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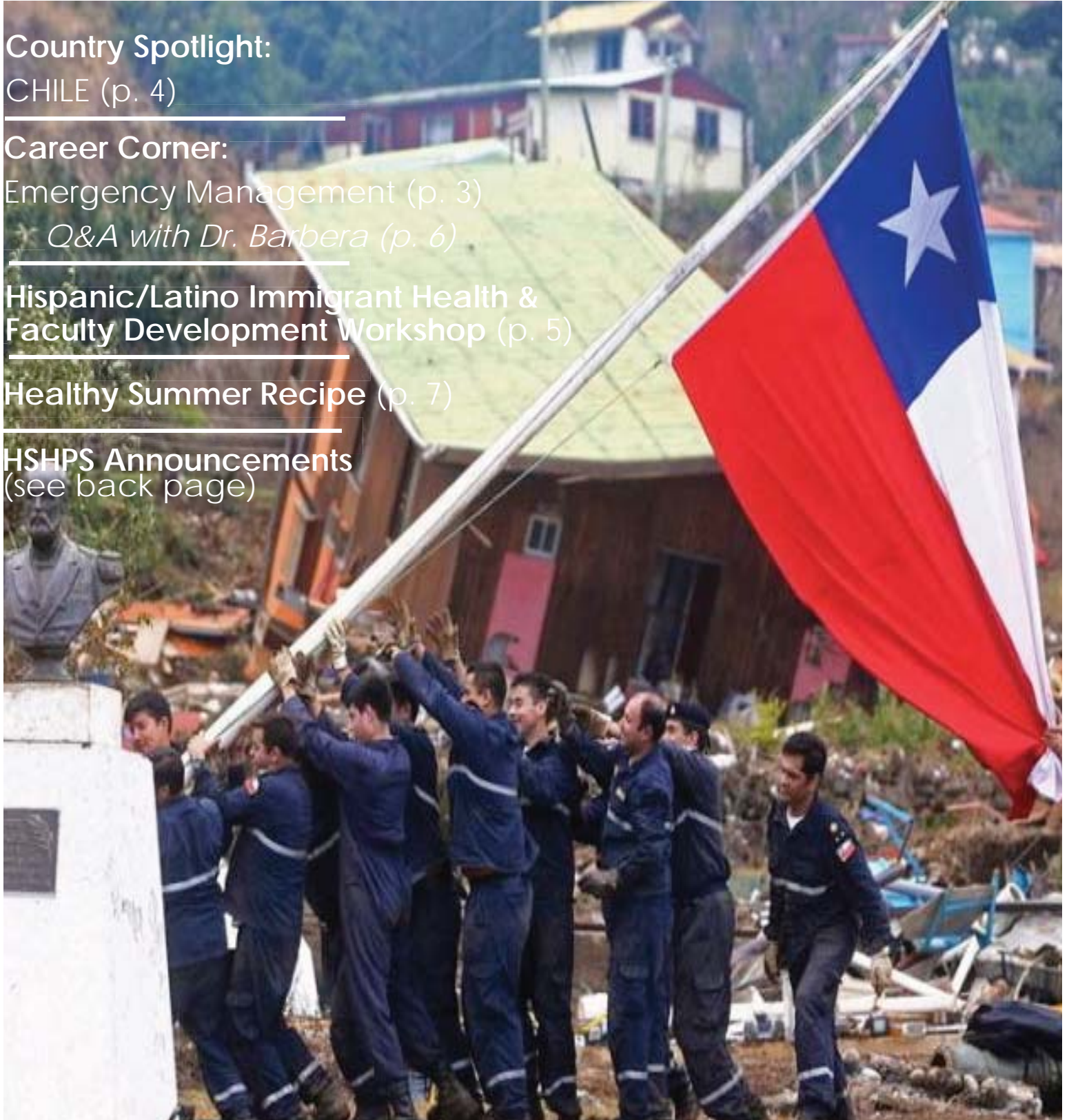
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EL RINCÓN DE SALUD HISPANA

The Hispanic Health Corner
Spring 2010

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[Letter from the Staff]

