior, automatically assuming that dad

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School of Dentistry

Monroe E. Harris, Jr., 84 DMD, received a Doctor of Dental Medicine from UofL’s School of Dentistry in 1984. He completed an Oral and Maxillofacial Surgery Residency at Michael Reese Hospital in Chicago in 1988. Dr. Harris was the recipient of the Oliver Hill Citizen of the Year Award, the American Association of Oral and Maxillofacial Surgeons Award in 1984, the C.V. Mosby Award in Pathology in 1984, the Quintessence Award of Clinical Achievement in Periodontics in 1985, the Dentist of the Year for the Old Dominion Dental Society in 1998, the Bank of America’s Local Hero Award in 2009, the Virginia Center for Inclusive Communities Humanitarian Award in 2011, and the Flame bearers Award for the United Negro College Fund in 2011.

Dr. Harris has been affiliated with many professional and civic organizations. He has served as Board Member for the Virginia Museum of Fine Arts Foundation, the Virginia State Board of Medical Assistance, Venture Richmond, Theatre I.V., American Civil War Center, Richmond Public School Foundation, Richmond Center State Foundation, and the Garfield Child Memorial Fund. Harris has served as President of the Old Dominion Dental Society, and the Virginia State Board of Dentistry. He has been a Board Examiner for Southern Regional Testing, a Diplomat for the American Board of Oral Maxillofacial Surgeons, a Fellow for the American Association of Oral and Maxillofacial Surgeons, and a Member of the National Dental Association. Dr. Harris has volunteered his time in the community for the Crossover and Fan Free Dental Clinics, the Richmond School of Health and Technology, Donated Dental Services, and the Mission of Mercy. He is a member of the Omicron Kappa Upsilon Honorary Dental Society, Beta Delta Honorary Oral Medicine and Pathology Fraternity, and Delphi Honorary Dental Society.

Jill Bussey-Harris, 87DM, received her Doctor of Dental Medicine from UofL’s School of Dentistry in 1987. She also earned a Bachelor of Arts in Biology from Fisk University. Dr. Bussey-Harris was the first African-American full-time Assistant Professor at the VCU/MCV School of Dentistry. She has been affiliated with many professional and civic organizations. She is a member of the American Dental Association, National Dental Association, Virginia Dental Association, Richmond Dental Society, Academy of General Dentistry, Old Dominion Dental Society, Peter B. Ramsey Dental Society, American Academy of Cosmetic Dentistry and American Association of Women Dentist. Dr. Bussey-Harris has served as patron chair for the 2010 Heart Ball, art auction chair for 2011 The Links, Inc., on the Citizen’s Advisory Council for Furnishing and Interpreting the Executive Mansion, Massey Cancer Advisory Board, Richmond Ballet Trustee Board, Canvas Board at the Virginia Museum of Fine Arts, SPARC Board, School of Performing Arts in the Richmond Community and the First Lady’s Initiatives Team Effort (FLITE). In addition to all of the Harris’s accomplishments, successes and contributions to their profession and people, their greatest is their two children, Monroe III,
The Post-Baccalaureate Pre-Med Program is designed for career changers and college graduates pursuing the pre-medical coursework to apply to medical school and become a physician. What makes our program unique is that when students think it is too late to prepare for medical school after college, they find out that it’s not. Our program consists of diverse students. They’re diverse in age; ranging from 21 – 44 years of age, various academic and career backgrounds, and much more. We have students who graduated from college just this past summer and others who obtained a bachelor’s degree many years ago. We have students who are single, single parents, married and married with children. Each of them has a different path that drew them to our program at this point in their lives, but they all desire the same dream.

Our program is competitive to get into, but once enrolled the competition stops and the support begins. Sure, students could trek out on this pre-med journey on their own and succeed. But, the advantage of being in our program is that we strive to be a culture of camaraderie and support. Regardless of diversity in age, marital status or academic background, our students have one thing in common; they want to successfully complete the program and get admitted to medical school.

"Don’t let the fear of the time it will take to accomplish something stand in your way of doing it. The time will pass anyway; we might just as well put that passing time to best possible use.”

