Health Justice, Time Poverty, and a Way Forward
by Theo Edmonds, IDEAS xLab Co-Founder and Kentucky Artist

Shared Value
My granny is 97 this year. Papaw died more than a decade ago. For 50+ years, they ran a little country store in rural Appalachia where most everyone was poor. The store was next door to a school, built not long after the civil war. It's where granny went (1st-12th grade). Education was a value. The entire community took part in making sure it happened for young people. Granny was post-mistress and mentor to generations of kids who came to her for help with almost everything. If she didn't know the answer, she would work with them to figure it out.

Papaw would regularly take people in our community the 15 or so miles back and forth to town for doctor's appointments. He would haul coal to help people stay warm in winter. I never saw Papaw say no to anyone who needed help. Papaw himself had been raised by his grandmother in Alabama. His mother died in childbirth and his father was not around much. In part, I am convinced this is where his deep humanity came from.

In this little mountain community, it was understood that we were all in this life together. If one family needed help, it wasn't just their problem. Everyone had a role to play in helping to solve it. This is how granny and papaw lived their lives. They were part of an informal work to be done was distributed.

As a result, generations of families in our poor Appalachian community were able to go on to college and pursue dreams of every shape and size. Everyone has dreams. Dreams are not a one size that fits all things.

It's Expensive to be Poor
For all of our discussions about the effects of poverty, "time poverty" is one of the things that I believe we are not yet talking about in a meaningful way. In a recent article from The Atlantic, Derek Thompson writes: "The world has its thesis on wealth inequality. But it lacks a comprehensive way to talk about something larger - the myriad forces that exacerbate inequality that have nothing to do with "capital."

Let's call it Total Inequality. Total Inequality is not merely income inequality (although it matters) nor merely wealth inequality (although that matters, too). Total Inequality would refer to the sum of the financial, psychological, and cultural disadvantages that come with poverty. Researchers cannot easily count up these disadvantages, and journalists cannot easily graph them. But they might be the most important stories about why poverty persists.
It's expensive to be poor - in ways that are often quantitatively invisible. Research on the psychology of poverty suggests that not having enough money changes the way that people think about time. It's hard to prepare for the next decade when you're worried about making it to next Monday.

24,000 Years and Counting

We all have 24 hours a day. In poor communities, making the healthy choice the easy choice may be a luxury if a person is working two jobs. Time poverty is further compounded in many communities of color.

Due to the structural racism in governmental policies that resulted in the mass incarceration of generations of African-American men, there are high rates of single parent households headed by women. Then, when you add in sexism, which causes women to earn less than their male counterparts in the workplace, it becomes easier to understand the systems at play.

The cumulative effects of the "isms" in general (Racism, Sexism, Classism, Ableism, Ageism, Heterosexism, etc.) are literally killing us. We all have a limited number of years in a lifetime. In communities of color, such as Louisville's Smoketown, it is a statistical fact that the average life expectancy is about 9 years less than the average for the city of Louisville. There are roughly 2700 people who live in Smoketown. Just doing some basic math, this means that cumulative-ly, the families that live here have 24,000 less years than other communities. 24,000 less years to live, work, worship, learn and play.

Circumstances are cumulative. Parents are caught in a whirlpool of poverty, which prevents them from escaping to the middle class when they grow up. Thus, catching children in the same cycle. The silver lining is that the logic of Total Inequality suggests that interventions should be cumulative, as well. For example, when a person has the family and social support systems in place to help them finish college, they triple the chances that their child will finish college. Those with higher educational attainment also have a longer life expectancy. Family and Social Support. Educational Attainment. Place-based jobs. These have been proven to increase both life expectancy and quality of life.

Time is Money

Over the past couple of years, IDEAS xLab focused on innovative arts projects that helped us understand health in a new way. This work resulted in a different kind of framework for deploying artists to support increased social connectivity, educational attainment and place-based job creation as the core elements of a new kind of health justice initiative called My Healthy Days©.

Being healthy is not a "goal" for most people. So, the healthcare industry needs to stop treating it that way. The goal for most of us is doing things in life that have meaning. Health helps us do the things we care about or holds us back. Different things are meaningful to different people. One size does not fit all. Health, when combined with creativity and empowerment, transforms what a person can't do into what a person (or community) can do.

This is why health justice is also good business. Healthy, creative, and empowered communities can more fully participate in the economy. When all communities are able to fully participate, it creates a more diversified workforce. Diversity is the fuel of innovation and the cornerstone of resilient, integrated economies.

Think Creatively. Act Together.

Led by groups like the Robert Wood Johnson Foundation, there is currently a national movement to build a culture of health in America. It is driven by the belief that true progress is made when we work together toward a shared goal, which is valued and advanced by collaborators from all sectors. My Healthy Days© introduces a critical ally in the movement to establish a new culture - artists.