Congratulations to all the new Summer 2010 HSHPs trainees! Your hard work and dedication allows for the continued success of our programs and are very much appreciated. We would also like to extend a warm thank you to all mentors, faculty, and administration for their support in helping us create and sustain such unique training opportunities. The placement sites for the Summer 2010 Trainees are as follows:

- Centers for Disease Control and Prevention in Atlanta, GA
- Health and Human Services/Office of Minority Health in Rockville, MD
- National Institute for Occupational Safety and Health in Atlanta, GA and Cincinnati, OH
- FRONTERA (Focusing Research on the Border Area) in Tucson, AZ
- Cancer Prevention and Control in San Juan, Puerto Rico
- Tropical Disease and Global Health Program in Quito, Ecuador
- HIV/AIDS and Related Infectious Disease Program in San Diego, CA
- Environmental Health Program in Laredo/Harlingen, TX



Above (Left to Right): Elio Reyes, Fernando Parada, Below: Michelle Quinteros, Amy MacIntyre

HSHPs is also busily preparing for our upcoming Hispanic/Latino Immigration Health and Faculty Development Workshop in collaboration with our 24 member institutions, as well as the Centers for Disease Control and Prevention (CDC), Stanford Hispanic Center of Excellence, and the U.S. Mexico Border Health Centers of Excellence. The event, occurring July 22-24th, 2010 at Stanford University, will bring together both senior and junior faculty members to discuss the leading issues in Hispanic/Latino immigration health. Additionally, the Faculty and Career Development portion of the Workshop will target junior Hispanic/Latino faculty, covering topics such as grant and scientific writing, time and stress management, ways to identify funding, negotiation and job search tactics, etc. **(For more information about how to register, please see PAGE 5 of this newsletter).**

HSHPs would also like to express sincere gratitude to our former Acting Program Director, Arlenin Dushku, for her many years of dedicative service and fine leadership. We wish her continued success in all future endeavors.

We are also excited to welcome back Michelle Quinteros in her new role as Program Manager, as well as introduce new staff member Amy MacIntyre, Public Health Educator. Elio Reyes, former HSHPs CFO, will be taking on the new role of Director of Operations and Finance, and our Office Coordinator, Fernando Parada, will provide continued support. With this vast amount of experience and knowledge, HSHPs will expand throughout the coming years.

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[Career Corner: Emergency Management]

Emergency Management (EM) is a systematic process leading to action before, during and after a disaster to save lives and prevent injury. Emergency Management is organized into four phases: **mitigation**, **preparedness**, **response**, and **recovery**. Public health organizations, departments, and their partners in the health care system are essential components to fully functioning emergency management systems and are responsible for activities during ALL phases of emergency management.

Mitigation is the cornerstone of emergency management and is the continuing effort to lessen the impact disasters have on people and property. Routine immunization programs are examples of public health mitigation. In relation to bioterrorism preparedness, immunizing first responder and the public prior to an event would help mitigate the impact of an attack with an infectious disease agent. **Preparedness** takes the form of plans or procedures designed to save lives and to minimize damage when an emergency occurs. Planning, training, and disaster drills are the essential elements of preparedness. These activities ensure that when a disaster strikes, emergency managers will be able to provide the best response possible. Day to day communicable disease investigation procedures developed by local and state public health staff are examples of preparedness activities. **Response** is defined as the actions taken to save lives and prevent further damage in a disaster or emergency situation. Response is putting preparedness plans into action. As an example, a response to a widespread communicable disease emergency might include receiving antibiotics from the National Pharmaceutical Stockpile and the subsequent distribution of those drugs in local immunization clinics and treatment centers. **Recovery** is defined as the actions taken to return the community to normal following a disaster. Repairing, replacing, or rebuilding property are examples of recovery. Public health recovery activities might include testing to ensure that drinking water and food supplies are safe after an attack or disaster has happened. Advising a downstream water system that a release of hazardous material upstream has passed is another example of a recovery activity.

As part of America's vital health care infrastructure, public health emergency mitigation, preparedness, response, and recovery programs have been implemented throughout the country. Examples of emergency management related events that have recently occurred in the United States include natural disasters such as the California wildfires and tropical storms such as Hurricane Katrina in 2005, infectious disease outbreaks such as the swine flu in the United States and other neighboring countries such as Mexico, as well as the terrorist attacks of September 11 and the anthrax scare. Hospitals and public health organizations have stepped up their readiness efforts in order to be better prepared in responding to not only the traditional disaster threats, but an even more real potential of terrorist attacks, including the use of chemical, biological, or nuclear weapons.

