Celebrating Diversity

Acceptance, Respect, Understanding, Inclusion

HSC Office of Diversity and Inclusion, Diversity Committees , & Commission on Diversity and Racial Equality

Addiction Should Not Find Acceptance Here

by James Patrick Murphy, MD, MMM
Gratis Faculty, School of Medicine

Acceptance, Respect, Understanding, Inclusion. So goes the tagline for *Celebrating Diversity*, this monthly newsletter. Diversity is one of our university's strengths. But diversity is not a factor when it comes to addiction. Addiction cares not about the color of your skin, your country of origin, sexual orientation, nor social status. Addiction affects all of us - every family, every social class, and every diverse group. Ruining lives. Killing indiscriminately.

Inclusion

Addiction and drug dependence affect a significant number of health care professionals. Just because we understand, prescribe, and use these substances therapeutically does not mean we are somehow immunized against succumbing to the disease of addiction. Understandably, health care professionals are reticent to seek help - for a number of reasons including worry that their moral, mental, or intellectual fortitude will be questioned. Also, our work environments may offer ready access to drugs of abuse, further increasing our risks.

The health care profession has high standards and is a very competitive environment. Stress can be suffocating. Thus, it is not surprising that the estimated incidence of health care professionals afflicted with alcohol or drug addiction is 10% to 15%, mirroring, if not surpassing that of the population in general. Overall, three-fourths of affected individuals are under the age of forty-five. Also pertinent to our University Health Sciences Center family is the statistic that as many as one-half of full-time college students binge drink or abuse prescription drugs, which is three times the rate of the population in general.

James Patrick Murphy, MD

Understanding

Addiction is not a character flaw. It is not a moral issue. It is not really a choice. It is brain damage. Addiction is a neurological disease dealing with reward, motivation, and memory brain circuits. Addicts have an inability to consistently abstain from using substances in a harmful manner. They crave the abused substance, have difficulty recognizing their own destructive behavior and are emotionally dysfunctional as a result. Addiction is a chronic disease, and like other diseases, if untreated, will worsen - often to the point of disability and premature death. Tragically, our University of Louisville family knows this pain too well.

Respect

Addiction is a horrible disease. It is a lifelong life-threatening illness. The treatment is difficult; far better that it be prevented. Genetics play a large role, so if addiction runs in your family, be especially vigilant. Depression, anxiety, mood swings (e.g. bipolar) and other psychiatric illnesses increase your risk of addiction. Who you hang out with and where you hang (i.e. peer group, social environment) are important as well. And, of course, the substances matter.

Certain drugs trigger the brain reward circuitry more than others. These drugs (e.g. opioids, amphetamines, cocaine, heroin) are found on college campuses in alarming

Addiction Help Phone Numbers and Resources:

- **The University of Louisville Counseling Center: 502-852-6585**
- **Hope Now Hotline (24/7): 502-589-4313**
- **Emergency Psychiatry at UofL Hospital: 502-562-3120**
- **The Healing Place: 502-568-6680**
- **Jefferson Alcohol and Drug Abuse Center: 502-583-3951**
- **SAMHSA Treatment Locator: 800-662-HELP**

and increasing numbers. Among adults ages 18-25, abuse of prescription drugs is second only to abuse of marijuana, according to the 2010 National Survey on Drug Use and Health.

Initially, drug experimentation and recreational use may be voluntary. However, addictive drugs will impact many brain circuits leading to drug use becoming an automatic compulsive behavior. After exposures to an addictive substance, brain function can be permanently altered. These brain changes persist even after years of abstinence and thus, as in the well-publicized case of actor Philip Seymour Hoffman, relapse is common, expected, and often deadly.

Acceptance NOT

Conquering the ominous drug abuse epidemic plaguing society and our college campuses requires a powerful solution. Knowledge is power. By now it should be clear that this problem has an answer. But it takes action - NOT acceptance.

Many of you reading this newsletter are at increased risk for addiction for the reasons stated above. Take action. Be healthy in body, mind, and spirit. Do not ignore symptoms of depression, anxiety, or mania. Get enough sleep. Exercise. Eat well. Deal with stress appropriately. Do not self-medicate. Confide in friends and trained counselors. Avoid social environments where drug use is rife. Advocate for your peers as well. And do not experiment with drugs or substances known to alter your delicate, intricate, beautiful and precious brain.