Saturday, April 9, marked an important next step in IDEAS xLab's process. Together with a wide range of cross sector partners, we began a 6 month community organizing process in Smoketown. Our goal over the next six months is simple. Organize people and resources in order to Create Human-Centered Community Health Development Plan With Arts/Culture as the Unifying Strategy.

Health is a Social Justice Issue. Now is the Time to Act.
School of Dentistry

ULSD Launches Competency Program for Culturally and Linguistically Appropriate Services in Oral Health Care

by Shannon Fitzgerald, BA
ULSD Cultural Competency Facilitator and Program Coordinator, Sr. for Quality Assurance

Mission
The University of Louisville School of Dentistry engages students with a great diversity of patients in our on-campus clinical facility. These clinical opportunities help dental students explore various backgrounds and a broad range of oral health literacy, and develop the ability to treat a greater diversity of patients in their future practices. In addition to providing high quality technical care, it is imperative to provide culturally and linguistically appropriate services (CLAS) in our dental clinics, and now ULSD has an evaluative mechanism for students providing CLAS in oral health care.

Alongside ethics and professionalism, providing CLAS in oral health care will allow students to develop increased knowledge of their contribution to the health community. As the School achieves a higher understanding of the population it serves, it is also becoming more cognizant of the needs of the patient community. Since the development of this competency program and with the support of ULSD administration, there has been more frequent dialogue about integrating culturally significant case studies into the curriculum, training sessions on how to effectively use clinic interpreters, and plans to develop already advanced language skills for the dental setting.

Competency Program
The purpose of the ULSD Competency program for CLAS in Oral Health Care is to evaluate culturally and linguistically appropriate communication skills, and to prepare students to practice as socially responsible professionals outside ULSD. The program consists of two components, a didactic course and a practical competency. The didactic course, Think Cultural Health from the DHHS Office of Minority Health, is specifically tailored to oral health professionals, and has been integrated into the Introduction to Clinical Dentistry course. The practical Standardized Patient (SP) Cultural Competency will be completed this upcoming fall as a component of the Clinical Patient Management course.

The SP Cultural Competency is an innovative program in the field of dentistry, and employs the patient-centered model as its cornerstone. Evaluators will work in pairs of providers and non-providers from various backgrounds, responding to and developing students from the provider and patient perspectives. The evaluators will participate in two standardization sessions in preparation for this program.

Students are challenged with two of four possible SP cases based on the patient populations at ULSD clinics and current AHEC locations. This year, the cases will focus on geriatrics, LGBTQ, limited English proficiency (LEP), and race/ethnicity. A complete evaluation of the program effectiveness is planned upon completion this fall, including reassessment of case demographics, pass/fail and remediation rates, and assessment of evaluators.

Future Plans
The evaluators for this program have committed to culturally and linguistically appropriate patient-centered care, diversity and inclusion, and ensuring that future dental providers are prepared to practice under the same standards. As a result of this program, faculty evaluators and students who demonstrate exceptional performance may participate as CLAS ambassadors, contributing as a resource for cases that arise in our clinics on a daily basis.

For more information, please contact Shannon Fitzgerald

ULSD Dental Clinic

For more information, please contact Shannon Fitzgerald
University of Louisville medical students volunteered at the institution’s first Global Health Center-sponsored Global Health Fair, and served an estimated 250 refugees at the event. Refugee home countries included Cuba, Somalia, Nepal, and Iraq. The fair was held at Kentucky Refugee Ministries on March 24, where 11 community organizations were represented, including the Schools of Medicine, Nursing and Public Health and Information Sciences, the Center for Women and Families, Passport, and the Louisville Metro Public Health Department.

In January of 2016, I learned about the Center’s plan to organize the Global Health Fair, and I eagerly volunteered to coordinate the involvement of my peers. After collaborating with the organizing team to set a date that was compatible with the variable medical school schedule, I contacted the student leaders of the Global Health Interest Group, Medical Spanish Club, and the Ophthalmology Student Interest Group to share the involvement opportunity with their members. I received excited feedback from my peers, and we brainstormed how we could be part of the fair.

Twelve medical students volunteered at the event, and operated 4 stations. At the Health Risk Assessment station, students collaborated with physicians from the university’s 550 Clinic to orally administer the clinic’s survey, which highlighted safety and health risk precautions. Students from the Ophthalmology Student Interest Group administered vision-screening exams using a vision chart provided by the 550 Clinic. Medical students also checked the participants’ blood pressure, and distributed the clinic’s informational brochures on hypertension and heart disease, which were in English, Spanish, Somali, and Arabic. Students involved in the Kentucky Refugee Outreach
Program, which is a medical student-founded and driven organization centered on assisting in the provision of System Orientation lectures to newly arrived refugees, operated a station to discuss the differences in urgent versus emergent care visits and over the counter medications.

