13th Annual Research Symposium:
The Importance of a Diverse Health Workforce to Improve Health Access and Quality Care for Hispanics
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The Importance of a Diverse Health Workforce to Improve Health Access and Quality Care for Hispanics
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>5</td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Letter from President</td>
<td>7</td>
</tr>
<tr>
<td>HSHPS Members Institutions</td>
<td>8</td>
</tr>
<tr>
<td>HSHPS Board Members</td>
<td>9</td>
</tr>
<tr>
<td>HSHPS Staff</td>
<td>10</td>
</tr>
<tr>
<td>Letters from HSHPS Members and Partners</td>
<td>12</td>
</tr>
<tr>
<td>HSHPS Graduate Fellowship/Training Programs</td>
<td>27</td>
</tr>
<tr>
<td><strong>Member Institution Program</strong></td>
<td></td>
</tr>
<tr>
<td>Community Health With Congreso and The School Of Public Health at Drexel University</td>
<td>27</td>
</tr>
<tr>
<td><strong>Government Agency Programs</strong></td>
<td></td>
</tr>
<tr>
<td>U.S. Department of Health and Human Services (HHS)</td>
<td></td>
</tr>
<tr>
<td>Centers for Disease Control and Prevention in Atlanta, GA</td>
<td>30</td>
</tr>
<tr>
<td>Health Resources and Services Administration in Rockville, MD</td>
<td>33</td>
</tr>
<tr>
<td>Office of Minority Health in Columbia, SC</td>
<td>36</td>
</tr>
<tr>
<td>National Institutes of Health in Bethesda, MD</td>
<td>38</td>
</tr>
<tr>
<td>U.S. Department of Veterans Affairs, Office of Diversity and Inclusion – Nationwide</td>
<td>40</td>
</tr>
<tr>
<td>Fall 2013 Session</td>
<td>41</td>
</tr>
<tr>
<td>Spring 2014 Session</td>
<td>42</td>
</tr>
<tr>
<td>Summer 2014 Session</td>
<td>46</td>
</tr>
<tr>
<td>Alumni Updates</td>
<td>71</td>
</tr>
</tbody>
</table>
A special thanks to the following agencies, institutions and people for assisting the HSHPS staff with this year’s Graduate Fellowship Training Program:

Drexel University, School of Public Health

U.S. Department of Veterans Affairs (VA)

U.S. Department of Health and Human Services (HHS):
  • Centers for Disease Control and Prevention (CDC)
  • Health Resources and Services Administration (HRSA)
  • National Institutes of Health (NIH)
  • Office of Minority Health (OMH)

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Mayra Alvarez, MHA
David Nelson, MD, MPH
Roberto Rojo, MA
The number of Hispanic health professionals is disproportionately low when compared to the Hispanic population living in the United States (U.S.). The 2010 Census counted 50.5 million Hispanics in the U.S., making up 16.3 percent of the total population. Yet African Americans, Hispanic Americans, and American Indians, as a group, account for less than 9 percent of nurses, 6 percent of physicians, and only 5 percent of dentists. Minority representation within the health professions directly relates to access to health care services in underserved communities. Therefore, this is important because “the racial/ethnic composition of our nation is projected to change drastically in the coming decades.” Despite, the Hispanic population being the largest ethnic group in the U.S., it is also the most disparate in both health workforce size and health care access and quality.

Furthermore, many of the needed approaches to equitable healthcare for Hispanics will also require an understanding of the cultural and social determinants of health, which are based in the native heritages of many Hispanic immigrant populations. There is a clear need for new approaches to increase the number of underrepresented minorities in the health professions, and to enhance overall cultural competency training about the needs of minority populations.

The National Association of Hispanic-Serving Health Professions School (HSHPS) was established in 1996 to increase the number of Hispanics in the health professions and to improve the knowledge of health care for U.S. Hispanics in response to President William Jefferson (Bill) Clinton’s Executive Order 12900: “Educational Excellence for Hispanic Americans,” and as part of the U.S. Department of Health and Human Services “Hispanic Agenda for Action Initiative”. Today, HSHPS is composed of schools of medicine, public health, nursing, pharmacy, and dentistry that strive to strengthen the Nation’s capacity to advance the Hispanic health workforce to serve and advance the health of Hispanics. We accomplish our mission through a combination of diverse and unique programming designed to promote the career and leadership development of Hispanic faculty in the health professions; increase the Hispanic health professional pipeline; and develop culturally and linguistically competent health professionals through institutional partnerships and collaborations. Ultimately, we aspire to achieve equitable health and well-being for our Hispanic community.

The HSHPS Graduate Fellowship Training Program provides paid training opportunities for graduate and doctoral students, and recent graduates interested in working on Hispanic health research. Fellows are placed across the U.S. and Latin America in government agencies and academic institutions. Fellows are paired with a mentor, experienced research or senior health professional, to work on projects as they relate to Hispanic health issues and professional development. The training programs are designed to: enhance the fellow’s research and professional development skills; increase the fellow’s knowledge about Hispanic and other minority health issues; and provide opportunities to network with other health professionals.

Now, in its 18th year, HSHPS has trained over 300 fellows. Most still work with Hispanic and other minority groups in government or academia, pursued higher degrees, published research, received NIH grants, and stay connected with HSHPS!

Dear HSHPS Fellows,

On behalf of the Hispanic-Serving Health Professions Schools (HSHPS), we would like to congratulate you on your successful completion of the 2013 - 2014 HSHPS Graduate Fellowship Training Program. We hope that during the fellowship you acquired skills that will enhance your future academic and career goals, in addition to being inspired to help eliminate Hispanic health disparities.

The mission of the HSHPS is to strengthen the Nation’s capacity to increase the Hispanic health workforce and advance the health of Hispanics. With your hard work and the invaluable support from your mentors, you have expanded your research and professional development skills, increased your knowledge about Hispanic and other minority health issues, and now join a wide network of diverse health professionals. Thanks to the support from our member partners and funders, the fellowship program has given you the opportunity to grow as a professional.

Moving forward, we wish you luck in all your endeavors and encourage you to remain in contact with us by keeping us updated about your service within the Hispanic community as well as your educational and professional career developments.

Sincerely,

Maureen Y. Lichtveld, MD, MPH
President, Hispanic-Serving Health Professions Schools
Professor and Chair
Freeport McMoRan Chair of Environmental Policy
Associate Director Population Sciences, Louisiana Cancer Research Consortium
Director, GROWH Research Consortium
Director, Center for Gulf Coast Environmental Health Research, Leadership and Strategic Initiatives
Tulane University School of Public Health and Tropical Medicine
Department of Global Environmental Health Sciences
HSHPS represents over 16,000 health professions students and over 27,000 faculty members within schools and colleges of medicine, public health, nursing, dentistry, and pharmacy.

Baylor, College of Medicine
Charles R. Drew University of Medicine and Science, College of Medicine
Columbia University, Mailman School of Public Health
Cornell University, Weill Cornell Medical College
Drexel University, School of Public Health
Florida International University, Herbert Wertheim College of Medicine
Florida State University, College of Medicine
Johns Hopkins University, School of Medicine
Rutgers New Jersey Medical School
Stanford University, School of Medicine
Texas A&M, School of Public Health
Texas Tech University at El Paso, Paul L. Foster School of Medicine
Tulane University, School of Public Health and Tropical Medicine
University of Arizona, College of Medicine
University of Arizona, Mel and Enid Zuckerman College of Public Health
University of California, Davis School of Medicine
University of California, Los Angeles David Geffen School of Medicine
University of California, San Diego Health Sciences
University of California, San Francisco School of Medicine
University of Illinois, Chicago College of Medicine
University of Kansas, School of Medicine
University of Maryland, School of Public Health
University of Massachusetts, Medical School
University of Miami, Miller School of Medicine
University of New Mexico, School of Medicine
University of Puerto Rico, Medical Science Campus, Graduate School of Public Health
University of South Florida, College of Public Health
University of South Florida, Morsani College of Medicine
University of Texas at San Antonio, School of Medicine
University of Texas Medical Branch at Galveston, School of Medicine
University of Washington, School of Medicine
Yeshiva University, Albert Einstein College of Medicine
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Tulane University, School of Public Health and Tropical Medicine
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Jorge Girotti, PhD
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Ricardo Gonzalez Rothi, MD
Florida State University, College of Medicine
Member at Large

Eneida Roldan, MD
Florida International University, Herbert Wertheim College of Medicine
Member at Large
Michelle Quinteros, MS  Executive Director
Michelle Quinteros de Czifra holds an M.S. in Systems Engineering and Engineering Management from The George Washington University (GWU); graduate certificate in Emergency Management and Public Health from GWU; and a B.A. in Latin American Studies/Spanish Language and International Relations from American University. As Executive Director of Hispanic-Serving Health Professions Schools (HSHPS), she works to improve the health of Hispanics through academic development, research initiatives, and training. Additionally, she serves as the Principal Investigator on several HHS, OMH, and VA grants and coordinates several activities including: The National Mentorship Program, Graduate Fellowship Training Program, Faculty Development Workshop, and How to use Data to Improve Hispanic Health Workshop. Most recently, she has participated in an initiative titled Building the Next Generation of Academic Physicians of Einstein’s Hispanic Center of Excellence.