Diversity is one of our strengths. But in preventing drug abuse and addiction we must be of one mind, one voice, and one purpose. Having careers in health care does not immunize us from the disease of addiction. But *because* our careers are in health care, we should use the power that comes with knowledge to help others and ourselves.

James Patrick Murphy, MD, MMM, specializes in Pain and Addiction Medicine. He is President of Murphy Pain Center, Immediate Past-President of the Greater Louisville Medical Society and serves as gratis faculty for the School of Medicine. He blogs at http://jamespmurphymd.com

September 2014 Edition Marks the First Anniversary of the *Celebrating Diversity* Monthly Newsletter

Over the past year, HSC faculty, staff and students have shared articles highlighting the many activities that are occurring in and around our campus. The HSC Office of Diversity and Inclusion, Diversity Chairs, and the Commission on Diversity and Racial Equality (CODRE) thank all who have contributed to make this monthly effort a success. Keep the articles coming! Submit yours to your school's Diversity Chair.

School of Dentistry

Hispanic Student Dental Association Celebrate Numerous Accomplishments

by Denise Ceron
Third Year DMD student

Founded in 2006, the University Of Louisville School Of Dentistry Chapter of the Hispanic Student Dental Association (HSDA) is a division of the national Hispanic Dental Association, a non-profit organization comprised of oral health professionals and students dedicated to promoting and improving the oral health of the Hispanic community. The ULSD chapter aims at fulfilling this purpose by both improving access to oral health care for the Hispanic population within the local Louisville community, and by serving as a source of information for dental students regarding the language and culture.

The UofL Chapter of HSDA has helped organize and has participated in various community service projects aimed at the Hispanic population. This includes the annual Feria de La Salud (Health Fair) in Erlanger, KY every fall semester and a separate Hispanic Health Fair in the Americana Center in the spring semester. Hundreds of screenings on both children and adults are performed as well as sharing educational materials. The HDA also partners with the American Toothfairy Project to visit multiple schools and the Boys and Girls Club to teach children about oral hygiene and nutrition in a fun way.

In addition to going out into the community, HSDA is focused on helping its members better themselves by providing a monthly Spanish lesson, where they practice basic dental terminology and phrases. These short, but informative lessons can really help students feel more comfortable treating Spanish speaking patients, and allows these patients to build a higher level of trust with their student doctor as well. Also, student doctors have access to the Spanish Guide of Dental Terminology through aXium, as a valuable resource in the student's efforts to communicate with Spanish-speaking patients. The simplicity and quick reference nature of this manual make it an essential reference guide for all dental students and staff that will treat a Spanish-speaking patient.

Recently the HDA granted the Colgate-Palmolive National Advisor of the year Award to Dr. Ricardo Caicedo during the 2014 Annual Convention at The Cosmopolitan of Las Vegas, NV (August 21-24), for his contribution with the UofL HSDA chapter since its foundation. The UofL Chapter of HSDA also won the Crest-Oral-B sponsored ORGULLO 2014 award for their dental education video and community service outreach programs throughout the year. The competition was among 20 other schools.

ULSD HSDA students receive multiple awards

It is clear that UofL Chapter of the Hispanic Student Dental Association has served as a great resource for both the dental school and its students, as well as the Hispanic community in Louisville. Its membership grew from less than 10 members in the 2012-2013 year to nearly 40 active members in the 2013-2014 year. This school year they are looking at 80 chapter members already, with a promise to grow even more since it has created a presence within the school.

