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HS-MACA Linkage

SPRING 2011

INSIDE THIS ISSUE:

Welcome	2
2011 Graduates	3-4
Health Disparities Today	5
Common Ground/ Blogging	6
Across Cultures/ Glaucoma	7
CPHHE/ J'Yavwna Bell	8-9
HCOP/ Health Disparities	10-11

Community That HS-MACA Serves...



HS-MACA "Pipeline" Kids



CPHHE Board Members



Dominican Republic Outreach

Health Sciences
Multicultural and Community Affairs



Creighton
UNIVERSITY
Medical Center

WELCOME



Sade Kosoko-Lasaki

**Sade Kosoko-Lasaki, MD,
MSPH, MBA, FAASS
Associate Vice President
Health Sciences**

Springtime brings graduation – a time to celebrate and acknowledge the successful completion of another academic year. As I reflect on the past year, I think about the variety of “communities” served by the services of Health Sciences and Multicultural and Community Affairs (HS-MACA) and the impact our programs make.

Wikipedia defines community as “derived from the Old French *communité* which is derived from the Latin *communitas* (*cum*, “with/together” + *munus*, “gift”), a broad term for fellowship or organized society. Since the advent of the Internet, the concept of community no longer has geographical limitations, as people can now virtually gather in an online community and share common interests regardless of physical location.”

With our internet presence on Facebook, Twitter and blogs, the HS-MACA “community” has grown in numbers and influences: starting from our diverse students in the “pipe-line” programs to the students in all the health science schools. We continue to have a collaborative relationship with our diverse neighbors in North and South Omaha, even as develop new relationships in Jackson Mississippi and in Birmingham, Alabama. Globally, our community partnership has extended to the Dominican Republic, US Virgin Islands of St Thomas, St Croix and St Johns and in Africa to Nigeria.

We rejoice with the graduating class of 2011 Post-Baccalaureate students and other students from all the Health Sciences Schools as they prepare for the next step in their academic journey. I encourage readers to continue to stay connected as members of our community as we represent diversity in the health professions and work diligently to address healthcare disparities as members of the workforce to promote equality in healthcare.

HS-MACA is proud of the accomplishments of our community of students and alumni. Congratulations and much luck and success to graduates and thank you to our supporters and friends.

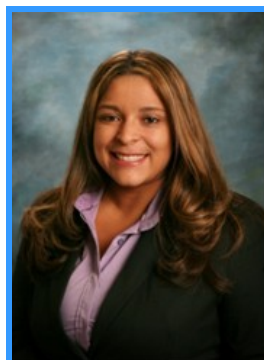
“Whatever affects one directly, affects all indirectly. I can never be what I ought to be until you are what you ought to be. This is the interrelated structure of reality.” **Martin Luther King, Jr.**