Currently, there is a dire need for well trained health EM professionals that have the capacity to manage a wide range of domestic and international public health threats and large scale disasters. Some of the agencies that employ emergency public health professionals include the United States Agency for International Development (USAID), Federal Emergency Management Agency (FEMA), Department of Homeland Security (DHS), International Rescue Committee (IRC), American Red Cross, Doctors Without Borders, Centers for Disease Control and Prevention (CDC), and Medical Reserve Corps.



Examples of Public Health EM Topics:

- Biodefense/Bioterrorism
- Food Security
- Emerging Infectious Diseases
- Chemical Emergencies
- Radiation Emergencies
- Mass Casualties
- Natural Disasters

Examples of Public Health EM Careers:

- Researchers and Professors
- Policy Makers, Planners, and Analysts
- EMS (Emergency Medical Services) Responder Personnel including nurses, doctors, etc.
- Environmental & Occupational Health and Safety Specialists
- Epidemiologists/Biostatisticians
- Monitoring, Evaluation, and Surveillance Specialists

[Country Spotlight: Chile]



The Republic of Chile occupies a long, narrow coastal strip with an extremely varied climate. It borders Peru to the north, Bolivia to the northeast, and Argentina to the east. The terrain ranges from the world's driest desert, the Atacama, in the north, through a Mediterranean climate in the center, to a snow-prone Alpine climate in the south, with glaciers, fjords and lakes.

History and Culture

Chile leads Latin American nations in human development, competitiveness, quality of life, political stability, globalization, economic freedom, and comparatively low poverty rates.

The population of Chile is made up of mestizos, persons of mixed Spanish and Native American ancestry, who make up for 93 percent of the current population. Only three percent of the population consists of pure Native American, mainly Araucanians who are concentrated in the southern region; and the other two percent of the population is made up of unmixed European race.

Most of the population lives in urban centers, and more than one-third of the people live in the capital city of Santiago. Communities both in the south and in the northern desert are generally isolated and separated by vast, virtually unpopulated stretches.

Historically, except for Pinochet's military dictatorship (1973–1990), Chile was relatively free of the coups and arbitrary governments that have blighted the continent. More recently, in January of 2006, Chileans elected their first female president, Michelle Bachelet, ushering in new laws that improved labor and social conditions for women.

Health

Chile has one of the best health care systems in Latin America. Around 90 percent of the population is insured through public (61 percent) and private (28 percent) schemes to obtain access to all types of health services. National health

Chile at a Glance



Government

Capital: Santiago

Government: Republic

Current President: Sebastian Pinera

People

Population: 17 million (UN, 2009)

Major Language: Spanish

Major Religion: Christianity

Economy

Monetary unit: Chilean peso

Main exports: Copper, fish, fruit, paper, and pulp, chemicals

GNI per capita: US \$9,400 (World Bank, 2008)

Health

Life Expectancy: 76 years (men), 82 years (women) (UN)

Insurance: 90% insured through public (61%) and private (28%)

Health system: 9.14 physicians and 3.83 nurses for every 10,000 beneficiaries

expenditure is eight percent of the country's GDP. The public health system has 9.14 physicians and 3.83 nurses for every ten thousand beneficiaries. There are, however, big differences in the quality of medical help among the different income groups. While upper- and middle-class Chileans normally make use of the services of private clinics with excellent physicians and the latest medical technology, the lower class are forced to make use of relatively poorly-equipped public care centers and hospitals. Beyond the modern health care system, there is a habit in Chile of self-medication and the use of traditional herbs. In southern Chile, elderly Mapuche Indians still consult their female shamans (machis) when they have health problems.

Earthquake Destruction Necessitates Emergency Management

Although one of Latin America's most stable and prosperous countries, Chile is not immune to the disasters brought about by Mother Nature. Coastal Chile has a history of very large earthquakes because of tectonic plate movements; in fact, since 1973, there have been 13 events of magnitude 7.0 or greater.