My conversations with refugees at the Outreach Program station revealed the complexity of the refugee experience, and proved that orientation to their new home is a process. The pieces of their healthcare experience come in steps: their health screen, their first sick visit, adjusting management of chronic diagnoses. Given this ongoing feature of transitioning, I think that establishing a dialogue and engaging in routine encounters with them provides support in a way that exceeds a single handout or a single lecture. Being in the room with my peers and so many community representatives was a rewarding experience because I saw the participants network with a support system that has such promise to grow as they transition to life in Kentucky.

Rebecca Raj, a third year medical student and the Volunteer Chair of the Ophthalmology Student Interest Group described her experience at the fair as an opportunity to “apply what we are learning in our clinical years about appropriate screening measures in a situation where it is greatly needed. It inspired students to learn more about the impact that we can have now as medical students and also in the future as practicing physicians.”

Matthew Lohr, a second year medical student and the President of the Medical Spanish Club, encouraged organization members to participate because “it is important for medical students to get a sense of the unique challenges faced by refugee populations, especially the Hispanic population, in our community. It was a perfect opportunity for students to be exposed to these unique issues”.

As medical students, we valued this opportunity to participate in the Global Health Fair, and hope to continue to proactively recognize the important role of Louisville as a new home to the refugee population.

For more event pictures and information about Kentucky Refugee Ministries and opportunities of involvement, visit their website.

To learn more about the Kentucky Refugee Outreach Program, contact MeNore Lake.
Ta’Neka Vaden has focused her career on empowering women to make informed health decisions. Vaden, a women’s health nurse practitioner who received her B.S.N. from the University of Louisville School of Nursing in 2006, spoke at the KYANNA Black Nurses Association of Louisville’s 2016 Annual Scholarship and Leadership Conference, which took place on April 9 at the Louisville Crowne Plaza Hotel.

The conference focused on women’s health issues and Vaden spoke about prevention, detection and treatment of the human papillomavirus, the most common sexually-transmitted infection in the United States.

HPV is so common that almost all sexually-active men and women get the virus at some point in their lives, according to the Centers for Disease Control and Prevention. Nearly 80 million people have HPV, and about 14 million new infections occur annually.

“A lot of women don’t realize HPV is sexually transmitted,” said Vaden, D.N.P., A.P.R.N., assistant professor of nursing at Bellarmine University. “It can be prevented and detected early and there are treatment options, but a lot of women aren’t aware of this.”

The CDC recommends children ages 11 and 12 receive vaccinations against HPV. An infected person can spread the virus even when he or she shows no symptoms.

Vaden frequently treats women with HPV. In most cases, the virus goes away on its own without causing health problems, but it puts women at risk for cervical cancer.

Kentucky has one of the highest rates of HPV-associated cervical cancer in the country, according to the CDC, and there is disparity in how the virus affects different races. Across the country, black and Hispanic women have higher rates of HPV-associated cervical cancer than other ethnicities and black women also have higher rates of HPV-associated vaginal cancer, according to the CDC.

Vaden attributes this to a lack of knowledge about the virus and poor access to health care, which has begun to improve since the Affordable Care Act took effect.

“Most young women don’t have candid conversations with their doctors,” Vaden said. “I think for African-American women, they would love to have medical care from another African-American woman who can understand some of the things they go through from a cultural perspective.”

KYANNA, the local affiliate of the National Black Nurses Association, supports the development and advancement of black nurses, improves the health and well-being of the African-American community and serves as a unifying body between community agencies and health care institutions.

Other speakers at KYANNA’s conference included Jessica Dowe, a family physician and graduate of UofL’s School of Medicine, and the Rev. Yvonne McCoy, founder of The Transformation Institute, an integrative medicine practice that provides holistic healing sessions.

Awards were given to outstanding nurses in the community and scholarships were awarded to undergraduate and graduate students.

For more information on the conference, visit the KYANNA Black Nurses Association of Louisville’s website.
Those working in public health endeavor to improve conditions under which people can be healthy. We also know health status is linked to the zip code in which you live along with other factors, known as social determinants, including poverty, environmental influences, and unemployment. We see evidence of this in Louisville, where local data show that on average, residents in West Louisville have a shorter lifespan when compared to those who live neighborhoods to the east of downtown.

As part of a challenge to Health Sciences Center faculty, staff and students, School of Public Health and Information Sciences dean Craig H. Blakely, Ph.D., M.P.H., urged the audience to think more about diversity as it relates to faculty and student recruitment. During his brief three-year tenure as dean, Dr. Blakely has brought about some transformative changes at the school.

“We must believe that diversity matters,” he said.

He spoke about the need for schools to become more proactive in building a diverse applicant pool for faculty positions during a Lunch & Learn presentation on March 9 hosted by the Health Sciences Center Office of Diversity & Inclusion.