2011 GRADUATES

School Of Dentistry



Billie Adams
New Mexico
Private Practice



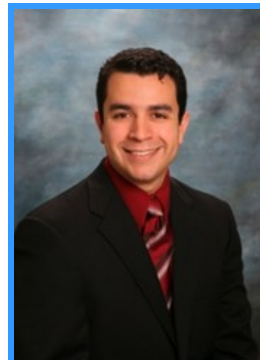
Sheila Brown
Colorado
Private Practice



Nicole Pham
California
Private Practice

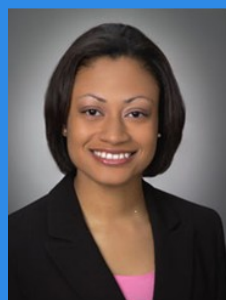


Pukar Rajbhandari
Kansas
Private Practice



Aaron Salinas
Oklahoma
Private Practice

School Of Medicine



TaSheitha Anazia
Mississippi
Psychiatry



Gregg Anazia
Mississippi
Internal Medicine



Ali Anah
Missouri
Emergency Medicine



Loan Bui
California
Family Medicine



Nam Dinh
Washington
Orthopedic Surgery



Nnamdi Otuwa
Illinois
Anesthesiology

School Of Pharmacy and Health Professions



Melissa Hall
Occupational Therapy



Bridget Rios
Occupational Therapy



Alison Mitchell
Physical Therapy



William Agbo
Campus Pharmacy



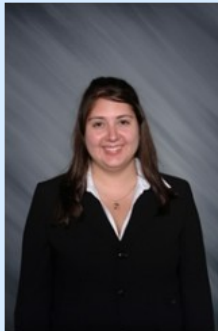
Giovanni Gomez
Campus Pharmacy



Jason Huerta
Campus Pharmacy



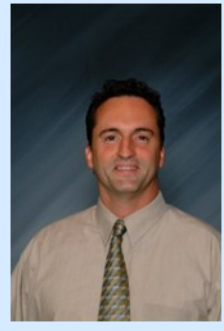
Scott Kershaw
Campus Pharmacy



Elizabeth Marquez
Campus Pharmacy



Chinenye Ozokwelu
Campus Pharmacy



Curtis Prichard
Campus Pharmacy



Nakiesha Stevens
Campus Pharmacy



Timothy Bernal
Distance Pharmacy



Juan Lozano
Distance Pharmacy



Elva Romero
Distance Pharmacy



Melikte Yohannes
Distance Pharmacy

Health Disparities Today: A Look at Diabetes in the Native American Population by. Courtney Foote, M4



(Abstract from a paper written for the course Minority Health Disparities, IDC 482 with Sade Kosoko-Lasaki, MD, MSPH, MBA, FAASS, Professor of Surgery (Ophthalmology), Preventive Medicine and Public Health)

According to a recent CDC report, "diabetes continues to affect American Indians/Alaskan Natives disproportionately and is becoming more common among younger populations." As of 2007, there are 3.3 million American Indians and Alaska Natives in the United States who are members of 561 tribes. 16.3% of Native Americans have already been diagnosed with diabetes. That is over 500,000 individuals or roughly the entire population of Omaha, Nebraska. In 2004, 1,758 Indian youth had been diagnosed with diabetes. This is up 68% from 1994. 20-29 year old Indian and Alaskan Natives have seen a 58% increase in diabetes prevalence compared with a 9.1% increase in the general population. Complications include major co-morbidities such as kidney failure, extremity amputation, cardiovascular diseases, blindness, and premature mortality. On average, receiving a diagnosis of diabetes means one's lifespan is shortened by 15 years. In 2004, it was the fourth leading cause of death for Native Americans.

The cause of the great disparity in diabetes prevalence between tribes and the general U.S. population is multifocal. Besides diminished physical activity and increased fat and calorie consumption leading to general obesity, genetics plays an important role. Numerous theories have been proposed including the Thrifty Gene Theory, which addresses the feast versus famine adaptation element, and a theory regarding a dual impairment in the processing of alcohol and sugars. These factors are compounded by a limited access to health care secondary to rural locations and a lack of funding for health programs.

"People don't think about the unique situations that occur in a rural setting like a reservation," said Kelly Beam, nurse practitioner in charge of the Carl T. Curtis health clinic on the Omaha reservation. "For example, we lose water at least twice a week and the biggest accomplishment of the community last year was killing over 300 wild dogs." While that seemed a bit shocking to me, she explained that wild dogs are a major reason many on the reservation do not exercise.

"People don't think about the unique situations that occur in a rural setting like a reservation,"

"It's not just the obstacles to exercise either," she continued, "Eating healthy is near impossible." I discovered that most residents of the reservation do not have a car and the nearest major grocery store is thirty miles away in Sioux City. There is a local grocery store on the reservation but Kelly told me the pickings are sparse. "Pop is cheaper than milk and milk spoils," she said, "when the water's off and your child is thirsty, you give him pop. That's just the way it is here." Even when the water was on, she explained, there have been so many incidences of tainted water that everyone tends to avoid drinking it.