Odalys Crespo, MA  Program Manager
Odalys Michelle Crespo, a native of Puerto Rico, is an active member of the Honor Society Phi Kappa Phi, and the National Collegiate Hispanic Honor Society Sigma Delta Pi. She became part of HSHPS during the summer of 2011, as a Veterans Affairs fellow in Tampa. Later she joined the office as the Programs and Communications trainee, and then moved to New York as a Center Administrator for Hair Club. There she interpreted for Spanish speaking clients and gained greater insight to health issues affecting the Hispanic community. With four years of experience working with Hispanics in different contexts, Odalys became more aware of the many ways she could serve the Hispanic population in the United States. From the health care sector to the image field, Odalys has fulfilled her desire of serving as a valuable tool to Hispanics that struggle with the language barrier. Odalys received her M.A. from Texas A&M International University in 2012, where she studied abroad in Spain and conducted a survey about urgent care models. Odalys also holds a B.A. degree from the University of Puerto Rico, Mayagüez Campus.

Roberto Valdez, Jr.  Marketing and Communications Intern
Roberto Valdez is the Communications Manager for Hispanic-Serving Health Professions Schools (HSHPS) where he oversees all organizational communications efforts including the development and maintenance of all printed and electronic communications, programs promotion as well as support to the Executive Director and Board of Directors with relationship building and event planning. Roberto is also Executive Director of Latino Giant Sports, a digital platform designed to empower and motivate Latinos in the United States through sports and other social activities. Prior to HSHPS, Roberto was a Project Assistant for Latinovations, part of the Dewey Square Group (DSG), a public affairs firm. At Latinovations, he was head writer for the company’s blog, newsletter and social media efforts. Roberto moved to Washington DC in the summer of 2013 and worked as the Communications and Marketing intern for HSHPS. Before his internship with HSHPS, Roberto was a Marketing Assistant for The Phoenix Symphony in Phoenix, AZ. Mr. Valdez received his Bachelor of Arts in Communications from Arizona State University in 2012. Roberto is a native of Arizona and plans to pursue either his graduate degree or attend law school in the near future.

Chetan Abhyankar  Administrative Assistant
Nora Czifra  Programs Intern
Viktor Ekuta  Research Assistant
Sara Pineda  Programs Intern
Rachel Peart  Communications Intern
Monica Villarruel  Programs Intern
July 9, 2014

Dear Fellows:

I take this opportunity to congratulate you on completing the HSHPS program. I am confident that your experiences with HSHPS further impressed upon you the importance of your work as health researchers and professionals. I encourage you to pursue your aspirations as you complete your degrees. As you continue to plan your future careers, I hope that you will consider all the exciting possibilities of research careers in academia or government, and that you will seize opportunities to become leaders in your communities. As you know, the Latino population in the United States continues to grow and experience disparities in various indicators of health. The skills and leadership of dedicated people like you are critical to closing the gaps in health experienced by Latinos and other communities.

Sincerely yours,

Ana F. Abraído-Lanza, PhD
Program Director, IMSD at Columbia’s Mailman School
Associate Professor of Sociomedical Sciences
HSHPS Board Member
August 1, 2014

Dear HSHPS Fellow:

On behalf of faculty from the Hispanic Center of Excellence at the Albert Einstein College of Medicine I want to congratulate you on completing the HSHPS training program. HSHPS is dedicated to ensuring that pre-health students reach their professional goal of becoming a health care provider, researcher, educator, and/or leader. Thank you for your determination in reaching your professional goals and focus on Latino health.

As the Latino population grows as the majority minority group, we need your help to make sure Latino health issues and health disparities are addressed. I call you to pay particular attention to the lack of diversity in the academic medicine workforce. The academic medicine workforce consists of our professors who determine curriculum content and policies and procedures for graduate student recruitment and promotion; our researchers who advance clinical knowledge; and our Deans who determine institutional mission. Unfortunately, Latinos represent approximately 4% of the academic medicine workforce. We need you to consider serving as faculty and Deans at our academic health centers to make sure our institutions are more effective in achieving excellence regarding Latino health.

Good luck in your future endeavors and I look forward to our continued work to improve the health of Latinos!

Sincerely,

J.P. Sánchez MD, MPH
Secretary, Board of Directors, HSHPS
Assistant Professor, Emergency Medicine
Albert Einstein College of Medicine
October 24, 2014

Dear Fellows,

Congratulations on your successful completion of the HSHPS Graduate Fellowship Program. Completing the HSHPS Program is not only a milestone, but a motivator for your life journey as researchers and professionals.

Passion and long life learning is a great attribute to have as you focus and dedicate your life to Health Sciences. Many opportunities await you. As a Latina, I am very proud to see other Latinos engage in Health Professions. As we increase Latinos in Health Professions, we will be able to eliminate disparities among Hispanics and all diverse groups.

I wish you all the best in your current and future endeavors.

Sincerely,

[Signature]

Eneida O. Roldan, MD, MPH, MBA
Associate Dean, International Affairs
Associate Professor, Department of Pathology
Course Director, Professional Strand
Member at Large, Hispanic-Serving Health Professions Schools
August 25, 2014

Dear trainees,

I am extremely proud to congratulate you on the successful completion of your training program. Your experiences during your respective placements should serve to enhance your research and professional development skills, and increase your knowledge about the nuances of Hispanic and other minority health issues.

Your future leadership will determine how we, as a nation, meet the challenges and unique needs of the underserved, many of those who are Hispanic and lack access in quality and culturally-competent health care. Your personal as well as institutional role in reversing those health disparities which are amenable to change and innovation will be key to your becoming an agent of change for the future of health care for Hispanics. We have invested in your future and trained you to excel.

We hope that the quality of your training program this past year, as well as the experiences you had will motivate you to extend the mission of the Hispanic Serving Health Professions Schools’ organization. We sincerely hope as you become leaders in future academic centers you will help in disseminating what you have learned by promoting the importance of striving for high quality education, research and mentorship. We hope that your experience will prompt you to further your education by pursuing advanced degrees and lifelong training, which is the stronghold of sustainability in the achievement of excellence.

Congratulations! (Felicidades!)

Sincerely,

Ricardo Jose Gonzalez-Rothi, MD, FCCP
HSHPs Board of Directors, Member at Large
Professor and Chairman
Department of Clinical Sciences
Florida State University College of Medicine
Tallahassee, Florida
Dear HSHPS Fellows,

On behalf of the boards of HSHPS, I would like to add my congratulations on completing the HSHPS fellowship. We know that this experience will be very important in your future career as a health professional.

Personally, I hope you understand the urgency of increasing the number of health professionals who are able to provide culturally competent care to the Hispanic community. Therefore, I trust that your experience this summer will encourage you to pursue or continue in medicine, public health, dental health, or other health professions.

Further, please consider a career as a faculty member in your field of choice, so as to increase our knowledge base on Hispanic health, to help eliminate health disparities among Hispanics, and train the next generation of Hispanic health professionals. We wish you the best in your future educational and professional endeavors.

Sincerely,

Jorge A. Girotti, PhD, MA
Associate Dean and Director, Admissions and Special Curricular Programs
Director, Hispanic Center of Excellence
UIC College of Medicine
Member at Large, Hispanic Serving Health Professions Schools, Inc.
October 28, 2014

Dear Fellows:

It is indeed an honor to congratulate you on completing the HSHPS Fellowship Program. Your dedication and commitment to enhancing your education is duly recognized and demonstrates to others that follow you how important this is. I strongly encourage you to continue to pursue your dreams in higher education, and would further encourage you to consider a career in academia. It is true that we have a significant shortage of health care professionals, but we have an even more significant shortage of minority faculty. The U.S. Latino population continues to grow at an incredible rate, and we must all be better prepared to deal with the burden of suffering and the health inequities that this population endures. It is with your creative and innovative minds that we can collectively accomplish this feat. Know that HSHPS is there to assist you and provide the guidance you might need to navigate the challenges and opportunities that await you.