School of Medicine

My Winding Journey

by Tiva T. VanCleave, MS
PhD candidate, Department of Microbiology and Immunology

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

My road to graduate school has not been a conventional one by any means. When I entered college, at Hampton University, I thought that I wanted to be a physician. I chose to major in biology, the most common route of many pre-med students. Once I graduated from college and took the MCAT, I KNEW I no longer wanted to be a physician; but I still loved science. For me, going to graduate school was a must, but I wasn't sure what I wanted my concentration to be or where I would go to graduate school. I was already in debt, due to student loans, and started working as an Administrative Assistant at a bank in Richmond, Virginia after graduation. I knew that I was not where I wanted to be and it was not getting me any closer to the field that I genuinely loved. I switched to a job more science related as a Chemist for a print circuit board company. I was doing some science but it still wasn't what I had gone to school for or the challenge I desired. I then decided to move to Baltimore, Maryland where I had the opportunity to start working for The Center for Inherited Disease Research (CIDR), a hybrid entity of NIH and Johns Hopkins University. The position was exactly what I wanted because it afforded me the opportunity to play a role in ground breaking research that other scientists were doing at other research institutes such as NIH. The position entailed evaluating genetic biomarkers in differing ethnic populations to determine if certain traits and diseases had a common genetic link. During that time I also enrolled at Johns Hopkins for my Masters in Biotechnology. This program allowed me to sample various classes to help me discover what direction I would take once I graduated.

After graduating, I returned to my hometown, Louisville, where I was able to find employment at the James Graham Brown Cancer Center in the laboratory of Dr. LaCreis Kidd, a Molecular Epidemiologist. Dr. Kidd's mentorship was crucial in my professional development in regards to expanding my knowledge of biological technics, poster presentations and publications. While in her employ, I grew as a scientist and was introduced to other scientist that persuaded me to advance my career and get my PhD. After much thought and deliberation about going BACK to school for a THIRD time, I decided that I wanted to go into the field of Microbiology. I will never forget that Friday when I received my acceptance letter into the program because that following Sunday I found out I was pregnant with my first child. Timing is everything, huh?!? I decided to go ahead with classes and delivered my daughter, Madison, in my first semester of the Doctoral program in 2010. I will admit it has not been easy juggling a family and school and there are more times than I would like to admit, that I have wanted to quit. Luckily, quitting is not my nature especially for something that I truly love.

Tiva VanCleave with her family

I have been very fortunate for the opportunities that I have been afforded and a lot of my success is due to the people that have never let me give up on myself. I have received a lot of encouragement and help from my professors and mentors at UofL which makes this process a little easier. Although the road I chose was not conventional,

or easy, I would not change a thing. Hopefully, what one can glean from my life journey so far is that: 1) what you start out doing may not ultimately be what you end up doing, 2) while trying to obtaining your goals, life happens and 3) If you really want it and love it, don't ever give up!

Engaged Learning in Mufindi District, Tanzania

by Ryan Eid
Second Year MD student

This past July, thirteen rising second year medical students provided much needed medical and dental care to communities in the Mufindi district of Tanzania. Tanzania is noted to be the world's 13th poorest country and have one of the highest prevalence of HIV in the world. Although the national HIV prevalence rate is reported to be between 5-7%, the rural and mountainous Mufindi district is shown to have an HIV prevalence rate approaching 35-40%. Partnering with Foxes Community and Wildlife Trust, students were based in the Igoda Children's village- a project that aims to provide shelter, sustenance, education, and medical care to orphans and foster families in the Mufindi District of Tanzania. Under the guidance of Dr. Bill Smock MD and Dr. Joe Jacobi DDS, student's setup and staffed medical and dental clinics in many of the sixteen surrounding villages. Students also worked with community health workers and home-based care personal to make home visits for patients who could not travel to clinic for financial or health reason. The mission proved to be a great success with the team seeing several hundred patients in their week of service. In addition, the team was able to fund dozens of surgical referrals and treatment regimens for patients who needed further attention.

In addition to the medical component of the trip, members of the team also talked with NGO officials on the possibility of a clean water project for the community. As a volunteer for Waterstep, a Louisville based organization that works to empower communities around the world to provide safe, clean water, promote cleaner water sources, Dr. Jacobi lead the initiative to accomplish this task for the NGO and the surrounding villages. This trip proved to be a great educational and cultural experience for a number of reasons. Not only was the team able to have an immersive experience into Tanzanian culture but also become more confident in their abilities to interact with patients. The group hopes to continue the relationship with Foxes NGO and will plan to return next summer to continue the mission.