Funding is also a major obstacle in the fight against diabetes. According to the U.S. Department of Health and Human Services, the per capita spending for health in 2003 was \$5,065. The government spent about \$3,803 on average for health per federal prisoners. And for Native Americans, who are guaranteed healthcare through federal treaties, the federal allotment was only \$1,914. That is less than half of what the average American spends on health care per year. Adds Debra Parker, former Diabetes Coordinator for the Omaha tribe, "The IHS will never fund 100% of our need. If you get only 65% of what you need, what do you pick to do?" Unfortunately, addressing this question may prove just as difficult as addressing the disparity in general.

References available on request. courtneyfoote@creighton.edu

My (Common Ground) Experience: COPC Activity

By Alvin Samuels



"As I have become more frequent in attending the forums that the topics covered every week are extremely valuable."

I have had the privilege of participating in many programs that the Office of Multicultural and Community Affairs have had during my time at Creighton University. The programs offered are always rich with diverse topics, insightful and applicable to those that wish to increase their knowledge on various healthcare topics. The one program that exemplifies this best would have to be the Common Ground forums that are held on Fridays during lunch.

The focus of Common Ground is aimed to increase students' exposure to and awareness to issues related to cultural competence and health disparities. I have been attending Common Ground luncheons for a few years now, but I have recently been attending the forums weekly. I have discovered as I have become more frequent in attending the forums that the topics covered every week are extremely valuable. Every week I leave the discussions with information that will serve useful in my career as a health professional.

For instance, last week during the Common Ground forum we had a guest speaker that presented on the dangers of childhood obesity and strategies that are being done to reverse it. The presentation was very informative and what was refreshing about the presentation was something that I find in many of the Common Ground discussions. The presenter distributed a booklet with strategies to fight childhood obesity that we could use should we ever need to in our careers as health professionals. In its essence, the presenter lectured in a way that the audience could take what was discussed and apply it immediately. That is what I enjoy about Common Ground; you can take what is discussed and see where it is useful now or will be useful in the future.

Attending Common Ground is valuable in many ways. Those that attend the forums increase their overall knowledge and awareness of health disparities in our healthcare system. The topics have a wide range and as a result every week discusses something that is important to those who desire to have a career in the health professions. I have had the chance to experience various programs at Creighton University over the last five years, but the one that I take the most away from on every occasion are the Common Ground forums.

Blogging At HS-MACA

By Jeff Lang, MS



New this semester is a blog to supplement the academic success of the post baccalaureate students. The information and questions posted are similar to what is discussed in the classroom but the outreach is different. Forced to choose in delivery between wearing a toga while contemplating all things versus a technological tool to reach students were they are at, I'd don a toga. Since those days are gone, it is essential that I adapt to the new delivery of content. Consistent with the aims of CU is that technology support pedagogy. That is the goal of my blogging. Any technology that can be used to help students fulfill their dreams of becoming a dentist or doctor will be used.

Follow Jeff's Blog: <https://blogs.creighton.edu/jdl38070/>

Across Cultures

By Kelly Gilette

I grew up in a middle class, Caucasian family. I lived in a neighborhood and went to school with people who, for the most part, looked and acted just like me. My only experiences with diversity were with people whose skin colors were different from mine. I never understood that diversity was about more than color. Now, looking back on my experiences while attending Creighton University's post-baccalaureate program, my eyes have been opened to a deeper meaning of diversity.

I have learned over the last year that diversity is not just about race, but about culture, knowledge, gender, age, religion, socioeconomic background, and many other things. Diversity applies to all of the qualities that make people unique. It is the individuality that every student brings to the classroom and every professional brings to the workplace. This program has afforded me the opportunity to interact with students from many cultures including Tibetan, Mexican, Native American, and Kenyan, as well as others. In addition, each student has unique beliefs and knowledge that I have been privileged to learn about through them. The post-baccalaureate program has taught me about the strengths that diversity brings to professional learning, to respect and understand these differences, and to use these differences to strengthen relationships rather than allow them to become barriers. As students, we have all had our own struggles which have been influential in our growth and maturity, and these struggles have helped us to connect with each other and find common ground.

