Perceived Discrimination and Health: An HSC Call to Action
by: Vicki Hines-Martin, PhD, PMHCNS, RN, FAAN, Professor & Director, Office of Health Disparities & Community Engagement, School of Nursing, Director of Community Outreach, HSC Office of Diversity and Inclusion

As I look back over my 19 years as a member of the School of Nursing faculty, I can clearly see the increasing focus on diversity at the University of Louisville as a whole and the Health Sciences Center in particular. I am encouraged by and proud of the progress we have achieved in terms of making the setting a more welcoming and inclusive environment. Fostering this environment is of particular importance because of the divisive rhetoric and actions, as well as exclusionary politics in America. Because I had grown up during the civil rights era, I had dreamed that discrimination against diverse populations would be slowly receding, but instead it has gathered momentum and challenges us even more in our work and in our daily lives.

As scientists, clinicians, educators and students focused on health and wellbeing, how do we make a difference in such a climate? We demonstrate our commitment to diversity and inclusion by speaking truth to power, as allies to diverse populations by standing alongside those individuals who need the support of the broader community, and through building cultural awareness, humility and competence within ourselves and our students.

However, is that enough? I would like to challenge your thinking by proposing that as a health sciences center, this is just the beginning of what we should be doing. I believe that our task is more importantly to use our professions not only to demonstrate our individual commitment to diversity and inclusion but also translate scientific evidence about social exclusion into ways scientists and clinicians can directly combat bias and discrimination to benefit individuals and communities whom we serve.

There is ever growing evidence that perceived discrimination and exposure to bias have both negative physical and mental health effects. Pascoe and Richman (2009) in their meta-analysis of studies on perceived discrimination and health identified the following model (Figure 1) based on that analysis.

Their analysis identifies “that perceived discrimination produces significantly heightened stress responses and is related to participation in unhealthy and nonparticipation in healthy behaviors.” Since
that meta-analysis, discrimination and bias as an important factor in health has been discussed extensively in the scientific and lay literature by such entities as the American Psychological Association, British Columbia Mental Health and Substance organization, British Medical Journal, Duke University, UCLA, University of Texas, the Huffington Post and the New York Times among many others.

So, how can the UofL Health Sciences Center use this evidence to further support diversity and inclusion? Think about the following as it relates to what you do and translating science into action.

1. Discrimination exists, how do we incorporate that knowledge into our educational experiences throughout our courses?
2. In what ways do we support adaptive coping in the face of discrimination among populations with whom we work?
3. What intervention strategies can be developed as potential protective factors for at-risk children among diverse populations?
4. How do we explore perceived discrimination and bias with our patients and clients to facilitate problem solving and health care decision making?
5. Is it time to focus on discrimination and bias as an interprofessional agenda (centered on research and translation into practice) because of its significant impact on health and health care disparities?

Whatever our next steps are as a Health Sciences Center, it is imperative that there are next steps for us to fulfill our role as a driver in our quest for inclusivity and equity in this diverse metropolitan community.


Reframing Perspectives
by Angela Shinabery, RN, MSN, APRN, CPNP, Department of Pediatrics

Bolman and Deal (2008) discuss different frames, or perspectives, that organizations adopt. First, there is the human resource frame where an organization is seen as extended family and problems arise when individual needs are not met. The political frame is the second frame and explains that people compete for resources within companies and problems arise with competing interests. Third is the symbolic frame. The symbolic frame is lovely because it views organizations as theatres of performance in which all have roles. When individuals do not play their roles properly, the organization’s performance is compromised. On the contrary, when employees work together to accomplish a goal, a beautiful performance is unveiled to the crowd. By considering all three lenses and perhaps reframing situations, employees may gain valuable insight and appreciation for coworkers.