Respectfully,

[Signature]

David Acosta, M.D., FAAFP
Treasurer, Executive Committee, HSHPS Board of Directors
Senior Associate Dean for Equity, Diversity and Inclusion,
Health Sciences Clinical Professor,
UC Davis School of Medicine
Associate Vice Chancellor of Diversity and Inclusion,
UC Davis Health System
July 11, 2014

Congratulations!

Dear 2014 HSHPS Fellows,

On behalf of our HSHPS Board members, it is with great pleasure that we congratulate you in completing our HSHPS Fellowship training program. It is an achievement that will be valuable in encouraging and fostering future professionals with an interest in the health professions.

The HSHPS Fellowship is a way to stimulate your interest to pursue higher degrees in health related professional careers. We encourage our Fellows to continue their commitment and grow on this experience pursuing medicine, dentistry, public health or other allied health careers. You will be instrumental in addressing the need to increase the number of health professionals able to provide culturally competent care to the Hispanic community.

We also encourage you to pursue opportunities such as research or faculty career paths that will enable you to continue to work towards eliminating Hispanic and other minority health disparities. It is through these involvements that we can all contribute in the training of our next generation of Hispanic health professionals.

We wish you great success in your future endeavors!

Sincerely,

Maria M. Garcia, MD

Maria M. Garcia MD, MPH
Associate Professor of Medicine
Assistant Dean for Student Affairs and Diversity
University of Massachusetts Medical School
Board Member Hispanic Serving Health Professions Schools
July 2, 2014

Dear HSHPS Fellows,

Congratulations on completing the HSHPS Training Programs! It gives me great pleasure and assurance to know that the knowledge and passion to help eliminate health disparities among Hispanics and other minority and underserved communities is something you value and that you will take this experience and continue to grow and serve these communities. This special training also highlights the essential role of cultural humility in addressing health disparities and will serve you well in your work as a health professional. I hope you will continue to pursue higher degrees in health and the health professions, always keeping in mind where you come from and the depth and breadth of what you have to offer. I would also like to encourage your consideration of a career in academic health as a faculty member where you can teach, learn, lead, research and serve. Please know that we are here for you as you pursue your career paths. I wish you the best in your future!

Sincerely,

[Signature]

Valerie Romero-Leggott, M.D.
Vice Chancellor for Diversity
Professor, Family & Community Medicine
Associate Dean for Diversity, SOM
Executive Director, UNM SOM BA/MD Combined Degree Program
Immediate Past President, Hispanic Serving Health Professions Schools
July 15, 2014

Dear HSHPS Fellows:

On behalf of the University of Texas Medical Branch, I want to congratulate you for completing the graduate fellowship training program this past summer 2014. As an organization that leads in the pursuit to recruit, train, and retain bright and competitive health practitioners, we look forward to your continued interest in the preparation to address and eliminate health disparities.

As a future clinician and/or health practitioner, your success will be measured by the dissemination of your research and/or contribution to academic medicine. This year, you were one of the few to have been placed in an extraordinary opportunity to grow in your field of interest. Your continued participation, interest, and future contribution to science will be noteworthy for underserved populations to come.

Keep in mind that you can make a difference and will make a difference through your persistence and dedication to the medical field.

Sincerely,

Norma A. Perez, MD, DrPH
Director, UTMB Hispanic Center of Excellence
Vice President and Board Member, Hispanic – Serving Health Professions Schools
University of Texas Medical Branch
Dear HSHPS Fellows:

It is with great pleasure that we congratulate you on successful completion of HSHPS traineeship. The work that you have done this summer is extremely important to the health of Latino populations and the world. This year, the Drexel University School of Public Health Opening Doors program partnered with HSHPS and Congreso de Latinos Unidos to have two HSHPS trainees work on Latino health disparities research in Philadelphia. The experience for us and the trainees was phenomenal.

I encourage you to pursue your dreams with persistence and passion. Quite frankly, the world needs you to help solve the complex health problems that we face! As you continue on your life journey, I hope that you will consider advance study in a MPH, PhD and/or M.D. program. The founding Dean of the Drexel University School of Public Health, Dr. Jonathan Mann’s legacy was that he championed health as a human right. Your work as a HSHPS fellow carries that legacy forward and is an inspiration to us all. We, at the Drexel University School of Public Health and Congreso, look forward to crossing paths with you as we seek to improve the health and well-being of underserved communities.

We wish you the best in your future endeavors!

Sincerely,

Warren Hilton
Associate Dean
Drexel University School of Public Health

Samantha Rivera, MPH
Quality Assurance Manager
Congreso de Latinos Unidos, Inc.
February 18, 2015

Dear 2014 HSHPS Summer Fellow:

On behalf of the Centers for Disease Control and Prevention, Office of Minority Health and Health Equity, I’d like to congratulate you on your successful completion of the 2014 Hispanic Serving Health Professions Schools’ Summer Fellowship program. As our nation becomes more and more diverse, we believe there are benefits associated with ensuring a public health and healthcare workforce that is well trained, culturally sensitive, and committed to reducing health disparities. Building such a workforce begins with the kinds of experiences you had during the summer fellowship, and your pursuit of advanced degrees in public health, medicine, and/or public policy.

Hopefully, your knowledge of the purpose and breadth of public health grew this summer, as well as your awareness of Hispanic health and the disproportionate – and often preventable, burden of disease and premature mortality that affects communities of color and other communities described as socially disadvantaged or vulnerable. Public health practice happens in a social context, and there are multiple ways to engage in improving population health through contemporary and emerging technologies, social media, marketing, and increasing access to high quality health care.

There are many opportunities ahead of you to contribute to Hispanic health through research as well as practice. Increasing our understanding of “why” health disparities persist, and identifying strategies for reducing them is central to disparities research. We hope you will seek opportunities to pursue research in the study of social, biological, environmental, or behavioral determinants of Hispanic health and wellness.

Thank you for sharing your summer, expertise, and enthusiasm with the summer fellowship program. We anticipate great things from you as you fulfill your career goals. Please don’t hesitate to contact us if we can be of assistance to you in the future.

Sincerely,

[Signature]

Leandris C. Liburd, PhD, MPH
Associate Director for Minority Health and Health Equity
Office of Minority Health and Health Equity
Centers for Disease Control and Prevention

LCL/gb
Hispanic Serving Health Professions Schools (HSHPS)
2639 Connecticut Ave. NW, Ste. 203
Washington, D.C. 20008

Dear 2014 HSHPS Fellows:

On behalf of the National Institutes of Health, Office of Equity, Diversity and Inclusion, it is with great pleasure, that I congratulate you on having successfully completed the 2014 HSHPS Graduate Fellowship Training Program. We hope that your recent experience at the NIH and places throughout the U.S. will serve as inspiration for you to follow careers in health research, public service, academia, or in your communities as leaders and practitioners.

The collaboration between NIH and HSHPS exemplifies our mutual commitment of providing developmental experiences in environments where diverse talents are leveraged to advance health discovery. We encourage you to continue furthering your education by taking advantage of these excellent developmental opportunities. It is only through the dedication and hard work of emerging leaders like you, that we will be able to advance our common vision, where all population have an equal opportunity to live long, healthy, and productive lives.

Please accept our heartiest congratulations on your well-deserved success.

Best wishes to all!

Sincerely,

Debra C. Chew, Esq.
February 17, 2015

Dear 2014 HSHPS Summer Fellows:

On behalf of the SC Commission for Minority Affairs, Office of Minority Health and Southeastern Health Equity Council, I would like to congratulate you all upon your completion of the 2014 HSHPS summer fellowship. Programs such as the one you have just participated in are a critical component of a national strategy for building a more diverse, well-trained and better prepared public health workforce in the United States. As small as it may seem right now, the contribution your participation made at your respective placement sites has been invaluable.

We hope these experiences will deepen your long-term interest in public health wherever your career may lead you. We have high hopes that emerging leaders like you will either serve as: an academic — leading important advances in scientific research and education; as a policy-maker — ensuring clear application of related public health considerations at a structural level; or as a practitioner ensuring innovations in the quality of public health service delivery. We would like to encourage you to continue working with minority and diverse populations as you further your career.