Through this experience, I have learned to become a more tolerant and considerate individual. Taking what I have learned and continuing to grow in understanding will certainly help me to become a better physician. I now have a foundation to be more successful at avoiding stereotyping and am better able to build a framework for communicating across cultures. As a physician, I will be more self-aware, open-minded and able to take into consideration and incorporate the patients' different view points during treatment. There is no doubt that I will encounter patients from all walks of life with many unique beliefs and because of the experiences I have had at Creighton, I now have a foundation that will be the support I need to continue in a lifelong pursuit of understanding. With this understanding and knowledge I will be better equipped to treat a diverse population of patients as well as rely on the strength of diversity among my colleagues. Thanks to the Creighton University Post-Baccalaureate program I am on the path to becoming a more culturally sensitive individual and physician.



Preventative Ophthalmology in the Dominican Republic

By Brett Briggs

In March, Dr. Kosoko-Lasaki, Rebecca Batt and Brett Briggs traveled to the Dominican Republic. It was the 8th annual Preventative Ophthalmology trip to the Dominican Republic. The mission was to identify treat at-risk individuals for glaucoma, identify subjects for diode laser surgery and administer megadose Vitamin A to small, impoverished villages called 'campos'.

The flight there was 18 hours and we arrived rather late at night. It is a little unnerving to arrive so late at night in a foreign country where one does not speak the language fluently. But as always, the ILAC staff driver was waiting for us at the airport.



Dr. Kosoko- Lasaki checking the eyes of one of the Dominican Children

The next day, we held a lecture for the local health care workers, called 'cooperadores'. The lecture covered glaucoma, Vitamin A deficiency and general eye health screening. After the lecture, all 30 cooperadores were given complete eye exams and small bottles of megadose Vitamin A so they could bring them back to their respective campos.

The next four days involved screening patients for glaucoma, identifying patients for surgery, and performing surgeries. We also visited a campo and administered megadose Vitamin A to 117 children. Over 120 adult eye exams were performed with 7 new cases of glaucoma identified. Thirteen surgeries were performed, 1 trabeculectomy and 12 diode lasers.

To end the week, the team visited Puerto Plata, a resort town in the North of the Dominican Republic. The team reflected on the successes and challenges of the trip and planned for next year.

Introducing: J'Vawanna Bell, MPH, MBA

Hello, my name is J'Vawanna Bell and I serve as a Program Planner in the Center for Promoting Health and Health Equality (CPHHE). My role within the CPHHE is to coordinate all faculty and community health education initiatives and to plan all public health programming and events.

My background is in public health, health administration, health policy, public health programming, and research. I have experience with working with federal, state, county, and non-profit entities and medical institutions in creating viable public health solutions that best serve the community. I graduated from Spellman College in Atlanta, GA with a Bachelors in both Biology and Comparative Women's Studies. I received my Masters in Public Health (MPH) in Health Policy and Clinical Practice from Dartmouth College in Hanover, NH and my Masters in Business Administration (MBA) in Health Care Administration from Loma Linda University in Loma Linda, CA.

Creighton University formed the CPHHE to address the disparate rates of disparity in health outcomes and access to care in the Omaha community. CPHHE is a community/university collaboration to improve health outcomes in Omaha and the region. Our partners are community leaders who represent key organizations and multidisciplinary Creighton University faculty with expertise in health care, health care research and education. Together we aim to promote health and reduce health disparities in Nebraska populations.

CPHHE is focused on identifying community needs for promoting health equality and developing strategies to meet those needs. The community health areas of focus for the year 2011/2012, as decided by the Board, will be to provide health education, programming and research initiatives in the areas of obesity, cardiovascular (heart disease and stroke), injury and violence prevention.