On February 27th, 2010, the country received worldwide attention when an 8.8-magnitude earthquake hit near the nation's second largest city of Concepción, located roughly 70 miles away from the quake's center. Some 27 after shocks soon followed, as well as a tsunami that damaged the country's coastal region. The death toll climbed to 279, while 500,000 homes were completely destroyed. An estimated two million were affected by the shock, with an official estimation of \$30 billion and four years of reconstructional costs.

Source: "Health" section directly quoted and other parts paraphrased from <http://www.everyculture.com/Bo-Co/Chile.html>, right hand side box facts from http://news.bbc.co.uk/2/hi/americas/country_profiles/1222764.stm, other general/specific facts from <http://www.wikipedia.com>, <http://www.mhhalio.com/chile-sahtquake>

Hispanic-Serving Health
Professions Schools

July 22nd-24th, 2010
Stanford University School of Medicine



July 22nd	July 23rd	July 24th
<p>Immigrant Hispanic/Latino Health in California</p> <ul style="list-style-type: none"> • Demographic Change in California and the Implications for Health • Life Cycle Issues of Immigrant Hispanic/Latino Health • Public Health Need and Response • Public Policy and Health Care Access 	<p>Faculty Development Skills</p> <ul style="list-style-type: none"> • Defining the Question and Identifying Funding • Community Based Participatory Funding • Grant Writing • Scientific Writing: Trick of the Trade • Time Management 	<p>Achieving Promotion and Career Development</p> <ul style="list-style-type: none"> • Understanding the Promotion Process and Development of an Individual Academic Plan • Negotiating and Job Search • Managing Stress and Career Demands • Identifying a Career Path

For more information on how to register, please check our website's homepage under Announcements at www.hshps.org

Partnering Organizations:

Centers for Disease Control and Prevention (CDC)
Stanford Hispanic Center of Excellence
U.S. Mexico Border Health Centers of Excellence

Below is an interview correspondence with Dr. Joseph A. Barbera from The George Washington University. Dr. Barbera is Associate Professor of Engineering Management (Crisis & Emergency Management), Clinical Associate Professor of Emergency Medicine, and Co-Director, Institute for Crisis, Disaster, and Risk Management. He is a lead medical expert in national and international disaster response and conducts research on a wide range of emergency management topics.

1. What sparked your interest in pursuing medicine?

In high school and college I began working with children with disabilities, which made me interested in a medical career.

2. What influenced your career transition from medicine to emergency management?

I was training in an emergency medicine residency in New York City when the 1985 Mexico City earthquake occurred. I felt that I could provide services in those desperate situations; one year later, I had the opportunity to join a volunteer medical team that trained to respond to underground mine incidents and that experience led to the opportunity to help develop the US government's international search & rescue team, followed by the FEMA urban search & rescue system.

3. What sort of research do you focus on as a medical emergency responder?

Initially I focused primarily on researching the provision of medical care in collapsed structures and more generally in major disasters such as earthquakes; now, I focus on how to manage medical and public health emergency response to get the best care to people in need.

4. What do you like most about your current job and what have been your most meaningful experiences in regards to teaching?

I enjoy helping students understand the theory and application of emergency management and to think creatively and independently.

5. What about in regards to emergency management?

It has been gratifying watching current and former students excel as they participate in emergency preparedness and in emergency response. From 9-11 to the recent Haiti earthquake response, our students and graduates have been involved in key roles and helped make a difference.



Start by being very good at your...healthcare role, paying careful attention to detail and understanding why you do what you do. You can then begin to understand how to transition that same type of role over to the disaster situation.



6. Has your job involved an international component and/or traveling? If so, what populations do you typically assist and what services do you provide abroad?

I respond internationally through Fairfax County (Virginia) Urban Search & Rescue Task Force and the USAID Office of US Foreign Disaster Assistance (OFDA). Usually I deploy as a member of a task force doing search & rescue, but I deployed to the tsunami in Banda Aceh Indonesia for OFDA to do assessments and provide advice on further assistance.

7. It appears as though the healthcare realm provides a wide range of career opportunities alternative to the more traditionally recognized roles. What advice do you have for students pursuing a health career that may be interested in veering off into a non-traditional path such as yourself?