Ryan Eid treating a child in Tanzania

University of Louisville medical students providing care in the Mufindi district of Tanzania in July 2014

School of Nursing

Cultural Competence, Emotional Intelligence, and Community Engagement: Key Elements of Inter-professional Practice

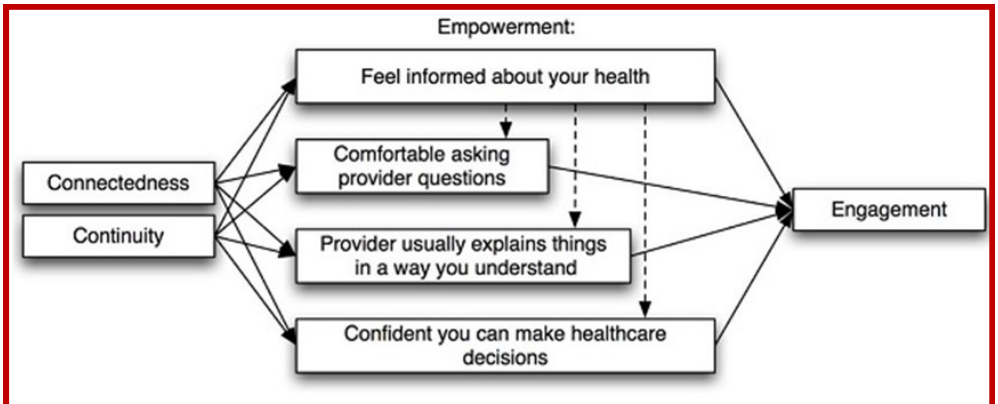
by Vicki Hines-Martin, PhD, CNS, RN, FAAN
Professor and Director of the Office of Health Disparities and Community Engagement

At first glance those words do not seem to be interrelated or easily recognized as being essential components of professional practice. They might seem to be assets IF you plan to work with culturally diverse populations or in community health practice. However, *you* are not planning to work with these populations or directly with communities so maybe it doesn't seem as important. It is time to reconsider this perspective. The paradigm has radically changed in the new healthcare environment. The Affordable Care Act, the World Health Organization, the Centers for Disease Control, Department of Health and Human Services and the National Institutes of Health priorities (along with those of other national organizations) have unanimously identified that Cultural competence, Interprofessional Practice and Engagement are all fundamental aspects of current and future clinical practice, professional education and translational research.

So… what does that mean for you? It means new professional approaches, new teaching and learning strategies and innovation in collaboration with consumers. As we move into this evolving frontier, let's make sure we are on the same page regarding what each of these terms mean and why "emotional intelligence" is part of this change.

Cultural competence is (in its simplest form) the ability to work *effectively* with individuals and groups who may have values, beliefs and practices different from those of the care provider. Inherent in that statement is the assumption that the provider has been provided and/or taken the opportunity to develop awareness, knowledge, and skill, and had encounters with these populations that facilitate an understanding of the clients' cultural identity, relationships and expectations based upon their past and current context (social and economic environment).

Engagement is a term that also emphases the central nature of the health care consumer's perspective in the establishment of therapeutic relationships. *The consumer can be the individual patient /client, a population or community*. When looking at the individual patient/client, The Blue Shield Foundation in their 2012 published report entitled *Connectedness and Continuity: Patient-Provider Relationships Among Low-Income Californians* revealed a striking "connection chasm" between low-income patients and their providers. The survey found that eight in ten study participants thought it was important to have someone at their healthcare facility "who knows them pretty well," yet just 38 percent currently had such a connection. Continuity with a care provider also was lacking — only a third of those surveyed report that they always saw the same care professional on each visit. This "connection chasm" had significant



Controlling for other factors, the results of this survey show that connectedness and continuity predict "empowerment" outcomes - feeling well-informed, being comfortable asking questions of care providers, understanding providers' answers and being confident in the ability to make healthcare decisions. Feeling well-informed also independently predicts the other three empowerment items. And each of the empowerment measures predicts "engagement," that is, taking a role in healthcare decisions - a key goal of patient-centered care.

The Blue Shield Foundation study identified the above relationship between continuity and connectedness, and engagement of clients in the therapeutic process (treatment plan). This evidence based model articulates the importance of targeted effort in support of individual engagement toward patient centered care.

implications. Low-income study participants with a personal connection are far more likely than others to be satisfied with the quality of their care.