- Earl Nightingale

In the midst of preparing for medical school our program strives for each student to develop a rapport with their fellow post-bacs. This is accomplished through peer mentoring and extracurricular activities. In addition to coursework, our students are involved in extracurricular activities to enhance their preparation for medical school. Community service has a major role in our program. Our students are exposed to diversity through the recipients we serve. We have served the indigent at Wayside Christian Mission and the Volunteers of America Family Emergency Shelter. We help provide care to the medically underserved at the Harambee Health Center, and through these experiences our students learn more about diversity and the needs in our community. In addition, our students participate in cultural competency enrichment sessions, which allow students to engage and really think about the importance of being culturally competent as a future health care provider and the impact that will have on their future patients.

There are some amazing students in our program. To name a few of them; Jennifer Sidey, a former elementary school teacher and stay at home mother of two who decided that it was time to pursue her dream of becoming a physician; Dr. Brandi Jones, a practicing clinical psychologist who decided to pursue her first love “medicine” and Will Hargis, a former CPA who was ready to make a major career move towards a profession he’d

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Treating Childhood Malnutrition in Haiti through Medical Missions

By Montray Smith, MSN, RN, LHRM, Nursing Faculty

Prior to the earthquake in 2010, Haiti was one of the most mobile populations in the world. Children were frequently moved from one household to another and away from one or both of their biological parents because of the death of a parent, family instability, changing locations for agricultural work, or opportunities for income generation in other areas. There were also high rates of childhood malnutrition. During a medical mission through the St. Boniface Foundation, our team provided much needed care to the people of Haiti.

In Fond-des-Blancs, our team of U.S. physicians, nurses, and volunteers partnered with the Haitian medical staff at St. Boniface Hospital to provide surgeries to local children and adult patients. We worked at the hospital for five days and nights caring for patients. As a nurse, I provided both preoperative and post operative services.

Our group also visited a Port-Au-Prince orphanage operated by the Sisters of Charity, an organization founded by Mother Teresa. The children at the center were abandoned; either left in the streets to die or dropped off at the doorsteps of the orphanage. The children at the center were abandoned; either left in the streets to die or dropped off at the doorsteps of the orphanage. The children were taken in by the sisters and they were given life-saving food. Some of the children were extremely malnourished. The ones that did not have the strength to be fed by a bottle or eat food by mouth were given food by feeding tubes and intravenous therapy. The sisters rely on volunteer healthcare providers to come to the orphanage and perform physical exams and treat the malnourished. Our team of physician and nurses helped to meet these needs.

The sisters explained that once the children regain their strength, they are given a combination of high energy biscuits, fortified milk, and commercial infant cereals with mashed fruits and vegetables. I observed the children that had been there a few weeks gained weight and looked healthier. Their diet later advances to more complex foods such as beans, rice, and meat, and the sisters make arrangements for the children to attend school and continue to provide meals.

I have worked with the St. Boniface Foundation on surgical missions for several years. Each experience has shown me that people are very hard working and proud of their heritage, no matter where they live. The opportunity to work side by side with the Haitian people was a true honor. We helped provide valuable medical services, which is one of the reasons why I chose to work in healthcare. I knew that I wanted to do medical missions on the very first day of nursing school (over 20 years ago) to help people all over the world. Nursing is truly universal!
Health Literacy Gains through Culturally–Tailored Health Education of Hispanics in Shelbyville, KY

By Irma N. Ramos, MD, Savitri N. Appana, MS, Guy Brock, PhD, Marco A. Tavera-Garcia, BS and Kenneth S. Ramos, MD, PhD

A significant challenge faced by many Americans of any race or ethnic group is their inability to understand and act on health information in ways that promote health outcomes. Such deficits in health literacy are magnified among disadvantaged and minority populations given limitations posed by socioeconomic status and linguistic challenges. To address health needs of Hispanics in Shelbyville, a community outreach and engagement program was established by faculty and staff of the School of Public Health and Information Sciences under the auspices of the Center for Environmental Genomics and Integrative Biology.