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Inclusiveness

In order to practice inclusiveness and embrace health equity, one must consider personal bias and existing organizational frames. By focusing on peer differences in the workplace and viewing others as obstacles or annoyances, one practices the political frame. Unfortunately, this perspective may lead to discontent and promote exclusiveness. Furthermore, the organization is not allowed to reach full potential as there is no synergistic activity. When coworkers are overlooked or minimized, the entire organization regresses. Individuals must be able to combine forces to create a beautiful masterpiece that reflects deep perspectives and facets. Likewise, if employees consider both the human resource and symbolic frames of an organization, they can figuratively clean their lenses and clearly reframe perspectives. Coworkers may not be family, but each one comprises the workplace community and deserves respect. Additionally, each individual has significant value. Do you consider that your peers are the reason you can take vacation each year? How many times has your coworker solved a problem because of a different viewpoint that you had not considered? Relationships that are embraced and nurtured provide a supportive work environment, and valuing multiple perspectives provides a healthy platform for growth and learning (Judge, 2005). In the future, consider reflection when annoyance surfaces. Remember to reframe your environment so that it may give way to resolution in the present moment. According to Khatun (2013), learning in real time results in greater understanding of principles. However, to have such swift practices for learning, an organization must have a culture of collaboration, inclusiveness, and peer support which embodies intentionality in all exchanges (Turesky & Gallagher, 2011; Desmond & Jowitt, 2011).

Summing it up

Earvolino-Ramirez (as cited in Lachman 2016) found that resilient individuals had meaningful connections with others and were able to adapt to situations. Coworkers who value others can be pivotal in strengthening work culture. Effective leaders can model healthy communication and collaboration to “support an ethical work environment” (Lachman, p. 123, 2016). Although organizations traditionally view positions in hierarchies, those that adopt a systems view can appreciate how all individuals contribute to the end product (Sleezer, Russ-Eft, & Gupta, 2014). Additionally, any employee has the ability to model leadership qualities regardless of job title. Titles should not inhibit collaboration, communication, or problem solving. (Bolman & Deal, 2008).

Follow through with personal responsibilities to allow your team to function fully and embody the symbolic organizational frame. Finally, recognize that those around you are also contributing to organizational success. Healthy relationships, perspectives, and teamwork are components to thriving work cultures, health equity, and inclusiveness.

References


Dental Dean and Faculty Member Selected as Fellows of the American College of Dentists

Through an honor extended to less than 5-percent of dentists in the United States, the University of Louisville School of Dentistry’s top leader, T. Gerard Bradley, B.D.S., M.S., Dr.Med.Dent., along with associate clinical professor, P. Gay Baughman, D.M.D., have been inducted as Fellows of the American College of Dentists.

After taking on the position of dean in 2016, Bradley launched a new strategic plan for UofL’s School of Dentistry. In tandem with this effort, he also led a comprehensive curriculum review to implement new technologies in education. His efforts also include the development of a new clinical education site at the Red Bird Clinic located in eastern Kentucky.

Before joining UofL, Bradley served as associate dean of research and graduate studies, chair of the Department of Developmental Sciences, and a program director of advanced education in orthodontics at Marquette University School of Dentistry (2005-2015), where he taught and led in various roles since 1995.

Baughman worked more than 25 years in private practice before joining the School of Dentistry as a member of the faculty in 2009. Since then, she has received a number of teaching and service awards. With more than 40 national and regional presentations, Baughman educates on topics ranging from evidence-based curriculum and critical thinking to emerging technologies. She also has served on a several committees related to diversity, social justice and cultural competency.

Fellows are selected through confidential peer review and chosen based on leadership and contributions to dentistry and society. Baughman and Bradley were inducted during the American College of Dentistry Annual Meeting in October.

‘Shop with a Dentist’ Aims to Give Children a Holiday Experience

What: University of Louisville School of Dentistry students are providing nearly a dozen local underserved elementary school students an opportunity to take part in holiday festivities, buy holiday gifts and engage in learning.