In addition, health care providers must be mindful of the ACA mandate to provide *prevention services* which impact groups, populations and communities who are not already in healthcare systems. Prevention and health promotion efforts with this large population *require engagement of health care providers (or partnership) with this groups, populations and communities*. This form of engagement or **Community Engagement** is the process of *working collaboratively* with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues in practice and research which affect the well-being of those people (CDC).

Interprofessional practice begins with a client centered care perspective and is the collaboration of health care professionals using each of their unique skills in support of client strengths for positive health care behaviors and improved health care outcomes. Interprofessional practice requires a mutual understanding and appreciation for each profession's values, roles and responsibilities, and a commitment to teamwork. Communication, problem-solving, and planning are expectations and team leadership changes based upon the needs of the patient/client. The interprofessional team approach is also ubiquitous in health care research priorities. The ability to conduct research as part of a collaborative team is now an expectation. In order to develop competence in this team approach, providers must be provided and/or taken the opportunity to develop their skills through exposure and immersion in an environment in which this teamwork is role-modeled and enacted experientially.

As you can see, organizations who lead in understanding and directing health care systems have clearly identified that the provision of effective patient centered care is contingent upon interprofessional practice, and cultural competence. These foundational components require knowledge, communication, problem solving, planning and the ability to work with diverse consumers at a variety of levels – individual to community. This complex set of skills is developed through experiential or contextual learning and practice or **engagement** (with individuals and communities).

Community Engagement is the process of working collaboratively with and through groups of people affiliated by geographic proximity, special interest, or similar situations to address issues in practice and research which affect the well-being of those people.

How does the inclusion of all the described elements result in a better health care provider? These activities also support the development of **emotional Intelligence.** Emotional intelligence is the capacity to reason about emotions (to know their importance) to enhance thinking. It includes the abilities to perceive, understand, use and manage emotions to promote emotional and intellectual growth of self and others. Components of emotional intelligence are self-awareness, self- regulation, social skill and empathy, and motivation. Although much is written about cognitive intelligence, emotional intelligence is equally important for successful patient centered care, cultural competence, and interprofessional practice as described here. We have all known individuals who have significant cognitive capabilities who are poor communicators, are unable to empathize with patients or their circumstances and/ or inept at leadership. These limitations serve as barriers to care, and health behavior change. The paradigm shift is long overdue in many professions and well established in others. I hope this brief tutorial stimulates your thinking and assists you in seeing how understanding and utilizing these concepts in teaching, practice and research makes for better care provision, and, most importantly, improved healthcare outcomes.

Public Health and Information Sciences

Framing my Identity

by Maryam Ahmed, MPH
Spring 2014 graduate

I moved to the United States at the age of ten due to an ongoing civil war in my country of birth. Somalia, also known as the Horn of Africa, is located in the eastern-most region of the continent. The civil war in Somalia broke out in 1991 due to a collapse in the government. This led to the migration of the majority of its population. My family, like most, set out to Kenya to seek immediate safety. Through a refugee program, we were able to move to the States five years later. Adjusting to a new home was relatively easy and exciting at the time. I had all of my siblings, along with my aunt and uncle whom my parents raised, there to share the experience of learning a new language and culture. My siblings and I are close to one another in age and enrolled into primary school together. We spent a significant portion of our childhood adapting to frequent changes.

For our family, moving to the United States meant security and opportunities for a stable life. I did not understand or question all of the transitions that had taken place during that time. Ironically though, I came across numerous curious people who constantly asked me questions about my ethnicity and race. I always responded by saying that I am Somali. Most people did not have an idea of what that meant since they were accustomed to identifications such as African American, Caucasian, Asian, etc. I could relate to their confusion because I had never come across the concept of race or religious affiliation prior to moving to the US. There are several reasons for this, and the first is that Somalia is comprised of a large population with a common language, religion, and ethnicity. Yes, there were communities that were impacted by diffusion that resulted from trade, migration, and colonial contact, but there was an underlying sense of unity and nationalism due to a shared history and religion. In fact, my mother's lineage is traced back to Yemen but that was often overlooked because of her religious background and the cultural similarities tied to it. Her family is among a small group that is hardly ever spoken of outside of the Somali community. However, they are able to claim Somali as their home through intermarriage and social ties. The second reason why race was a new construct is that I migrated from Somalia at a very young age. My understanding is derived from the older generation that I have interacted with as well as Somali literature. Both sources rarely, if ever, brought up the issue of race or ethnicity. The third and final reason is my lack of exposure to Western education prior to moving to America. The experience was not much different in Kenya. We resided in a community with other Somali refugees.