A cross-sectional study of Hispanics in Shelbyville revealed significant deficits in health knowledge and understanding of health care systems. Diseases of the respiratory and cardiovascular systems were identified as common illnesses in this transient community. Knowledge gaps in disease prevention and nutrition emerged as top health concerns. Thus, a culturally-tailored health education program with a focus on the complex interactions between environment, culture, genetics, and disease was developed and implemented. Instruction delivered over a one-year period improved knowledge of medical principles and familiarity with health systems. The gains realized in key elements of the health literacy spectrum were sustained over time.

People with below-basic health literacy often have limited knowledge of their health conditions and treatments, low self-management skills and limited participation in preventive care. Limitations in health literacy are linked to unhealthy behaviors and inability to implement disease management programs. Our Shelbyville experience revealed that below-basic health literacy accounted for poor understanding of medical conditions, poor recall and comprehension of advice given during an educational encounter, persistence of faulty health beliefs that interfere with care, and inability to assimilate information to manage their health conditions. These deficiencies are likely magnified by language, legal and economic barriers.

A major outcome of our educational interventions was documented gains in health knowledge related to health prevention and promotion and health systems. Thus, implementation of larger scale, culturally-sensitive, community-centered, educational programs may help address health literacy deficits of Hispanics elsewhere. Similar approaches can also be used with other disadvantaged populations throughout the Commonwealth.

Exploring Implicit Bias
By Sharon Gordon, MS, Program Coordinator, Sr.

The presence and prevalence of racial disparities in healthcare has been documented extensively. Explanations for these differences range from biomedical causes to social and environmental factors. At a recent talk, facilitated by David S. Owen, Associate Professor of Philosophy and Director of Diversity Programs at the College of Arts & Sciences and Shelley Thomas, Assistant Professor of Middle and Secondary Education, the faculty, staff and students of the Schools of Medicine, Dentistry, Public Health and Nursing were encouraged to look within themselves to see if their own prejudices are influencing their decisions, which could carry over to patient care.

By definition, implicit bias is the positive or negative mental attitude towards a person, thing or group that a person holds at an unconscious level. According to psychologists, these biases are learned from the environment in which we live starting at a very early age. We are exposed to certain ideas over and over from the people with whom we interact and from the media. Eventually, these ideas become so ingrained in us that they are activated automatically without us realizing it.

Individuals, including healthcare professionals, carry implicit biases that can influence their behaviors and judgments. Recent research suggests that implicit bias may contribute to health care disparities by influencing physician behavior and generating differences in medical treatment along the lines of race, ethnicity, gender or other characteristics. Even doctor–patient communication can be influenced by implicit bias resulting in a less positive overall experience.

Cultural competency training for health professionals can help them to provide care to patients with diverse values, beliefs and behaviors, including adapting their delivery of healthcare to meet the patients’ social, cultural and linguistic needs. In 2011, the USHHS created the National Standards for Culturally and Linguistically Appropriate Services in Health Care. These standards ensure that all people entering the healthcare system receive equitable and effective treatment in a culturally and linguistically appropriate manner. Unfortunately, the manners in which these standards are taught vary widely from institution to institution.

Self-awareness of our own prejudices and stereotypes and how they can influence decisions are fundamental to reducing their effect. Implicit bias, although unconscious, can be modified, but it is not easily done. We must acknowledge our differences, reduce our use of stereotypes and utilize the resources that are available to decrease the occurrence and impact on healthcare disparities.

Holt to Retire After Many Years of Service
Toni Holt, Administrative Associate and Office Manager for the Office of Diversity and Inclusion, will retire at the end of December. Toni has been with the University of Louisville for nearly thirty years and in her current role for more than thirteen. In 2009, she received the “Outstanding Staff Award” from the university, a well-deserved honor. Toni has been a valued team member of the Office of Diversity and Inclusion, providing behind the scenes coordination and support for student pipeline programs, events, and other initiatives.
considered early on in college but didn’t initially pursue.