Second-year dental student and local Student National Dental Association (SNDA) member Darius Sanford says ‘Shop with a Dentist’ gives kids a fun experience, along with information about budgeting and proper oral hygiene.

“We see this as a way to give back to our community and teach kids they don’t have to be afraid of going to a dentist – we want them to know that dentists are good people,” Sanford said.

The children are Wheatley Elementary School students and were selected for the program by a family engagement specialist based on need.

The event will begin at the School of Dentistry with breakfast and educational enrichment, followed by a bus trip to a local retailer where children will choose holiday gifts with money raised by UofL students. After the shopping trip, the group will return to the school to wrap the presents.

When: Saturday, Dec. 2, 8 a.m. – 1p.m.
Where: UofL School of Dentistry, 501 S. Preston St.
Contact: Julie Heflin, julie.heflin@louisville.edu, 502-852-7987
My international trip was to Havana, Cuba to learn about the Cuban Healthcare System. I traveled with a group of eleven other medical students from SNMA and my role was to explore how the Cuban health care system works.

The first activity was a lecture and exchange with the professors at the National School of Public Health. The focus on how social determinants of health, prevention, patient centered care and interdisciplinary collaboration are essential to the foundation of Cuba’s National Public Health System. This focus on prevention of disease and poor health within the Cuban health care system is attributable to their success. They take very detailed histories and physicals from every person in each community. These are analyzed/updated and put into an annual report for each community. Each person is classified into one of four tiers/groups: tier 1-healthy, tier 2-levels of certain health risks which are prioritized according to risk, tier 3-chronic disease/disability, and tier 4- is directed toward research only i.e. vaccines against cancer. These classifications determine how many times the person will see the doctor and what types of programs/treatment is needed. Tier 1 would have one mandatory visit per year, tier 2 will have two to three visits, and tier 3 will have three to four visits per year often with specialists. The health risks that are identified from each person are used in a clinical and epidemiological way to mobilize resources in the communities such as vaccine and sanitation campaigns to help control costs. Approximately 60% of the budget for each area is allotted to prevention/ tier 1. No tier operates separately, they work together. The family doctor and specialist are in communication. The family doctor knows the patients extremely well and has a very good relationship with the family. The doctor and nurse live in the community with the patients. They make house calls and will see the patients in the hospital every day. If a patient will not go to the clinic to see the doctor, the doctor will go to the home to see the patient. There are also organizations that will go to the homes of people to talk with them if they refuse to have tests performed that are vital to their overall good health. 

The professors explained that healthcare in Cuba is a right and that Cuba trains humanistic doctors. Their viewpoint on how this was achieved is that there was a change in the social political system and the right to health care was written into law. They believe that the creation of the Cuban Healthcare System and the unique and free education system is what guarantees health care as a right. I learned from this interaction, that for the United States to come anywhere close to a successful universal health care system there will need to be a change in the way health care is viewed, away from business and toward service. Also, doctors will need to be trained very differently.

I was personally interested in how Cubans have decreased the maternal/infant mortality rate especially the infant mortality rate being lower than the United States. We visited a community Polyclinic which explained how
they have accomplished lowering those rates. Cubans place emphasis on Mother/Baby programs. A pregnant woman would have at least 10 visits for prenatal care. The doctors/nurses know who is at risk and they follow closely. There are maternal homes in which women with complications can live and would receive every service needed. The maternal homes have seven to twenty beds, a family medicine MD, an OB-GYN, a social worker during working hours and a 24-hour nurse who lives in the home. The woman can choose not to go to the maternity home. However, if she needs hospitalization she can receive this at her home with a daily visit from the MD. A newborn will have a visit every week for the 1st four weeks, then every fifteen days from two to six months, then every month up to a year. The early visits are house visits and frequently performed by medical students. The documentary, “Sicko” provided further insight on how providing accessible, preventative health care especially for women and children is vital to decreasing costs on treatment for disease, as well as morbidity and mortality. The polyclinic also had several services that were offered at that location such as ultrasound, x-ray, lab, small surgeries, acupuncture, ophthalmology, physical therapy, dentistry, and many others. Surrounding the large polyclinic are smaller clinics that are more like primary care offices. These are distributed within the neighborhoods. A nurse or doctor lives above the clinic or very close within the neighborhood. They know an extraordinary amount of information about each patient, including living conditions and a complete history of everyone living in the home. The patients trust the doctors and usually allow whatever the doctor suggests.