I spent the first ten years of my life without exposure to diverse

Maryam Ahmed with parents and older brother in Mogaishua Somoalia, 1987

communities or varied cultures. It was during the first few years of living here in the States that I began to meet people from different parts of the world. I remember making friends from all over the globe in my English as a Second Language (ESL) classes in elementary and middle school. We bonded for many reasons but mainly because of our struggle of not being able to communicate with everyone else. At that age, we did not understand much about the issues and conditions around us. It was when I entered high school that I began to question my identity and sought to find knowledge for myself. I talked to as many people as I could about their personal life stories and experiences. I also joined the Debate Team and learned how to view a point or case from various angles. I moved on to college as one of the few Somali students at the University of Louisville. My initial experience was interesting because for the first time in my life I began to notice that I was a part of the minority in almost every single class. I sat in the front row of every class I attended, nervous to have to speak. Fortunately, I was required to take an introductory course in Pan-African Studies and that started my journey to discovering and further researching history related to my background and identity as well as world history. In doing so, I gained a better understanding of social constructs and worldviews. I had the opportunity to hear about and join student organizations that further allowed me to meet diverse groups of students.

After seventeen years of living in the US, I can truly say that being considered a minority has its challenges. For example, it is very discouraging to not be able to come across someone with a similar background in any level of higher education. Throughout my journey through undergraduate and graduate school, I did not come by a single professor or lecturer that was of Somali origin. Though disappointing, it has motivated me to push further and to inspire my siblings to make education a priority. As a minority, I still receive questions about my race and ethnicity, and simply saying that I am American is not sufficient. My responses now include sharing a little bit about African history, others' perception of my identity, and how I identify myself. Although complex, we should remember that social constructs and cultures are created, taught, and passed down from one generation to another. I think that we as a generation have the power to influence and shape culture and the world for better by educating ourselves and stepping out of our comfort zones. The concept of race, ethnicity, and culture is loaded and dynamic but we can move a step forward by sharing our experiences and stories with one another to gain a better understanding of the elements that shape our identities and worldviews.

Greetings from Tierney Bates, Director of the Cultural Center

Tierney Bates

Greetings! Hola! Shalom! I am pleased to have completed my first full year as the new Director at the University of Louisville Cultural Center. In this year alone we have set out on new areas to help us grow as a Cultural Center, we have added new staff, aligned ourselves for the future to focus on retention, matriculation, leadership development, professional development, assessment, and new programming. All of this is geared towards creating a unique experience for our students in making them well-versed, well-rounded, and ready for the world. With a goal of being the #1 institution in the country graduating black males and increasing our overall student of color graduation rate to over 60% as we like to say at the University of Louisville "It's Happening Here". We want everyone to be engaged with the work we do at the Cultural Center, now is the time for many collaborations and opportunities to partner with us. We look forward to you working with us in our cultural heritage months and many new programming ideas for the upcoming year and extending our reach to serve students on the Health Sciences Campus. Our goal is to be the most well talked about and cutting edge Cultural Center in the next few years, join us on the ride!

HSC Office of Diversity and Inclusion

Meet the Woman Behind HSC Cultural Competency Day In her Words

by Patricia Allen
Administrative Associate,
Area Health Education
Center Program Office

WHO AM I? I think I have probably finally figured it out. I am just "me"—an individual who wants to love my eight children, many grandchildren (35) and many, many great grandchildren (38). I desire to be friends with "most people," and hope and pray that everyone gets to live their life the way they want to. I like to think that we should let others live the sort of life they want to have. I want everyone to be at peace with the world. Impossible you say. I keep hoping it will happen.