We wish you all the best in your current and future endeavors. Please do not hesitate to contact us.

Sincerely,

Marcy L. Hayden,
SC Commission for Minority Affairs-Native American Affairs and
Southeastern Health Equity Council (HHS-Region 4)
October 20, 2014

Hispanic-Serving Health Professions Schools (HSHPS)
Attn: Ms. Odalys Michelle Crespo, MA
Program Manager
2639 Connecticut Avenue NW, Ste. 203
Washington, DC 20008

Dear HSHPS Interns:

It is once again my distinct honor and pleasure to congratulate you on the successful completion of your student internship program with the Department of Veteran Affairs (VA)! We greatly value our partnership with you and hope that you gained valuable insight and exposure to careers with VA through our National Diversity Internship Program. It is only by tapping into the rich, diverse talents of students such as you that we can provide the best public service to our Veterans and our Nation at large.

We hope your experience with VA provided you with first-hand experience in the noble work we do in caring for our Nation’s Veterans. There is no greater mission than ours, nor deeper satisfaction than public service. Please consider VA as you pursue your career goals. We need to ensure we cultivate a diverse and inclusive workforce in order to provide culturally competent health care and other public services to our Veterans.

Thank you and congratulations!

Sincerely,

Georgia Coffey
Community Health With Congreso and the School of Public Health at Drexel University

Congreso is a multi-service organization whose mission is to strengthen Latino communities through social, economic, education, and health services. Founded in 1977, Congreso’s approach to providing healthcare and health promotion services is unique in that cultural and linguistic barriers are reduced or eliminated to ensure accessibility of services. Congreso is also beginning to create a culture for education and research through opportunities that allow programs to contribute to the information available about Latino health. Along with Drexel University’s School of Public Health, which provides hands-on opportunities for students and faculty, coupled with the rigor of an incredibly high quality academic environment, they have created this unique training opportunity for students interested in community health.

Healthy Movimiento For Families (HMFF) program is an innovative, family-based, multi-level intervention that addresses the health problems of poor diet and low levels of physical activity in the Latino community. Families will participate in culturally-appropriate, evidence-based nutrition education and physical activities within safe and encouraging environments. Fellows assisted Congreso to evaluate the effectiveness of using self-monitoring technology in obesity prevention programs targeting the Latino community. Results from this study will provide scaling and replication opportunities to address obesity within other Latino communities and inform the field of best practices.

MENTORS:
Warren Hilton, EdD, MA
Augusta Villanueva, PhD
Samantha Rivera, MPH
Liara Martínez Molina is a B.A. Candidate at the Faculty of Social Sciences at the University Of Puerto Rico Río Piedras Campus, concentrating in Social Work. Born and raised in Arecibo, Puerto Rico for the past four years she had worked in a variety of scenarios: as a teacher assistant in Summer Camps sponsored by the Department of Education of Puerto Rico, Work- student at Veteran’s Affairs Caribbean Healthcare System in San Juan, Puerto Rico in the Food, Nutrition, Homeless and Minority Programs, an Undergraduate Assistant at “Revista de Ciencias Sociales”, Journal of Social Sciences of the University of Puerto Rico founded in 1957, voluntary research assistant of Dr. Marinilda Rivera Díaz researching topics like HIV/AIDS stigma, health policy and social determinants of physical and mental health in Puerto Rico. Her more recent accomplishment was to achieve a collaborative agreement with the Carlos Albizu University in San Juan, Puerto Rico where clinical psychology students provide psychological services to students at the Factor V School in Arecibo, Puerto Rico. She had participated in the “Asociación de Estudiantes de Psicología Industrial” Industrial Psychology Students Association in the University of Puerto Rico Arecibo Campus and “Asociación de Estudiantes de Trabajo Social” Social Work Students Association in the University of Puerto Rico Río Piedras Campus. Ms. Martinez participated at “National Latino Mental Health Conference: Transforming Mental Health for Latinos through Policy, Research, Practice, and Leadership” in Miami on April 22-24, 2012 provided by the National Resource Center for Hispanic Mental Health. In addition, she participated in the Assembly of Social Work Professionals of Puerto Rico 2013: “Minors: Dimensions and Challenges of Social Work in Defense of Human and Civil Rights of Children and Adolescents”. Her main interest is to make a positive change in the health of the Puerto Ricans.

Evaluation of a Community-Based Rapid Re-Housing Program for Domestic Violence

MENTORS: Augusta Villanueva, PhD and Samantha Rivera, MPH

It is demonstrated at a global level that there is a correlation between domestic violence and homelessness. In response to this social problem, governments nationally and locally have designed public policies to address this social disparity. This ongoing study seeks to provide a panorama of the issues by reviewing existing literature which has already identified the following factors related to domestic violence and homelessness: Stigma, financial dependence, lack of affordable housing and social determinants of health. The core of research to date has focused on the evaluation of a Philadelphia community-based organization, Congreso de Latinos Unidos, a rapid re-housing program for domestic violence victims. This provided an opportunity to review and analyze contributing factors that intersect with this issue. Additionally, a Logic Model fitting the needs of the community being served and the agency’s organizational capacity was developed, to serve as the basis for the ongoing program evaluation. The evaluation includes an initial analysis of the data collected by the organization, which informed the design of the assessment used by the program. The research also served to design a series of recommendations to maintain and improve services to be provided in the future. The investigation evidenced the need for more attention at the State level in terms of funding and development of inclusive policies that prevent domestic violence victims from experiencing service gaps. Key topics that need to be address by the prevention approach at a macro level are: lack of work to produce an adequate income according to the cost of living, inadequate welfare aid for those who are unable to work, lack of affordable housing and lack of access to health care. The final objectives are macro and long-term results to more efficiency and financially wise approach, strengthening the government and benefiting us all. The overall performance of the community-based organization regarding the population of interest is satisfactory. Areas for improvement include serving the needs of program participants with cultural competence, while fostering both empowerment and self-sufficiency among those served.
Pilar G. Mendez is a current Public Health Undergraduate student, on a Pre-Medicine track, focused on making a difference in sectors like public health policy, minority health, community development and global infection control and prevention at New York University (NYU). Passionate about serving others, Ms. Mendez devotes her time working with non-profit organizations, state health departments, hospitals and university offices in order to not only address and tackle specific health concerns, like how social determinants of health and access affect overall quality of life. She continues to take on a variety of challenging work opportunities in this diverse sector. Ms. Mendez was honored with several awards in order to pursue her career goals on a global scale. These included the NYU Global Funded Internship Award while studying in London, England and the Steinhardt School Professional Development Grant while volunteering in rural Panama. Ms. Mendez currently works as a Hispanic Serving Health Professions Schools (HSHPS) Community Health Fellow through Drexel University’s Opening Doors Health Disparities Research Training Program. During the academic year, she is the Campus Coordinator for Health Leads, a Policy Research Intern at the Latino Commission on AIDS’ Research and Evaluation Department, a Resident Assistant at NYU’s 80 Lafayette Street Hall and an Admissions Ambassador with NYU’s Office of Undergraduate Admissions. Pilar also serves on the National Residence Hall Honorary as its Leadership and Scholastics Chair, is the Vice President of the Class of 2015’s Activities Board and a Board Member of NYU’s Wasserman Center for Career Development Diversity Advisory Board.