We visited the Latin American School of Medicine (ELAM) and met with some of the students. The medical school was created by Castro and the initial program was to bring 500 students from countries affected by hurricane or disaster to Cuba to study medicine. They have now had students from greater than 100 countries. The medical education is totally free and includes books, living conditions, uniforms, food, and everything they need. The program is a 6-year program with the first six months entirely devoted to learning Spanish and the second semester begins premed courses to level out the different backgrounds. The 3rd year students are distributed to one of thirteen medical universities. All thirteen universities have the same curriculum which is how they can be assigned to any of them. Every health institution is a teaching hospital and students can start working in Cuba the day after graduation. However, students from a different country are expected to go back to their country to work. Some of the students that I talked with, discussed the difficulty of taking all exams in Spanish and adjusting to the culture. They also talked about not having a time limit on taking histories and physicals and getting as much information as possible which will have to be adjusted when back in the United States. The curriculum is a humanistic approach that is to provide care to anyone in need. This was discussed in further detail on our trip to the Central Unit of Medical Collaboration and Exchange with Cuban global health doctors. We met two doctors and two nurses who went to West Africa for the Ebola epidemic. Cuba has a Henry Briggs Brigade that has several health care worker volunteers that are willing to go wherever they are needed within a few hours of notice. They believe in solidarity of country and want to help wherever they are needed. When they were called to West Africa, there were 12,000 willing to go, 400 selected, and 256 who went. When they arrived at Sierra Leone there
were 90% infected with Ebola and only 10% infected when they left. The documentary, “Salud”, revealed the willingness of Cuba to go wherever needed, an outreach to other countries that is unequal to any other. They often go to places that no one else wants to go and stay until they are no longer needed. Cuba’s healthcare system has been a blueprint for other places such as Gambia. The impact there was so great that it decreased the malaria cases from 600,000 in 2002, down to 200,000 in 2004. Cubans were first to arrive on the scene in Honduras within hours of the 1998 hurricane. Cubans also went to Venezuela, to places that middle-class Venezuelan doctors wouldn’t go. The Venezuela doctors would treat the people from that area disrespectfully and blame the parents for the children dying. The Venezuelan doctors protested the Cuban doctors being there, even though they were in places that they didn’t want to be. Ultimately the people fought for the Cuban doctors to stay and they did.

I also went to a pediatric clinic here in Louisville that has a Cuban population. I learned that there are Cuban doctors working as medical assistants because their medical degree isn’t recognized in the United States unless they pass the USMLE Step 1 exam which can only be taken in English. One of the medical assistants is working on his English so that he can take the exam. I met a father from Cuba that moved to the United States to have a better life for his family. His father was a pediatrician in Cuba and made less than $50/month in Cuba but has moved to Miami and works as an RN making more in one day than he made in Cuba in a month. He said that in Cuba, it doesn’t matter how hard or how much you work you will get the same amount of pay and people are resentful of that. He is happy to be here but said his son likes being in Cuba because he can play outside freely with a lot of other kids.