I have passed through many years of changes in our society. I have seen diversity from many angles, sometimes good, many times very bad. We lived through the "Great Depression" and the Great dust storms in the West. Have any of you ever been in a dust storm? —I was very young, but remember it well.

I grew up in a very small town in Western Kansas on a 640 acre farm. My parents and their children were an English and German family who adopted me as a baby. I never noticed when I was growing up that my skin was a little darker than theirs. I was always a protected child. My dad was a wheat farmer and rancher. We also raised purebred Hereford cattle and shepherd and collie dogs. The only place I went by myself was to school. Everything else was family outings. When I went to school, the first through eighth grade was in a one room school house. My high school graduation class was a total of 13 students. I did learn at an early age that I preferred to work in the fields with my dad. Of course now and then I got caught by my mother, who thought young ladies should learn how to keep a house clean, iron and all that silly stuff you are supposed to do when you learn as a female. You know- how to take care of a house. (I really needed that and she knew it). Sometimes, being a typical child I wanted to get away so when I wanted to escape and dream about what I was going to be someday, I would saddle a horse and ride out in the pasture. No one could find me there. My parents tried to instill in me the value of being a strong individual, tolerant of others, accepting them as individuals regardless of age, race, social status or any and all differences. I remember one instance as a youth growing up when of a lot of young men were going to the service. One summer at the close of World War II, my dad had German Prisoners of War come help in the harvest field. At that time I thought it was terrible because of the guards watching them. I was a little too young to understand.

Pattie Allen with her husband and eight children

I moved to Wichita, Kansas after I graduated to go to business college. I went to work for the Wichita Area Girl Scouts for 10 years after graduating. My very first job, I was excited!! This was a lot different than the farm. I met the love of my life and married. Wichita, Kansas was not integrated completely. I at that time could not understand what their problem was as my parents had never been like the people in Wichita. It was not as bad as some states, just a "little testy." We moved back here to Louisville, KY, as this was my husband's home state. I was a stay at home mom with eight children. I was involved in PTA, and helped students with reading problems until my children were ready for middle school. In the 70's the children in Valley Station did not have

many activities to attend that they could afford, so with the help of United Way we put together a little program for me to direct which allowed low income children in our neighborhood to take field trips to some educational and recreational sites. We went to Louisville Science Center, Slugger Museum and Bat Factory, University of Louisville Planetarium, roller skating, Otter Creek Park, and anywhere we could think of that would make a day of fun. At the time, United Way had a program for teens to work in the summer, which gave me the great opportunity to employ teens to help chaperone. The United Way were miracle workers and somehow came up with lunches every day for the children. It was quite an experience for the children to get to know each other. They learned how to socialize and learned more about each other. We had no age limit. Actually, the timing was good because we had just been "graced with busing in Louisville." We took out 3 buses -- started out 4 times a week, then for the next four years we went 3 times a week from all the school stops in the Valley Station area

This was a lot of fun for the children, the chaperones, and me. We had 5 summers exploring the world. You notice four times a week only lasted one year. The director (me) had to maintain a semblance of sanity also. I don't think I ever really had an understanding for racism until busing started. I guess I never wanted to accept that everyone didn't want to like each other and get along. I realize personalities clash, but I have always thought that you could get over that, right??

When I decided to go back to work I worked for a car rental place for 10 years until they sold their lease line. I decided at that time to further my education and went back to school. After two more years of school I was fortunate enough to start working at the University of Louisville.

Mike Byrne, director of the Area Health Education Center (AHEC) program at the time, had been thinking about introducing a cultural competency workshop into the AHEC agenda for one day a year. We received invitations from the University of Kentucky who had already started a program regarding diversity with their students. I attended their programs at the University of Kentucky and went to several workshops a year in Mt. Sterling for a couple years and brought the materials back to Mike. They had some very interesting speakers. Mike thought it would be beneficial to have a cultural competency day here at UofL. We talked to the faculty in 2004 and after planning a couple years we implemented the first Cultural Competency Day in 2006. We had the first one in the 2 lecture halls of the School of Medicine Instructional Building 102 and 202 with approximately 150 students. We had one workshop at the Muhammad Ali Center, one at the Convention Center and now we are back at the Health Sciences Center. I thought every year was going to be our last year to have our one day with the students. But the university has let us continue and now every year we have approximately 450-500 students, faculty and staff from across the HSC. Now the students lead a planning committee who meet and decide who they want for their speakers for the next year.