Start by being very good at your usual healthcare role, paying careful attention to detail and understanding why you do what you do. You can then begin to understand how to transition that same type of role over to the disaster situation. Finally, take advantage of opportunities that come your way, even if you need to provide services free until your role or the role of similar healthcare practitioners is established.

HEALTHY RECIPE:

Chilean Sea Bass With Tropical Fruit Salsa and Tortillas



Great Summer Recipe:

Not only is sea bass healthy, providing you with an excellent dose of manganese and omega-3 fatty acids, but it is also a great source of protein that fills you up while being light and tasty! (This recipe serves: 6)



Ingredients

- | | |
|---|--------------------------------------|
| 5 flour tortillas, 6" diameter | 1 ripe, medium pear |
| 1 tablespoon fresh lemon juice | 1 large peach |
| 1 cup Sauvignon Blanc, or similar white wine | 1 ripe mango |
| 6 Chilean sea bass fillets, about 4-ounces each | 1/2 cup diced pineapple |
| 1 teaspoon fresh lime juice | 1/2 cup finely diced red onion |
| 1/4 teaspoon salt | 1 tablespoon finely chopped cilantro |
| 1/8 teaspoon freshly ground black pepper | 2 ripe kiwi fruit, peeled and diced |
| 2 teaspoons minced fresh ginger root | 6 cups mixed greens |

Nutrition Information

Serving Size = 4 ounce fish fillet, 1 ounce of salsa and 5 chips

Amount Per Serving:

Calories	308	Carbohydrate	36 g
Fat	5 g	Fiber	5 g
Protein	25 g	Saturated Fat	1 g
Sodium	564 mg		

Cooking Instructions

1. Slice each tortilla into 6 equal triangles. Lay them on cookie sheet, sprinkle with salt, bake at 350°F until crispy, about 5 minutes.
2. In a small bowl, combine the lemon and lime juice, wine and ginger.
3. Peel and seed the pears, peach and mango. Cut them into a very small dice and add to juice mixture. Add the diced pineapple, kiwi, onion and chopped cilantro to mixture. Toss together and set aside.
4. Pour the wine into a medium pan and heat to simmer. Add the fillets to the pan and poach until the fish is opaque and cooked through. Cooking time will vary with thickness of fish, but should only take a few minutes. Sprinkle with salt and pepper.
5. Drain the salsa and reserve the liquid. In medium bowl, toss together lettuce and salsa liquid. Place 1 cup of greens in center of each plate. Place one fillet on top of the greens. Top the fish with a spoonful of salsa. Arrange 5 tortilla chips on each plate.

HSHPS ANNOUNCEMENTS

CALLING ALL HSHPS TRAINEE ALUMNI!

We would love to hear what you have been up to since your training program!

Please update us regarding your:

- Current research, graduate studies, job
- Favorite HSHPS Trainee Memorie(s)
- Interest in HSHPS Alumni networking
- How you have impacted health in the Hispanic community

Email: hshps@hshps.org

• **HSHPS Student Conference Award:** Due March 1st, 2011

• **HSHPS Student Scholarship Award:** Due November 1st, 2010

• **Congratulations to our recent Scholarship Winners:**

• Stephanie Coello, B.S. Nursing

Kalisha McIntosh, MPH

• Eileen Lopez, B.S. Nursing

Natalie Vargas, MPH

• Full descriptions and applications for awards are posted under the Announcements section of our website, www.hshps.org.

HSHPS Office Internship Opportunities

Position: Research and Special Initiatives Intern

Assist the Program Unit (PU) in advocacy, business development, public health policy research, Capitol Hill Briefing, some training program logistics, and other duties as assigned; commitment of at least 12 weeks, 30 hours/week (August-December 2010)

Position: Program and Communications Intern

Assist the Program Unit (PU) in all program related activities including training program logistics, Faculty Development Seminar, Bi-annual newsletter, quarterly e-newsflash, website content, and other duties as assigned; commitment of at least 12 weeks, 30 hours/week (January-May 2011)

For more detailed descriptions regarding internship duties, responsibilities, qualifications, etc., please visit our website at www.hshps.org

DONATIONS are much appreciated in order to maintain our programs and functions. Please contact hshps@hshps.org.



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