I learned so much in Cuba that it is hard to sum up in such a short paper. However, the biggest change for me personally is how it has affected my perspective on my future medical practice. I am appalled and sickened by the fact that in the United States people die not from lack of resources or doctors to treat them, but from lack of humanism. In the documentary, “Salud”, Cuba was down to one vial of Prostaglandin E1 for the entire country and despite not having what they needed, they did not let a single child die from the lack of resources. They bartered with other countries for the medication and performed surgeries to ensure no child died during that time. Yet, we have the means and medications but allow children to die from lack of health insurance, or not being at the hospital that takes their insurance, or any other number of reasons. This has inspired me beyond just support of a universal health care system to an active search for what I can do to help push our country toward this type of humanistic care that the Cubans possess. I would also like to help incorporate a more humanistic approach to learning medicine. I am now ready to challenge our social political system and not settle for our country choosing to offer health care to only those who can afford it or those deemed worthy of receiving it. I am grateful for this experience and never want to take for granted how people are affected by how I decide to practice. I am making a vow to myself to be available and remember that healthcare should be a right, and medicine should be a service.
School of Nursing

Nursing Faculty Deployed to Puerto Rico on Hurricane Relief

As this year’s volatile Atlantic hurricane season progressed, Montray Smith knew it was a question of when – not if – she would be called to help.

Smith, a University of Louisville School of Nursing assistant professor, recently returned from a two-week deployment to Puerto Rico where she provided medical care in the wake of Hurricanes Irma and Maria with a federal Disaster Medical Assistance Team (DMAT).

Part of the National Disaster Medical System, DMATs across the country are made up of physicians, nurse practitioners, paramedics and other health care professionals who leave their regular jobs and quickly mobilize to provide medical aid when local and state resources are overwhelmed after natural disasters or terrorist attacks. They also prepare to respond to major national events, including presidential inaugurations, if an emergency arises.

“Most health care providers want to jump in and help during a disaster, and that’s what we get to do,” said Smith, MSN, RN.

Smith’s DMAT, along with personnel from the U.S. Public Health Service and non-governmental agencies, set up a Federal Medical Station in Bayamón and treated 150 to 200 people every day at a similar station in Manatí.

“The patients were incredibly resilient. They did what they had to do to survive,” Smith said. “Their infrastructure is gone and it’s going to be a long time before the island recovers from the storms.”

Traffic lights and electrical poles were gone, buildings were destroyed and trees were scattered. Still lacking electricity in their homes, some patients needed power to operate ventilators and feeding tube machines. Most were treated for conditions related to mold exposure, including pink eye, asthma, nausea and vomiting. Critical patients were stabilized and transported by the Army to local hospitals.

Smith takes pride in caring for disaster victims as well as bringing relief to fellow medical personnel who reside in the ravaged areas.

For 15 years, she has been a member of the DMAT based in Jacksonville, Florida, which last mobilized after Hurricane Sandy in 2012.

Her first deployment was to Pensacola, Florida, after 2004’s Hurricane Ivan where her team supported a badly damaged hospital that was depending on generators and had no running water.

“The hospital staff were taking care of patients while not knowing if their families were okay or if their homes were still standing,” Smith said. “We came in the middle of the night to set up and started seeing patients the next morning. The staff were so relieved that we were there to help. We told them, ‘Go home. Take care of your family. Take care of yourself.’”

Smith’s DMAT could be redeployed to Puerto Rico after Thanksgiving.
HIV continues to be a significant health concern in the African American community. Nationally, the numbers are pretty disturbing. The Centers for Disease Control and Prevention estimates that 1 in 20 African American men will be affected by HIV compared to 1 in 132 White men. An estimated 1 in 48 African American women will experience HIV compared to 1 in 880 White women. In Kentucky, African Americans only make up about 8% of the population but account for 33% of HIV cases. It should be noted that these differences in HIV risk cannot be fully explained by behavior as African American women and African American men who have sex with men demonstrate fewer sexual risk behaviors than their White counterparts.

Another group that is receiving increasing attention in HIV research is older adults. Due to an increase in new infections among older populations and medical advances that extend the lifespan of people with HIV, the HIV positive population in the US is increasingly aging. Although the advent of more effective and tolerable medications has been a continuing success in the fight against HIV, the aging of the HIV positive population brings new challenges, including comorbidities (other diseases besides HIV) and the numerous life complexities that come with getting older.