Assessing the Efficacy of a Community-Based Nutrition and Obesity Prevention Program Based Upon Weekly Physical Activity Rates amongst Latino Participants

MENTOR: Warren Hilton, EdD, MA and Samantha Rivera, MPH

Background: Obesity and obesity-related conditions including hypertension and type-2 diabetes are some of the leading causes of morbidity and mortality among Latinos in North Philadelphia, Pennsylvania. Forty-two percent of adults are reported to have high blood pressure, 16% have diabetes and 70% of children are obese. Family-focused interventions have reduced barriers to retention and lack of support and demonstrated increased rates of lifestyle changes. This study sought to assess the efficacy of a 10-session, 5-week, multi-faceted, community and family-based nutrition and physical activity program through analysis of weekly physical activity rates using a personal electronic device among participants in a delay-control study design. Methods: Outcomes including average daily steps and minutes of activity taken in the last week, and use of technology to support health goals were assessed via personal electronic device syncing among 5 family participant groups (n=7). Survey assessments determined whether an increase in physical activity, and frequency of technology used to attain lifestyle goals resulted from participation. Results: Use of a personal electronic device and average weekly number of steps did not correlate to attending weekly program sessions. Eighty-six percent of participants strongly agreed or agreed that use of a personal electronic device helped increase activity. All participants noted assessing information on their electronic devices 1-2 times weekly during mid-session check-in. Definitive numbers are inconclusive due to missing data. Conclusions: Use of technology to increase weekly physical activity rates varied across participants, and personal electronic devices proved useful in assisting them achieve their goals when they attended. Although preliminary results lead to these findings, the sample size was small and the data were too inconsistent to draw any other valid conclusions. Technology must therefore be equally accessible to all participants, while eliminating attendance and recruitment barriers would enhance program implementation.
Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) in Atlanta, GA

Part of the U.S. Department of Health and Human Services (HHS), the Centers for Disease Control and Prevention (CDC) is a Federal agency that collaborates to create the expertise, information, and tools that people and communities need to protect their health through health promotion, prevention of disease, injury and disability, and preparedness for new health threats. CDC seeks to accomplish its mission by working with partners throughout the nation and the world to: monitor health, detect and investigate health problems, conduct research to enhance prevention, develop and advocate sound public health policies, implement prevention strategies, promote healthy behaviors, foster safe and healthful environments, and provide leadership and training. Past projects include: *Addressing Cervical Cancer Disparities in the Latino Population through Culturally Appropriate Prevention Strategies and Resources for Implementing and Evaluating US Department of Health and Human Services’ Language Access Strategic Plan with Recommendations to Assure the Quality of Translated Health Communication Written Products for Persons with LEP (Focusing on the Latino/Hispanic Population).*

**PROGRAM MENTORS:**
Julio Dicent Taillepierre, MS
Sheree Marshall Williams PhD, MSc.
CDR, Miguel Cruz, MPH
Courtnay Phillips-Turner
MPH, MEd
University of California, Los Angeles
Graduate School of Education
2014 HSHPS/CDC Fellow

Courtnay Phillips-Turner is a Doctoral Candidate at University of Maryland, Eastern Shore. She received her MPH in Health Education and Promotion from University of Southern California and her Master’s degree in Psychological Studies in Education from UCLA. She earned her Bachelor’s degree in Psychology from Spelman College. Ms. Phillips-Turner’s research and career emphasizes on empowering minority and low socioeconomic communities with quality resources and knowledge. During her graduate studies, Courtnay worked on her practicum at Instituto Nacional De Salud Publica, Mexico in Cuernavaca. She worked with native women, educating them on diabetes, obesity and proper nutrition. As a fellow for HSHPS/SAMHSA’s Office of Communications, she contributed to the design and oversight of communications strategies. Her role was to insure that community members were aware of the progress of substance abuse and mental health initiatives. As a HSHPS/VA-DC Fellow, Ms. Phillips-Turner’s project was “Innovations in the 21st Century”. This project allowed her to develop resources that would be including the design of training resource materials for clients and users for VA’s new Project Initiative. Ms. Phillips-Turner current HSHPS/CDC Fellowship is in the Office of Minority Health and Health Equity. There she conducted a systematic literature review on “The Importance of Pipeline Programs to Increase Minorities in Health Care Career Positions”. This project recognizes the critical need to have more minority public health and health care practitioners to alleviate barriers that minorities face daily. All of Ms. Phillips-Turner’s experiences and projects aim to ensure equal quality of health care to everyone.

The Shortage of Minority Health Care Practitioners and the Importance of Pipeline Programs to Increase Minorities in Health Care Positions: A Systematic Literature Review

MENTOR: Julio Dicent-Taillepirre, MS and Sheree Williams, PhD

There is consistent literature on the importance of public health in the health care world. Preventative medicine has been demonstrated to be of a critical need in eliminating health disparities. There has also been much literature on the shortage of minority health care practitioners to address the increasing rates of disparities minorities face. However, literature is lacking on providing information on pipeline programs that can specifically promote “public health” practitioners in early stages of their education. In addition, there is no systematic assessment of the value of summer pipeline programs for undergraduates to increase diversity in the public health workforce. Systematic reviews are beneficial for identifying, selecting and critically evaluating literature as it relates to specific research questions. This paper provides a systematic review of previous literature on the importance of undergraduate pipeline programs to increase minority public health practitioners. This paper does so by presenting a summary of previous research using 5 library databases: PubMed, Web of Science, JSTOR, CINAHL, and Eric. After the initial search, the selection criteria definitions were expanded to narrow the search results to relevant articles. Initial key word searches included: pipeline programs, diversity in undergraduate pipeline programs in public health, pipeline programs to careers in public health, summer undergraduate pipeline programs to careers in public health. The initial search yielded 457 results in PubMed; 2,586 in Web of science; 9,099 in JSTOR; 55 in CINAHL; and 470 in Eric. This report contains a systematic review of literature concerning minorities, health care practitioner shortages, pipeline programs aimed to increase minorities in healthcare, and racial disparities in health care. The analysis categories include: why there is a shortage of minority public health workforce practitioners, how are students trained to be health practitioners, the importance of programs to increase minorities and core elements needed for programs to be successful. This data will be used to promote programs like CDC’s Undergraduate Public Health Scholars Program, CUPS, which promotes minorities into public health workforce.
Dr. Melody Wu is a former alumnus from the HSHPS Spring 2014 Graduate Fellowship Training Program (GFTP) at the U.S. Department of Veterans Affairs (VA), Office of Public Health in Washington D.C. During her experience at the VA, she worked on the Infectious Diseases Division, HIV and HCV and Clinical Public Health Pathogens. Dr. Wu is currently pursuing a MPH at Rollins School of Public Health at Emory University in Atlanta, Georgia with a concentration in Epidemiology which she plans to complete by 2015. She received her Undergraduate and Professional Doctorate degrees from the School of Veterinary Medicine at Universidad Peruana Cayetano Heredia (UPCH) in Lima, Peru where she is originally from. During her time at Veterinary Medicine School at UPCH, Dr. Wu’s passion for public health, especially the area of Zoonotic diseases, blossomed leading to her decision to pursue formal training in the area of Epidemiology. Dr. Wu has led teams through hands-on activity in the field and laboratory during multiple research projects focused on animal and public health, aligning with the industry focus on the “One Health” approach concept, which recognizes that the health of humans is connected to the health of animals and the environment. One of her main interests is to educate and promote public health, especially to underprivileged and minority populations with the goal of improving quality of life. She is a firm believer of the exponential value of Education and Preventive Medicine to reach population’s overall health.

Social Determinants of Health: A Literature Review for Immigrants, Foreign-Born and Migrants in the United States

MENTOR: Julio Dicent-Taillepierra, MS

The last two decades have witnessed rapid acceleration and diversification of immigration to the United States. In 1970, the US foreign-born population was 9.6 million people and in 2004 it was 35 million. Between 1990 and 2000, the foreign-born population in the US grew by 57% and is projected to reach 42 million in 2025. The U.S. Hispanic population for July 1, 2050 is estimated to reach 132.8 million, constituting approximately 30% of the U.S. population by that date. The foreign-born population from Latin America was the largest region-of-birth group (53%). Social Determinants of Health (SDH) are very diverse depending on specific populations. In this literature review we will approach different groups of vulnerable populations in the United States such as: Immigrants, Foreign-born and Migrants. According to the World Health Organization (WHO), SDHs are the conditions in which people born, grow, live, work and age and the circumstances are the systems put in place to deal with illness. These circumstances are turn shaped by a wider set of forces: economics, social policies and politics. SDHs fall under several broad categories: Policymaking, social factors, health services, individual behavior, biology and genetics. It is the interrelationships among these factors that determine health of individuals and populations. The purpose of this paper is to address current demographic changes and provide evidence-based support for Future Opportunities Awards (FOA) and Limited English Proficiency (LEP) for these populations. The evidence acquisition was performed using selecting criteria. Four databases were searched for peer-reviewed articles that included the key words of interest in their abstracts. Limitations we encountered developing this project: Time, Key terms, Broad Search and Strict Searching Criteria. Fortunately, by including the criteria above, we narrowed the search in a more manageable size with the time allowed for this research project.
Department Of Health and Human Services (HHS), Health Resource and Services Administration (HRSA), Rockville, MD

Part of the U.S. Department of Health and Human Services (HHS), the Health Resource and Services Administration (HRSA), is the Federal agency dedicated to improving health and achieving health equity through access to quality services, a skilled health workforce and innovative programs. HRSA is also the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. Comprised of six bureaus and nine offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. Additionally, they train health professionals and improve systems of care in rural communities. Past Projects include: The Impact of Health Insurance Coverage on Preventive Resource Utilization and Health Outcomes among Latino Diabetic Patients in Safety Net Settings and Opioid Addiction and HRSA-Funded Programs Addressing the Current Opioid Epidemic.