Now that one little dream of mine for a "Cultural Competency Day" has begun to take wings. Dr. Faye Jones has been appointed as the Assistant Vice President for Health Affairs/Diversity. Her initiative and passion for diversity and inclusion will keep that day and many more like it alive.

I thank God every day for my life on the farm, and the values I learned from my parents. I think it has kept me very strong and determined in my quest to try to make a few things just a "little bit" better in this world. I may not have succeeded, but at least in my mind I have made an effort. As for me, I can say I probably have the most diverse family in the world. We have all the colors of the rainbow. I do not know or care about checking "race" in a box. I just always put "other." Guess I will just have to continue trying to figure out "Who I am." I doubt that I will spend much time on that—I have more important things to do!

The 9th Annual Patricia Allen HSC Cultural Competency Day will be held on Tuesday, November 4– it was renamed in 2013 in Allen's honor. Register with hscodi@louisville.edu.

Upcoming Diversity Events

- Are we there yet? Personal refection on Community-Based Participatory/Translational Research
  Research!Louisville School of Nursing Symposium
  Presenter: Ida Johnson , PhD, RN, LISW, FAAN
  Wednesday, September 17 from 1:00—2:00pm
  Location: CTR Room 101/102

- Medical Spanish Club 1st Annual Health Fair
  Saturday, September 20, from 10:00am—1:00pm
  Location: HSC Quad
  Contact: Jonathan Greer

- HSC PRIDE Banned Blood Drive
  Monday, September 22
  Register with Dustin Scott

- PRIDE Week Keynote Address
  Speaker: Richard Blanco, poet and author
  Monday, September 22 at 7:00pm
  Location: SAC Multi-Purpose Room, Belknap Campus
  Contact Lisa Gunterman

- A Leader's Role in Addressing LGBT Health
  LGBT Health and Wellness Certificate Series
  Presenter: John Davis, MD, PhD , *LGBTI Issues-Based Representative to the Association of American Medical Colleges' Group on Diversity and Inclusion Steering Committee*
  Wednesday, September 24 from 12:00—1:00pm
  Location: Kornhauser Auditorium
  Lunch Provided
  RSVP: Emily Carr (1 CME Credit)

- Working with LGBT Patients: A Practical, Skills-Based Training for Health Professionals
  Presenter: John Davis, MD, PhD
  Wednesday, September 24 from 2:00—3:00pm
  Location: Abell 110
  RSVP: Emily Carr (1 CME Credit)

- HSC PRIDE Week Cookout
  Thursday, September 25, from 11:00am—1:00pm
  Location: HSC Quad

- Public Health Movie Night: *Unnatural Causes*
  Monday, September 29, from 7:30—10:00pm
  Location: Floyd Theatre (SAC) Belknap Campus

- Anne Braden Lecture: *Black Freedom, White Allies & Red Scare*
  Wednesday, October 1 at 7:00pm
  Location: Louisville Free Public Library, 301 York St.

- 5th Annual Health Literacy Kentucky Summit
  Thursday, October 2
  Location: UofL Shelby Campus
  Register here

- HSC Staff Tuition Remission and Educational Opportunities Fair
  Thursday, October 9 from 11-1
  Location: HSC Quad
  Register here for free lunch!
  Contact: HSC Office of Diversity and Inclusion

- 4th Annual Dialogue on Diversity Conference
  Friday, October 24 , from 8:00am—3:00pm
  Location: UofL Shelby Campus
  Register here

- 9th Annual Patricia Allen HSC Cultural Competency Workshop
  Tuesday, November 4
  Location: Health Sciences Center
  Register here

- 8th Annual Anne Braden Memorial Lecture
  Speaker: John A. Powel, JD
  Tuesday, November 11 at 5:30pm
  Location: Belknap Playhouse
  Contact: Mariam Williams

- Women's Center Empowerment Luncheon
  Thursday, November 13 from 11:30am—1:00pm
  Location: University Club
  Tickets and Information: Phyllis Webb