Stigma is one of the biggest public health challenges in addressing HIV. Given the fear around HIV, in many ways, stigma can be worse than the disease. Stigma not only impacts quality of life for people living with HIV, but it also can lead to social isolation, less healthcare engagement, and less medication use – all of which are necessary for living a long, healthy life. As of late, scholars, the medical community, and the public health community have placed greater emphasis on stigma reduction as a means to improving care uptake and medication adherence. This shift in thinking presents
public health practitioners with opportunities to develop innovative approaches to reduce stigma and address erroneous perceptions about HIV and the HIV positive.

Earlier in 2017, the University of Louisville Cooperative Consortium for Transdisciplinary Social Justice Research began funding research that partners community-based organizations and researchers of all stripes to engage in scholarship with “real-world” impact. One such project brings together University of Louisville researchers and the House of Ruth (an AIDS service organization focused on housing and support for people living with HIV) for a unique arts-based approach to raise awareness about HIV and the concerns of older African Americans living with HIV disease. More specifically, this group works with actors and a group of older HIV positive African Americans (age 50 and older) to develop monologues focusing on the experiences of the HIV positive.

The project began two years ago with faculty members from the Kent School of Social Work (Lesley Harris), the School of Public Health and Information Sciences (Jelani Kerr), and Nursing (Timothy Crawford). The focus of the first phase of this study was to 1) identify if a relationship exists between stress, stigma, and care-engagement among older HIV positive African Americans, and 2) explore how these relationships operate.

A pilot survey was conducted to address the first study objective and qualitative interviews and focus groups were used to realize the second. The current phase of this study employs re-storying of qualitative interviews into five minute monologues focusing on various aspects of stigma, stress, and resilience among participants (think “Vagina Monologues” with a public health spin). The content of the monologues is designed to help service providers, students, healthcare providers, and the general public to understand the experiences and recognize commonalities with study participants. Performances are anticipated to take place late 2017/early 2018.

Upcoming Diversity Events & Announcements

- **Health Sciences Center Poverty Simulation**
  - February 7, 2018, 9:30am—12:00pm
  - Kosair Charities Clinical and Translational Research Building, Rooms 101/102
  - Participants will gain:
    - Increased awareness of the financial barriers to patient compliance in low income populations
    - Better understanding of the challenges faced by those living in poverty by “spending an hour in someone else’s shoes”
    - Identify opportunities for increased connections and coordination with other health professionals and community agencies to lessen obstacles for patients
    - For registration details please [click here](#).

- **45th Dr. Joseph H. McMillan National Conference on the Black Family in America**
  - February 23-24, 2018
  - Louisville Central Community Center, 1300 West Muhammad Ali Blvd
  - The vision of the Black Family Conference at the University of Louisville is to help educate families to become more empowered, engaged, equipped and able to elevate every member to maximize their quality of life.
  - Workshop themes will consist of, but not limited to, mental health, physical health; safe and healthy neighborhoods; economic health and financial literacy; education; spirituality; sexual health; issues confronting population groups such as African American males, the elderly and the LGBT community; environmental justice; substance abuse and addiction.
  - For registration details please [click here](#).
Meet the Newest Health and Social Justice Scholars
by: Betty Coffman, Office of Communications and Marketing

One doctoral student from each of the four schools on the University of Louisville Health Sciences Center campus has been selected for the second cohort of the Health and Social Justice Scholars program. From applications received from doctoral students in the Schools of Dentistry, Medicine, Nursing and Public Health and Information Sciences, scholars are selected based on their commitment to social justice and health equity. They will engage in a three-year program designed to help them learn techniques for working interprofessionally and with community members to improve the overall health of local residents. Scholars will develop projects that include community-based research conducted along with a faculty mentor and a report prepared for scholarly publication. In addition, they participate in community service projects and attend monthly discussions.