Jennifer is in her final year of our program and currently applying for the entering 2014 medical school class. She is balancing marriage and family as a pre-med student. Brandi is completing her final semester and is also a 2014 medical school applicant. They are actively involved in our program and juggle a lot daily. What’s amazing about them is that they take their busy lives in stride and keep moving forward with positive attitudes. Even though all of our students are required to participate in scheduled community service projects, both of these women go above and beyond what is required. They’ve taken the lead on service projects and filled in when there weren’t enough people signed up. Their endurance, commitment and sacrifice for our program and their pursuit of medical school are highly commendable. Both women are following in the footsteps of Missy Sullivan, one of our first graduates. Missy is now in her third year of medical school at the University of Louisville School of Medicine. She’s married and the mother of four. While in our program, she worked while balancing classes, community service and extracurricular activities, and being a mother and wife. She succeeded in gaining admission to medical school and serves as a mentor for several of our students.

Will resigned from a successful career in business and joined the pre-med track. He was fortunate to land a full-time job as an auditor at U of L while completing our program. Working at U of L was to his advantage because he received tuition remission to cover up to 8 credit hours each semester. He was able to use his former career to pay towards his future career. He worked full-time and took evening classes that required him to be on campus late at night; only to wake up early the next day to complete another eight hours at work and then off to class. During the summer, he continued taking classes and sacrificed his vacation time to attend the daily accelerated classes. He has a very supportive wife and fortunately all of his hard work and commitment paid off. He’s now a first year medical student at U of L.

There are so many other students to highlight. Their desire, drive and discipline are an inspiration, and 80% of our program alumni who applied to medical school were accepted. Their diverse academic and career backgrounds, level of maturity, and life experience enhance any medical school class. Many of them have taken on leadership roles since matriculating to medical school. At the University of Louisville School of Medicine, John Gettelfinger serves as Class President, Kirk Akaydin is an Academic Officer, Will Hargis is Class Treasurer, and Lizzie Bruenderman, Tyler Black, and Elayna Dush are members of the Student Senate. Each student success proves that it’s never too late to pursue your dreams!

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Alumni Fellows

Madison.

One of the goals of the Alumni Fellow Program is to get the honorees “in front of” current faculty and students. That get together is always inspirational to everyone involved. Before we could even ask the Harris’s, they expressed the desire to meet with minority students. Adding class and student government leaders, plus faculty, made the lunch time event even more special. Seeing Monroe Harris provide his mentor Shelley Caulder, with a hug of love and appreciation while both had tears in their eyes was indeed special! The goal was accomplished!

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Post Bac
just wasn’t doing a good job of making sure his child had an earlier bedtime or was being too lenient and letting him stay up late. It was only after I left the room and read more of the chart that I realized that dad had to take the child with him in their only car to drop mom off for her night shift, and then had to drive back home and put him to bed which ended up being about 11 pm. I felt terrible because I had assumed the worst of a parent who was trying his hardest to raise a healthy child while making sure he and his wife had a stable source of income even if that meant working the third shift. I had become the insensitive oblivious white coat who instead of empathizing with their struggle had merely spewed out rules and regulations thinking I was doing my job, when in fact I was just adding to their stress.

Leaving that day from Iroquois FHC, I stood at the corner of Taylor and Bicknell waiting for the #6 Bus to Main Street. I had taken the bus that morning for the first time since I moved to Louisville, hoping that I wouldn’t end up lost somewhere in a strange part of town, and at the same time excited to experience in a small way what some of my patients go through every day. Thankfully, I made it safely and early to the clinic and now just had to get home the same way. The exercise, although a simple task was eye opening in that I felt a sense of loss of my independence without having my car and going wherever I pleased. This was a wakeup call to the reality that transportation is one social determinant of health that prohibits families from accessing supermarkets, doctors’ appointments, or even a nice sit down restaurant. I remember thinking as I walked down the street to the Dairy Queen for lunch that day, how my options for restaurants were very limited. As I scanned the menu, I noticed that there were maybe 1-2 things that were a little healthier than the 10-15 things that were not healthy by any means (although they looked delicious I might add). I thought to myself how hard it must be for the people who live in some of these areas to even find healthy eating options, much less resist the temptation of the aggressive marketing geared towards comfort foods and high fat meals.