PROGRAM MENTORS:
Natalia Vargas, MPH
Alexander F. Ross, Sc.D.
Jennifer I. Mendoza MPA, MPH

George Washington University Milken Institute School of Public Health 2014 HSHPS/HRSA Fellow

Jennifer I. Mendoza recently completed her Master’s Degree in Global Health and received an Epidemiology Certificate at The George Washington University (GWU) as well as her Master’s Degree in Public Administration from Rutgers University-Newark. Ms. Mendoza’s focal interests are epidemiology, research design and evaluation, strengthening healthcare systems and improving accessibility for Latino Immigrants in the United States, including Indigenous populations and Afro-descendants in the Latin American and Caribbean regions. Her MPH thesis was on quinoa exports to International markets and the impact on the nutritional status among indigenous children in the Bolivian highlands. Originally from West New York, New Jersey, Ms. Mendoza is the daughter of first generation immigrants in the United States that fled El Salvador after the start of the civil war in the 1980s. Ms. Mendoza’s personal health experience inspired her to become a passionate public health advocate for vulnerable populations in resource-challenged communities. Ms. Mendoza has worked on HIV/AIDS initiatives in South Africa, assisted in the recovery effort after the 2010 Haiti earthquake, provided public health assistance to indigenous populations in rural Ecuador, conducted research on social protection issues at UNICEF TACRO in Panama and worked on the performance evaluation of the Robert Wood Johnson Foundation’s Aligning Forces for Quality program. Ms. Mendoza’s goals are to begin a public health career within the Federal government, and ultimately obtain a managerial leadership position. Ms. Mendoza would also like to complete a Doctor of Public Health degree, and mentor future Latino early investigators.

The Impact of Health Insurance Coverage on Preventive Resource Utilization and Health Outcomes among Latino Diabetic Patients in Safety Net Settings

MENTOR: Natalia Vargas, MPH, CPH

Hispanics/Latinos have the highest risk of developing type-2 diabetes in comparison with other racial and ethnic groups. The prevalence of overweight and obesity is also higher among Hispanics/Latinos versus their non-Hispanic/Latino counterparts, but recently studies have also indicated that adults with a normal body weight (BMI of 18.5 to 24.9) can still develop diabetes. Type-2 diabetes is no longer associated being overweight or obese, which implies how genetics can play an important factor in developing this chronic disease. Aside from genetics, environmental and socio-economic factors—the high cost and access to healthy foods and healthcare also play a role why new immigrants from the Latin America and the Caribbean region develop type-2 diabetes and go undiagnosed after adapting to a sedentary lifestyle due to easy access to packaged foods and soft drinks in resource-challenged communities. Public health programs and interventions for diabetes among Hispanics/Latinos in resource-challenged communities throughout the United States must be scientifically-based, culturally-sensitive and presented in Spanish. In addition, understanding the unique risk factors and family history for type-1 and type-2 diabetes among Hispanics/Latinos is essential. Safety nets such as healthcare providers and community health centers in resource-challenged communities, where there are a high percentage of Hispanic/Latinos, must provide access and preventative care for diabetes along with other comorbidities such as cardiovascular diseases and cancer. However, a huge percentage of Hispanic/Latinos do not have health insurance coverage such as Medicaid and Medicare. Studies have indicated that the impact of no health insurance coverage among the Hispanics/Latinos in safety net settings also has an impact on the utilization for preventive resources such as Hemoglobin A1c screenings and is detrimental to health outcomes that can lead to blindness, amputation or death. Successful public health programs and interventions for diabetes prevention and life maintenance in safety net settings must accommodate to the needs of this specific population through consistent health insurance coverage as well as individualized and personalized patient education that will eventually lead to ending disparities in healthcare treatment.
Lauren DeBerry is a graduate of Boston University School of Public Health, concentrating on Epidemiology. She earned her Bachelor of Science, majoring in Biology, at Howard University in 2009. After completing her Master’s in 2012, Ms. DeBerry worked at South Boston Community Health Center with AmeriCorps, where her responsibilities included managing a food pantry and development/maintenance of a new recordkeeping system, which improved both internal and external auditing capabilities and regulation compliance. She also worked with the quality improvement department to meet patient-centered medical home goals. Previously, she worked with various research groups investigating a wide array of topics, including: cell cycle regulation, requiring transformations of mutant S. cerevisiae yeast and growth studies, pharmacological sensitivities, requiring isolation, identification and screening of airborne microorganisms and binge drinking, requiring cohort analysis of a large dataset.

Opioid Addiction and HRSA-Funded Programs Addressing the Current Opioid Epidemic

MENTOR: Alexander F. Ross, Sc.D.

The problem of prescription drug abuse and its related health consequences is a substantial public health concern in the United States. The U.S. is currently experiencing an unprecedented drug overdose epidemic. According to the Centers for Disease Control and Prevention (CDC), approximately 110 Americans, on average, died from drug poisoning every day in 2011. Prescription drugs were involved in more than half of the 41,300 drug poisoning deaths that year, and opioid pain relievers were involved in nearly 17,000 of these deaths. The economic consequences of prescription drug abuse are substantial. It is estimated that opioid abuse to coast between $53-$56 billion annually, accounting for medical and substance abuse treatment costs, lost work productivity and criminal justice costs. A small percent of patients are responsible for consuming the majority of opioids and this group represents those at greatest risk for overdose. Additionally, high-volume prescribers are more likely to write prescriptions for patients who overdose. Granted, any strategy must address all of the drivers of the problem data support and the need for a strategy that particularly focuses on addressing the minority of providers and patients. This report was prepared to address prescription drug abuse in the United States and identify what role Health Resources and Services Administration can play. Addressing prescription drug abuse and overdose is complex. Any strategy to address prescription drug abuse must also balance the legitimate needs of patients and ensure that access to pain treatment is not unnecessarily restricted.
Department Of Health And Human Services (HHS), Office Of Minority Health (OMH) - Commission For Minority Affairs In South Carolina

Part of the U.S. Department of Health and Human Services (HHS), The Office of Minority Health (OMH) is a Federal health agency dedicated to improving the health status of racial and ethnic minorities, eliminating health disparities, and achieving health equity in the U.S. The OMH was created in 1986 and is one of the most significant outcomes of the 1985 Secretary’s Task Force Report on Black and Minority Health. The OMH programs address disease prevention, health promotion, risk reduction, healthier lifestyle choices, use of health care services, and barriers to health care. The OMH works in partnership with communities and organizations in the public and private sectors. These collaborations support a systems approach for eliminating health disparities, national planning to identify priorities, and coordinated responses through focused initiatives. Past projects include: Cultural Competence of Low-German Speaking Mexican Mennonite Farmers.

PROGRAM SUPPORT STAFF:
Tyler White, MPH

MENTOR:
Marcy Link Hayden
Born and raised in Southeast Texas, Ms. Tahani Hamdan is an MPH Candidate at The University of Texas Health Science Center School of Public Health in Houston, Texas, concentrating on Epidemiology and Global Health. Ms. Hamdan has earned her Bachelor of Science degree in Biology from Texas A&M University in 2011. For the past three years, Ms. Hamdan has been actively involved in Public Health projects throughout the world, including in Palestine and Nicaragua. Throughout her career, she has left her mark on humanity when she worked with mentally and physically disabled children in Palestine, volunteered with Frontera de Salud to assist with border health issues, assisted in building life-saving public health infrastructure in Nicaragua and much more throughout the state of Texas. Ms. Hamdan prides herself on a lifetime of community service with various organizations locally, nationally, and internationally. Ms. Hamdan has a particular interest in chronic diseases of minority populations as well as policy changes to improve the health of populations with health disparities. With growing changes in the United States healthcare system, Ms. Hamdan is interested in using her educational background as well as her global health experience to leave a lasting positive impact on the lives of Americans for many generations to come. Ms. Hamdan is currently interning with the Office of Minority Health in the Southeastern Health Equity Council and the National Partnership for Action, as well as the Center for Research on Women with Disabilities at Baylor College of Medicine in Houston, Texas.