Tasha Golden, School of Public Health and Information Sciences
A doctoral student in the School of Public Health and Information Sciences, Tasha Golden works with the Youth Violence Prevention Research Center and the Commonwealth Institute of Kentucky. Golden’s community-oriented research at the intersection of art and public health is informed by her career history. As the frontwoman and songwriter for the band Ellery, her songs have been heard on the radio and in major motion pictures, TV dramas and Starbucks. Golden’s prose and poetry have been published in “Ploughshares,” “Pleaides” and “Ethos Review,” among others, and her debut book of poems, “Once You Had Hands” (Humanist Press), was a finalist for the 2016 Ohioana Book Award. Her critique of gender inequities in the juvenile justice system appears in the Spring 2017 issue of peer-reviewed journal “Reflections.” Golden’s background as artist, entrepreneur and researcher often leads to new and unique networks, and allows her to draw connections among disparate ideas and initiatives. She continues to write and record, and has led trauma-informed creative writing workshops for incarcerated teen women since 2012.

C. John Luttrell, School of Nursing
C. John Luttrell obtained a bachelor’s degree in organizational communication from Murray State...
University in 2005, and a bachelor of science in nursing from the University of Louisville in 2013. While he was a student at UofL, he served as the academic affairs liaison on the Nursing Student Council, and received the Helen C. Marshall Award for Outstanding Leadership. While working as a trauma nurse at University of Louisville Hospital in the Surgical Intensive Care Unit from 2013-2016, Luttrell completed the one-year nurse residency program, often served as the charge nurse during his scheduled shifts, and served as a clinical capstone preceptor for nursing students at the UofL School of Nursing. Luttrell is a full-time Ph.D. student in the School of Nursing, where he holds a position as a graduate research assistant. His research interests focus on health disparities among homeless adolescents and engaging with community organizations to provide services to homeless youth.

Devin McBride, School of Medicine
Originally from Ithaca, N.Y., Devin McBride received a bachelor of science in economics from Syracuse University in 2008. She graduated with a degree of distinction after completing a thesis project on the impact of mega-multi mall development on local communities. While earning a second bachelor’s degree in environmental engineering, she was involved in multiple research projects including biomedical research, which first sparked her interest in medicine. After moving to Louisville in 2012, McBride began working in the emergency room as a scribe and volunteered with the Kentucky Waterway Alliance. She has been involved in numerous other research projects in Louisville, and presented posters at the Kentucky Academy of Science Annual Meeting and Research! Louisville. Currently, McBride is a student director at the Family Community Clinic, is co-president of the student LGBTQ group HSC Pride, and is involved in health-care politics as a member of Students for a National Health Plan. She plans to research health disparities in the LGBTQ community.

Morgan Pearson, School of Dentistry
A native of Louisville, Morgan D. Pearson is a second-year student in the School of Dentistry. As a child, Pearson experienced a traumatic injury, resulting from an automobile accident that required her to have multiple surgeries. Because of the expert and compassionate care she received, she decided early on that she wanted a career in the health sciences field, ultimately choosing dentistry. Pearson is a 2015 graduate of Murray State University, where she earned a bachelor of science in biology with minors in music and chemistry. She attended UofL’s Summer Medical and Dental Education Program (SMDEP) and MCAT/DAT workshop before deciding on a career in dentistry over medicine. Pearson has had a heart for service since she was a child. From age 11 through 17, she volunteered at the VA Medical Center in various capacities. After going away to college, she volunteered at the VA during summer breaks. At Murray State University, Pearson mentored and tutored incoming freshmen to ensure their success. As a dentist, Pearson will focus on community dentistry, continuing to serve those who are disadvantaged because of their inability to pay or to access care.