Then there was the experience of actually providing healthcare, and I was amazed and honored to work at the system of family health centers with the compassionate doctors, NP’s, and nurses at each of the different sites who serve the poor of this city day in and day out. I don’t know if many of these patients would be able to afford going anywhere else if this system wasn’t in place. One particular event that impacted me was the dedication of the outreach team at Phoenix who go into places where homeless men, women, and children live and provide medical care, referrals, and refills on medications. Sitting on a chair at the Baptist Church annex where most of the homeless in that area gather for coffee and breakfast, I listened to a young man about 19 years old tell us that he had been living on the streets since he was a child. Another lady who looked to be in her 30’s with scabs on her face from a recent fall and crutches under each arm, recently lost her kids because of a drug addiction and told us this was the first time she was homeless. What surprised me the most was the number of young healthy teenagers who were homeless. I wondered to myself what their stories were and how they ended up in such destitution at such a young age. Some were struggling with addiction, some were trying to find jobs, and sadly some chose to stay homeless despite having families in nearby cities. I sat across from each patient that day, thankful for the family and upbringing I had been granted and saddened that so many people were missing out on that very important structure in their lives.

One of my favorite experiences of the rotation was at Americana. The services for the refugees that come through KRM or Catholic Charities are truly amazing. In addition to ESL classes for children and adults, life skills such as sewing and gardening were taught to families who were interested and provided them not only a method of making expendable income for their families, but also gave them a support system of individuals who were in the same shoes as them. The health center itself is amazing in the care it provides for these fami-
lies with ongoing sensitivity to their cultures and traditions.

I will never forget meeting one patient, an Iraqi man who was a journalist in his home country with severe diabetes and other chronic illnesses that were not being controlled because of the excessive amounts of stress in his life. No doubt he had witnessed unthinkable torture and violence in his own country and would rather be here, but this place was foreign to him both in language and culture, and he struggled with his loss of independence and income. He started smoking heavier (3 packs per day) and agonized his deep desire to quit but was overwhelmed by the inability to pay his rent which was $600 a month, reportedly double the amount of income he was given. “I just want to live in peace, pay my rent, and eat, that’s all” he said. He spoke with a frustrated and raised tone in Arabic via an interpreter as he sat in an exam room across from the Nurse Practitioner. We spent almost 1 hour in that room discussing his rent situation and the painstaking rate of proceedings with his case manager. It was distressing to watch a man who was someone in his country having everything ripped from him, and starting over with no true control of the process. He ended the conversation with a humble request to just “give me what I deserve”. A carefully crafted request that implied so much more than what was said.

This month has given me a better understanding of what good healthcare truly means. Sitting across from my patients now in clinic or at the hospital, I realize how little of an impact I’m making when I don’t take the time to understand their social situation. Where do they live? Are they struggling to find healthy foods and do the parents or parent work almost all day to barely make ends meet? Does that mean other children who may not be good influences supervise their children? How are they travelling to get to their appointments, and am I the only encouragement and advocate their children have every year for a 20 minute slot of time? In the words of the German physician Dr. Rudolph Virchow, “Physicians are the natural attorneys of the poor and the social problems should largely be solved by them.”

The more I think about these issues the more I realize that good health and the social determinants of health are inseparable. Health inequities are a result of a lack of certain key determinants that must be eliminated so that the gap between the insured and un-insured is non-existent. Already, I am inspired by the work that is occurring in the various communities I've visited, and the many initiatives that have started in the city. These are seeds of hope and change in a system that has seemingly failed the neediest of our patients, and inspiration to residents like me to do all I can to take part in this effort to serve the underserved but equally deserving people on the other side of my stethoscope.

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**Upcoming Events**

- **Effectively Engaging a Diverse Workforce**  
  Wednesday, December 4 from 10:30am—12:30pm  
  Location: Human Resources, Room 103A  
  Open to Faculty and Staff

- **Volunteering 101: What, Why, How?**  
  Thursday, December 5 from 10am—12pm  
  Location: Human Resources, Room 103A  
  Open to Faculty and Staff

- **Dr. Martin Luther King Jr. Commemoration**  
  Monday, January 20 at 1:00pm  
  Location: The Playhouse  
  Open to the Faculty, Staff, and Students

- **Human Trafficking Awareness Conference**  
  Wednesday, January 22 from 5:30—8:00pm  
  Location: The Avenue  
  Open to Faculty, Staff, and Students