I am excited to join the HS-MACA staff and am looking forward to using my expertise to assist the CPHHE in developing best-practices, effective public health planning, the evaluation of policies, and the application of resources to eliminate health disparities in the Omaha community and beyond.

"I have experience with working with federal, state, county, and non-profit entities and medical institutions..."



Health Disparities: A Bridge to Nowhere

By: J'Vawna Bell, MPH, MBA

What is plaguing this nation's health care system? This kryptonite is 5 syllables, contains 7 vowels and two words. Stumped? This venom is *health disparities*. Health disparities refer to the study of differences in the quality of health and health care across different populations. This may include differences in the presence of disease, health outcomes, or access to health care across racial, ethnic, sexual orientation, and socioeconomic groups (Gibbs, 2007). The United States (U.S) has large disparities in health and access to care between races. For example, the cancer incidence rate in the U.S among African Americans is 10 percent higher than whites and African Americans and Latinos face twice the risk of whites for developing diabetes. In addition, ethnic minorities generally have less insurance coverage than non-ethnic minorities. Similarly, disparities in the overall level of health in individuals also exist between differing socioeconomic groups, with lower-status socioeconomic groups generally having poorer health and higher rates of chronic illness such as, obesity, diabetes and hypertension. Current evidence supports the notion that these racially-centered disparities continue to exist and are a significant social health issue.

The state of Nebraska is no exception to the affliction of health disparities. While most people in Nebraska enjoy a rather healthy and good quality of life, good health for racial and ethnic minorities is obscure. There continues to be a significant disparity in their overall health and quality of life. In Nebraska, Cancer mortality rates (the number of deaths per 100,000 populations) are higher among African Americans (254.2). African Americans in Nebraska are also more likely to develop cancer than any other racial or ethnic group and are 1.4 times more likely to die of the disease than whites. Other startling statistics specific to Nebraska include: the age-adjusted mortality rates from heart disease (280.4 deaths/100,000) is 1.2 times greater than the rate for whites, making African Americans more likely to die from the disease than whites. Native Americans reported the highest rate of diabetes-related deaths (345.8 per 100,000) of any racial/ethnic group in the State. And Hispanics experienced higher rates for obesity (22.0), lack of physical activity (35.6), and nonuse-of-seatbelts (25.9), incongruent rates compared to white Nebraskans (Office of Minority Health, 2004). To address the disparate rates of disparity in health outcomes and access to care in the Omaha community, Creighton University established the Center for Promoting Health and Health Equality (CPHHE).

The causes of health disparities between ethnic and racial groups are broad and complex. It is generally accepted that disparities can result from the following main factors: Societal issues like poverty, racism and unhealthy environments; health system factors, such as lack of health insurance, cultural barriers and limited access to care; personal, socioeconomic, and environmental characteristics of different ethnic and racial groups; and quality of health care provided to ethnic and racial groups. Each of these factors has been suggested as possible causes for disparities across racial lines (Institute of Medicine, 2002).

The goal of eliminating disparities in health care in the United States remains elusive. Even as quality improves on specific measures, disparities often persist. Addressing these disparities must begin with the fundamental step of bringing the nature of the disparities, and the groups at risk for those disparities, to light by collecting quality health care information. As evident, it is crucial to develop programming and research endeavors aimed at eliminating health disparities. Without finding viable solutions to eliminating health disparities among ethnic and racial groups, which is the impetus of poor health outcomes in the United States and locally; we will continue to cross a bridge to nowhere; perpetuating a health care system ramped with health inequalities and inequities.



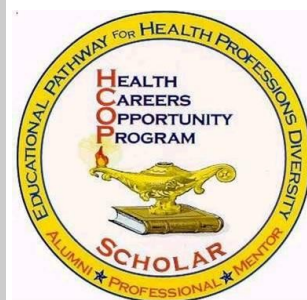
HCOP Saturday Academy Testimonials

Mohammed Mohammed – HCOP Senior Program 2009-2010

I am attending the University of Nebraska at Kearney and my plan is to finish 90 credits at UNK; and then transfer to Creighton for Pharmacy School. I have received scholarships and grants that cover my tuition, but I needed loans to pay for my meals and living on campus.