Upcoming Diversity Events & Announcements

- **Black History Month Film Series**
  - Dr. Karen Krigger in collaboration with the Louisville Free Public Library will present a series of films each Sunday in the month of February from 3:00-6:00pm. The films will be shown in the Auditorium of the Louisville Free Public Library, and after each film there will be a brief panel discussion.
  - **The Following films will be shown:**
    - Marshall
    - February 4, 2017
    - Hidden Figures
    - February 11, 2017
    - 42
    - February 18, 2017
    - Loving
    - February 25, 2017

  Please look for registration details in our next edition of the HSC Diversity Newsletter.

- **The HSC Office of Diversity and Inclusion’s 2016-2017 Annual Report is now available, click here to view.**
Did you know...?

Simmons College of Kentucky

Simmons College of Kentucky, the state’s oldest African American college, was founded in 1879. The college was established by former slaves to train the sons and daughters of fellow African Americans. In August of 1865, Rev. Henry Adams led the effort to create the institution where he proposed a college be established for former enslaved people at the State Convention of Colored Baptist Churches meeting at Louisville.

Follow up efforts to create the college languished until November 1879 when the Trustees of the Convention of Colored Baptist Churches of Kentucky bought four acres of land in Louisville to serve as the campus for the institution. The college was first known as the Kentucky Normal Theological Institute and its first president was Rev. Elijah P. Marrs.

In 1880, Dr. William J. Simmons succeeded Rev. Marrs as president and soon the school's fortunes increased. Simmons, a former slave, had helped develop Howard University’s teacher training programs. Under Dr. Simmons’s leadership the school’s offerings increased. To a primarily liberal arts curriculum he added courses in medicine, law, music, business, and theology. He also encouraged competitive intra and intramural sports and led the effort to gain university status. After a charter amendment in 1884, the college was recognized as a state university.

In 1893, Kentucky Normal University had 159 students. By 1900, in partnership with the University of Louisville, the University offered professional degrees in nursing and law. The University proudly and accurately claimed that most African Americans in Kentucky who were physicians, teachers, ministers, and lawyers before 1920 had attended the University. The University became the only African American higher institution in the nation other than Howard University with both medical and law departments. In 1918 in recognition of the impact of Dr. Simmons's ten years of leadership (1880-1890) on the University, the Board of Trustees renamed it Simmons University. By 1922 the campus had slightly over 500 students.

The University, however, quickly succumbed to the Great Depression and had to reduce its course offerings. On August 30, 1930, the University lost control of the major buildings on its campus when its mortgage was foreclosed. It became a "colored" branch of the University of Louisville and was renamed Louisville Municipal College. In 1935 the university was forced to abandon its campus altogether and relocate to a smaller location in west Louisville. Without adequate funding, the university lost students and eventually its accreditation. By the 1950s it operated exclusively as a theological school. In 1982, in recognition of that changed status, the institution was renamed Simmons Bible College.

In 2005 the institution was renamed Simmons College of Kentucky (SCKY) as it began to attract a larger student body and returned to a broader curriculum. One year later, and 76 years after its dislocation, the college finally returned to its original campus. In 2010, SCKY was approved for accreditation and now offers Associate of Arts, Bachelor of Arts, and Bachelor of Theology Degrees. Over 70 percent of the college’s faculty has earned terminal degrees. The college's enrollment in 2010 was approximately 200 students.

Source: Cabiao, Howard, “Simmons College of Kentucky” BlackPast.org/aah/simmons-college-kentucky-1879
SERVICE OF REMEMBRANCE

A special remembrance of our 2017 victims of violence will be included. Prayers will be offered for their loved ones and friends.

A Community Wide Prayer Service held in remembrance of all victims of violence in our city.

All are invited to a reception following the service.

WEDNESDAY, DECEMBER 6, 2017

6:30 PM

GOOD SHEPHERD CATHOLIC PARISH
3511 RUDD AVENUE, LOUISVILLE, 40212

Sponsored by: Region One Catholic Coalition (ROCC) and The Archdiocese of Louisville Office of Multicultural Ministry