“It is not a question of hoping for some diverse candidates to apply for job openings—it’s a question of proactively seeking a diverse pool of applicants. That proactivity is a part of establishing a climate that is supportive of diversity,” Blakely noted.

As the faculty becomes more diverse, he says, this in turn will affect the diversity of the student body who then graduate and become highly-qualified professionals and potential faculty members. Blakely refers to this cycle as one that can build the reputation of an institution. Of the ten new faculty members who joined the School of Public Health and Information Sciences since 2014, Blakely says half are African-American.

Blakely also highlighted other efforts of his school to engage the community and address health disparities, particularly in West Louisville. He pointed to the importance of community-based participatory research and initiatives of the Office of Public Health Practice (OPHP), which recently moved to the Louisville Central Community Centers offices in West Louisville. OPHP is cultivating partnerships and engagement through the adolescent diversion project, health literacy initiative and social norming campaign related to youth violence.
HSC Diversity and Inclusion

Health Sciences Center
Office of Diversity and Inclusion Welcomes Two New Staff Members

The Health Sciences Center Office of Diversity and Inclusion welcomes two new members to our team; Darryl Young Jr., Program Coordinator, and Jon Aaron Moody, Administrative Associate. We are excited to have these two new members of our team, as we continue to expand our efforts to fulfill our mission and vision. Please stop by Abell Suite 502 to meet Darryl and Jon Aaron.

Darryl Young Jr., Program Coordinator

Darryl Young Jr. is the newly hired Program Coordinator for the Office of Diversity & Inclusion for the University of Louisville’s Health Science center. He is tasked with working with the Schools of Medicine, Nursing, Dentistry and Public Health and help in their efforts to identify, recruit and support students from underserved and under-represented populations.

Darryl’s most recent position was with the Right Turn program, a grant funded, collaborative program between Kentuckiana Works, the Institute for Educational Leadership (IEL) and the U.S. Department of Labor. The program was designed as a re-entry, education and employment model for recently adjudicated youth aged 16-19 who reside in Louisville’s most disparate neighborhoods. There he served as the programs Mentor Coordinator, where he worked to recruit, train and support volunteers to mentor program participants, as well as create collaborative partnerships around mentoring.

Jon Aaron Moody, Administrative Associate

We would like to introduce Jon Aaron Moody, the new administrative associate for the Health Science Center Office of Diversity and Inclusion. In this role, he coordinates the clerical functions of our department, providing administrative support for all HSC-ODI programs, faculty, and staff.

Jon Aaron comes to us from the Department of Cardiovascular and Thoracic Surgery where he was the residency program coordinator and credentialing specialist. Jon Aaron has worked in higher education on an administrative level for ten years, and has been with the University for just over two years.

Jon Aaron lives in Old Louisville and loves exploring the city with his fur baby, Scout, and partner, Steven.
Islamophobia: How it Impacts Individuals, Families, and Communities

HSC Office of Diversity and Inclusion Lunch and Learn
Monday, April 25, 2016
Noon–1:00pm, Kornhauser Auditorium
Featuring Guest Speaker: Dr. Muhammad Babar

Muhammad Babar M.D. moved to Louisville in 2004 for fellowship training in Geriatric Medicine. He completed a Master of Science from the University of Louisville School of Public Health and Information Sciences in addition to a Master in Business Administration from the University of Massachusetts (Amherst). He is medical director of Oaklawn Healthcare, Signature Healthcare at Jefferson Place and Summerfield Healthcare Center which are rehab facilities.

He is President of the Pakistani American Alliance for Compassion and Education and a board member of the Center for Interfaith Relations, Fund for the Arts, Louisville Public Media, Louisville Rotary Club and member of the Board of Governors of the Speed Museum. He is also a member of the 2014-15 Leadership Louisville Class.

In this Lunch and Learn, Dr. Babar will explore how Islamophobia is impacting society, families and individuals, including locally and in our healthcare facilities.

Free lunch will be provided. Please RSVP by Thursday, April 21.

Call for Health and Social Justice Scholar Applications

The University of Louisville’s new Health and Social Justice Scholars Program is accepting applicants who will be trained to work with other professionals in communities to bring about changes to benefit underserved and disadvantaged populations.

Students in the UofL schools of Dentistry, Medicine, Nursing and Public Health and Information Sciences who are dedicated to social justice are encouraged to apply for the program, where they will learn techniques for working interprofessionally and with community members to improve the overall health of the populations through community engagement and scholarly activities.

Applicants for the program must be entering their second year of a doctoral program in the school of Dentistry, Medicine, Nursing or Public Health and Information Sciences. Applications will be accepted through May 31. For additional information and to apply, visit the Health and Social Justice Scholars web page, or contact the UofL Health Sciences Center Office of Diversity and Inclusion at 502-852-7159 or hscodi@louisville.edu.