Cultural Competence
MENTOR: Marcy Hayden

Cultural competence is an essential part of health-care delivery and understanding. Cultural competence is defined by the ability to work cross-culturally with a defined set of values and principles that have the capacity to encompass diversity, self-assessment, differences, cultural knowledge and the ability to adapt to cultural components amongst the specific communities being served (National Center for Cultural Competence, 2014). Cultural competence develops with time and experience when all components are incorporated for policy making, administration, practice, service delivery and they must involve the communities in question as well as the consumers and key stakeholders (National Center for Cultural Competence, 2014). The guiding values and principles of cultural competency involve: (1) organization, (2) practice and service design, (3) community engagement and (4) family and consumers (National Center for Cultural Competence, 2014). Language skills are necessary to achieve cultural competence. Studies have shown that there is a lack of diversity in the healthcare workforce, which is particularly lacking in Hispanic physicians and nurses. Furthermore, other minority populations living in the United States are often completely disregarded and never mentioned. Individuals of Middle Eastern descent are not even mentioned on census reports. Lack of cultural competence renders the physician and patient hopeless and ineffective at achieving any lasting, beneficial healthcare goals. Cultural competence requires many components to effective delivery, including: common language, cultural sensitivity, effective communication and practice and service delivery. In order to achieve cultural competence, an understanding of the definition of cultural competence must be formed along with an understanding of many factors must be taken into account. The Southeastern Health Equity Council Region IV works to achieve a common language of cultural competence as well as researching the policies, initiatives and laws throughout the nation that are used to ensure cultural competence in healthcare. Throughout the internship, commonality of cultural competence definitions as well as determine nationwide examples of laws, policies and initiatives that demonstrate cultural competence. These findings will be used for future recommendations in the South Carolina Commission for Minority Affairs and the Southeastern Health Equity Council Region IV in hopes of a better understanding and implementation of cultural competence.
A branch of the Department of Health and Human Services (HHS), The National Institutes of Health (NIH) is the federal agency leading medical research in the US. The NIH is composed of 27 institutes and centers each charged with a specific research agenda. The agency’s mission is to seek fundamental knowledge about nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce the burdens of illness and disability. The agency is also the world’s largest source of scientific research funding, supporting research in universities and research institutions in every US state and internationally. Past projects include: Outreach to Limited English Proficiency (LEP) Communities: Best Practices from External Organizations.

**GOVERNMENT LIAISON:**
Gerard Roman, MHR

**PROGRAM MENTOR:**
Golda Philip, JD, MPH
Laura Cristal Magaña is a Gates Millennium Scholar and recent graduate from The George Washington University in Washington, DC. She received her Master's in Public Health in Maternal and Child Health. Ms. Magaña is an alumnus from Oregon State University with a Bachelor of Science in Bioresource Research with options in Toxicology and Biotechnology. She is a HSHPS/National Institutes of Health (NIH) Fellow. Ms. Magaña works at the Office of Equity, Diversity and Inclusion for the Office of the Director. Her project entails researching best practices for NIH's Institutes, Centers and Offices to reach limited English proficiency populations. She was recently awarded an Oak Ridge Institute for Science and Education (ORISE) Fellowship at the Division of Viral Diseases, National Center for Immunization and Respiratory Diseases at the CDC in Atlanta, Georgia. She wants to pursue a doctoral degree in environmental microbiology to conduct research that will increase the health of vulnerable populations, especially Latinas, in the area of reproductive health. In the future Ms. Magaña wants to ensure higher participation of minorities and women in STEM careers and promotion into leadership positions. She is an active member of the Latina Researchers Network. Ms. Magaña engages in leadership as the East Central Regional Finance Coordinator for Lambda Theta Alpha Latin Sorority, Inc. She is a proud Oregonian Chicana and Tweets about transforming and breaking culture stereotypes and educational barriers while highlighting environmental and social justice occurrences. In her spare time she runs for fun, trains for triathlons and enjoys watching soccer.

Outreach to Limited English Proficiency (LEP) Communities: Best Practices from External Organizations
MENTOR: Golda Philip, JD, MPH

Immigrants continue to bring linguistic and cultural variances to the United States population. It is estimated that over one-sixth of the US population speaks another language than English at home. Limited English proficiency (LEP) individuals are individuals that either speaks little to no English. LEP individuals are vulnerable to English-only communication services that result in barriers for these communities, especially in the areas of healthcare and medical services. Title VI of the Civil Rights Act of 1964 prohibits the discrimination of individuals based on race, color or national origin. Title VI is further extended to providing adequate language assistance services at no cost to LEP individuals. Failure to comply will result with a form of discrimination against national origin and a violation of Title VI. A literature review (n=30) was conducted to research the best practices of external organizations to outreach to LEP communities. Best practices included categories of organizational structure, employee training and community partnerships. The best practices could be applied to meet the needs of LEP clients the National Institutes of Health serves.
The Department of Veteran’s Affairs (VA) is a federal agency that was created to fulfill President Lincoln’s promise “To care for him who shall have borne the battle, and for his widow, and his orphan” by serving and honoring the men and women who are America’s veterans. HSHPS works directly with the VA’s Office of Diversity and Inclusion (ODI) to match fellows with senior VA program staff and health professionals. ODI’s mission is to build a diverse workforce and cultivate an inclusive workplace to deliver the best services to our Nation’s Veterans, their families, and beneficiaries. Their vision is for the VA to be a leader in creating and sustaining a high-performing workforce by leveraging diversity and empowering employees to achieve superior results in service to our Nation and its Veterans. Past projects include: Evidence-Based Practice in Nursing in the Department of Veterans Affairs and Goalpost: A System for Managing the Follow-Up Process for Patient Safety Issues.

**Department Of Veterans Affairs (VA), Office of Diversity and Inclusion, Nationwide**

GOVERNMENT LIAISON: Kimberly McLaughlin

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Doménica Niño is a Master of Public Health (MPH) graduate with a Behavioral Science and Health Education (BSHE) concentration from the Rollins School of Public Health at Emory University. She earned her Bachelor’s degree in Psychology from Tufts University in 2010. For the past five years, Ms. Niño has actively participated in a variety of public health research projects centered on the Latino population. In 2010-2011 she served as a research assistant for the South Texas Border Health Disparities Center (STBHDC) at the University of Texas Pan American (UTPA) where she conducted research on workers in the manufacturing industry in South Texas and presented original research at the Behavioral Risk Factor Surveillance System (BRFSS) Conference in Atlanta, GA in 2011. During her academic career at Emory University she received the Public Health Training Internship Award from the Emory Public Health Training Center (EPHTC) which allowed her to collaborate with the Safekids division of the Gwinnett County Fire and Emergency Services, the District Attorney’s Office and the Child Fatality Review Board (CFRB) in order to create a 2005-2010 child mortality report for Gwinnett County. In order to learn and to help reduce the incidence of SIDS in Gwinnett County she conducted surveys with mothers attending free or reduced women’s health clinics and provided them with health education about safe sleep practices for their babies. At Emory, Doménica was an active member of the Health Organization for Latina America and the Emory Reproductive Health Association. In addition, Doménica focused her final MPH project on the public health implications of Latina suicide prevention and hopes to continue to dedicate her public health career to decreasing health disparities within the Latino population.