The truth is, if I didn't participate in HCOP, then I wouldn't be in college right now. HCOP helped me academically and socially to be prepared for college. As a matter of fact, I didn't know about the ACT test until I came to HCOP and I remembered how I improved after attending HCOP.

Thank you.



Claudia Guillermina Perez – HCOP Saturday Academy 2010-2011

Dear Mr. Lee Terry,

I am a part of the HCOP program at Creighton University. We, students have been recently informed that this may be our last year in the program due to Obama's budget. This program is very important to my fellow classmates and I. Not only does this program help us prepare for the ACT and SAT but gives us mentors and tutors for our school academics. Helping us for the future gives us a bigger opportunity to do more for our community and expand. The HCOP Program doesn't just base it on school. It provides more options for a better future.

Like, two weeks ago we helped make over 2,000 enchiladas for an immigration event. Being a part of HCOP brings us together like a family. We are willing to do volunteer work and help others as we strive for our own success. My name is Claudia. I am 17 and love this program. We don't want this program to close down. We are willing to do fundraisers, volunteering, and so much more. This won't just benefit us but future students, too.

Thank you.

Sincerely,

Claudia Guillermina Perez

Addressing Health Disparities: Focus on Infant Mortality

Rita Eyerly, BA

On Saturday, April 9, 2011 over 70 health care experts, community leaders and students gathered at Creighton University to explore the data and statistics that illustrate a higher incidence of infant mortality in specific ethnic populations and discuss what can be done to lessen these health care disparities.

The conference's goal was to provide a platform to facilitate discussion among health care providers about health disparities as they affect infant mortality, ethical and sociological challenges in addressing those disparities, strategies for primary prevention of infant mortality, and infant mortality issues in diverse communities, and more.

Douglas County's 2010 Community Report Card shows the gap in the rate of deaths between White and African American babies is 3.9 White baby deaths per 1,000 live births vs. 11.9 African American baby deaths. (Source: NEDHHS Vital Statistics, 2009). This represents a 205.1% gap in 2009. Research indicates that low birth weights and premature births account for much of infant mortality. Nebraska has one of the highest infant mortality rates in the nation. Experienced experts at the conference addressed the infant mortality disparity, barriers to access and its impact on Nebraska's policy, ethics, and prevention for minorities.

Keynote speaker, Ayman El-Mohandes, MBBCh, MD, MPH, Dean and Professor of Epidemiology and Health Promotion of the University of Nebraska Medical Center, College of Public Health spoke on "Behavioral and Psychosocial Risk During Pregnancy: Does an Integrated Intervention Make a Difference?" Dr. El-Mohandes is a public health academic leader with expertise in maternal-neonatal health and the elimination of health disparities. He believes no field of study requires greater interdisciplinary collaboration than public health. He not only summarized the issue of infant mortality, but shared methods of intervention.

The audience asked thought provoking questions and challenged each other as professionals to consider not only pre-natal care, but health and dental care for women as an early intervention in lessening infant mortality. Lively discussion ensued based on fact presented regarding health care in general.

The conference was sponsored by Creighton University School of Medicines: Office of Health Sciences Multicultural and Community Affairs, Center for Promoting Health and Health Equality, Center for Health Policy and Ethics and the Continuing Medical Education Division.



“Nebraska has one of the highest infant mortality rates in the nation.”

Sade Kosoko-Lasaki, MD, MSPH, MBA, FAASS

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HS-MACA Mission Statement

To promote Creighton University Health Sciences as a recognized leader in the training and development of a multicultural healthcare workforce that serves to reduce health disparities in underserved and diverse communities through research, culturally proficient education, community interaction and engagements.

Health Sciences-Multicultural and Community Affairs

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