Creating a Strategic Marketing Plan for CEDD’s (Career Employee Development Directorate) Courses

MENTOR: Mark Kern, MA

The project entails collaborating with the Career and Employee Development Directorate (CEDD) Office at the VA Learning University (VALU) to help design and implement a strategic marketing campaign for the launching of the Learning Programs scheduled for January 2014. The learning programs are comprised of 43 courses that align with the strategic competencies of VALU and are targeted to the entire VA employee population of 320,000 employees. My project entails acting as a liaison between the Career and Employee Development Directorate (CED) and contractors in charge of marketing and communication in order to facilitate communications among the various offices and departments at VALU to understand the structure of the organization and determine the best method of deploying the marketing strategy. Through my current work at VALU, I have held meetings with a variety of contractors, interns, directors and upper level management in order to learn about the organization as well as discuss the best options for the marketing campaign. In addition, I attend all CED team meetings, VALU Strategic Communications meetings and provide suggestions and support for ongoing CED projects.
Alessandra Rivera is a Doctoral Candidate in Public Health at Ponce School of Medicine and Health Sciences, concentrating on Epidemiology. She earned her Bachelor’s degree in Biology in 2008 and a professional certification as a Medical Technologist in 2010; both degrees from Inter American University of Puerto Rico, San German campus. During the honors ceremony she received the Magna cum Laude Honor and the Tri Beta Honor Society medal for outstanding performances, in leadership and contributions to the Biology Department. In past years, Mrs. Rivera has been actively involved in Hispanic communities’ related prevention projects and research. She was a volunteer as Research Assistance for Esperanza Community Housing Corporation (ECHC) in Los Angeles, California. ECHC is a non-profit center that is actively engaged in promoting accessible health care, affordable housing and advocating for public policies in Hispanic populations. She collaborated to write a proposal for an Integrated Pest Management program to improve the homes and buildings for persons with asthma. She has also been actively engaged in orienting and distributing information to prevent cardiac arrest, smoking and drug abuse in communities and schools. Additionally, she works as a research assistant in the Public Health Program doing literature review for future projects, participating in grant writing for a Non-PRASA water study and formed part of the accreditation meeting with the CEPH committee. In the last year, she has been working on her dissertation project which focuses on the prevalence of gastrointestinal illness affecting communities that use water from rural systems in Puerto Rico. Finally, one of her future goals is to continue obtaining experience, knowledge and mastery in infectious and emerging diseases, specifically in creating policies and recommendations, prevention techniques, and applying public health research and laboratory methods for the Hispanic population in the world.

Protocol Development for Reportable Diseases in Puerto Rico within VA Hospitals and Community Based Outpatients Clinics

MENTOR: Lorenzo McFarland, DHA, MPH, MSW, PMP

Infectious diseases are caused by bacteria, viruses, parasites or fungi and kill more people worldwide than any other single cause. Some infectious diseases can be passed from person to person or transmitted via bites from insects or animals. Others are acquired by ingesting contaminated food or water or other exposures in the environment. Every state and territory has laws about reporting infectious diseases. Furthermore, these laws are different in time period, hospital section and conditions between each state and territory. The Veterans Affairs Office of Public Health is in the process of developing a protocol for each VA Hospital and Community Based Outpatients Clinics to report any case or outbreak that is related with an infectious disease. The goal is that each VA Hospital complies with the state or territory laws to report to the Department of Public Health in the estimated time. In Puerto Rico the Department of Health has created the Administrative Order # 309 which provides the information about the conditions and the estimated time the report has to be made. The information will be collect from the web site page. In case is not available a phone call will be made to contact the Department of Public Health of Puerto Rico in order to obtain information about how to make the report or were the information is available. A table is going to be created that will includes the condition, timeline to report, telephone number, forms and the division to be report. In case the information is available in Spanish is going to be translated to English. The tables created are going to be used by the person who is in charge to make the report; in most cases is the epidemiologist nurse. This measure will help to prevent the occurrence of outbreaks and legal implications with the state or territory.
Amanda Iris Torres García holds a Master’s degree in Public Health from the Graduate School of Public Health in the Medical Sciences Campus of the University of Puerto Rico. She also earned a Bachelor’s degree in Sociology from the Department of Social Sciences in the University of Puerto Rico at Cayey, Puerto Rico. Ms. Torres vast research experiences include evaluations involving health literacy within the workforce of hospital settings and evaluating the implementation of a sanitation system within a developing community in Haiti. Furthermore, she has created databases for managing reusable medical equipment utilized in various administrative and analysis purposes within the Veterans Affairs Caribbean Healthcare System (VACHS). With an evaluation on readability levels in standard operating procedures (SOPs) used in Sterile Processing Services (SPS) unit at a healthcare facility in the San Juan Metropolitan area, Ms. Torres was selected to present the mentioned project in the 4th Puerto Rican Conference of Public Health and the 6th International Congress of Health Promoting Universities, held in San Juan Puerto Rico on March 2013. Ms. Torres was also founding member of the first Sociology Association in the University of Puerto Rico. In the future, she would like to finish a Doctorate degree concentrating in Health Policy, and continue to research within Public Health topics regarding health policy for the purpose of improving the well-being of the Puerto Rican people in the Island as well as the Hispanic communities in the United States. Ms. Torres is also very passionate about the theatre, in which she has been part of a university theater company while finishing the BA, and also gives acting workshops to children and adolescents.

**Evaluation of the Executive Level Unconscious Bias Learning Lab for the U.S. Department of Veterans Affairs**

**MENTOR: Mark S. Kern, MA; Michael A. Barnett; and Víctor Emanuel Reyes-Ortiz, MS, PhD**

According to the Office of Diversity and Inclusion (ODI) of the U.S. Department of Veteran Affairs (VA), the United States will attract 1 million immigrants a year. The majority of those immigrants will have Asian and Latino origins. By the year 2050, the Latino and Asian population will double and the Black populace will grow by 71%. There is no doubt that these numbers will translate into a culturally diverse nationwide workforce, which will present a variety of preconceptions about cultures and an increased interaction between the staff. It is imperative that the VA puts forth a substantial effort to establish and maintain a culturally competent environment within its workforce. To accomplish this task VA ODI should develop a series of training courses that promote cultural diversity awareness at all levels of employment. This research project is an evaluation of an executive level training course on Unconscious Bias facilitated through ODI. This is a brand new course that focuses on the preconceptions and stereotypes that people have towards one another. These preconceptions could affect interactions and/or decision making during employee hiring scenarios. The methodology of evaluation for this project will be to conduct a Level 1 and Level 2 Kirkpatrick evaluation of the Executive Unconscious Bias Training Program. The procedure will be to administer a Level 1 questionnaire and Level 2 survey tests to 20 executive level employees of the VA that are participating of the course. The questionnaires will measure knowledge and perception on the topic of Unconscious Bias. They will also attempt to ascertain if the participants understand the purpose of identifying and the recognition of unconscious bias within the workplace. It will also determine if participants have been aware of unconscious biases within the workplace, then have there been any thoughts on developing change strategies. The result of this project will set the conditions for development of a Kirkpatrick Level 3 evaluation questionnaire focusing on how much of knowledge was retained following the course completion and how is that knowledge being actually applied to the day-to-day work of the participants.
Dahir Nasser is an MPH Candidate at the Graduate School of Public Health at San Diego State University, concentrating on health promotion and behavioral science. He earned his Bachelor’s degree in Psychology from California State Polytechnic University, Pomona in 2010. During his time at Cal Poly Pomona Nasser excelled as a scholar-athlete, participating in the two most successful years in Men’s Basketball history at the University. As captain and starting point guard Nasser finished his career with two California Collegiate Athletic Association (CCAA) Conference Championships, two West Regional Championships, two National Championship Game appearances and one Division II National Championship. Nasser individually received All-Conference and All-Tournament Team honors along with the Dr. Hal Charnofsky Memorial Award and NCAA Degree Completion Award for his efforts in the classroom and on the court. For the past two years, Mr. Nasser has been actively involved in chronic disease-related projects and research. He served as Project Coordinator for The University of California, San Diego’s Live Well @ Work worksite wellness program, which works to promote preventative services usage for cardiovascular disease prevention with large San Diego employers (500+ employees). Additionally, he has also been working with low-income faith-based organizations through the Network for a Healthy California to incorporate policy, systems, and environmental (PSE) changes into community culture. These PSE changes focus on reducing diet-related chronic disease, specifically promote fruit and vegetable consumption and physical activity. Both projects aim to cross-thread community, local government and academic activities to create sustainable changes to reduce chronic disease and promote wellness. Lastly, Mr. Nasser’s continues to work with Mid-City CAN (community advocacy network) on community advocacy projects to bring healthy, locally grown, organic foods to San Diego schools. Mr. Nasser has helped to present the attitudes and perceptions of community members to key San Diego leadership.

Reducing Health Disparities in Viral Hepatitis Outcomes by Ensuring Patient and Provider Education Reflects Evidence Based Practices

MENTOR(S): Lorenzo McFarland, DHA, MPH, MSW, PMP

Viral hepatitis is a major public health issue in the United States as described by President Obama in a proclamation at World Hepatitis Day 2011. President Obama stated, “In the United States, hepatitis is a leading infectious cause of death, claiming the lives of thousands of Americans each year... While we have come far, work still needs to be done to prevent and treat this disease.” According to an Institute of Medicine (IOM) report, published in 2010, between 3.5-5.3 million people or 1.2% of the U.S. population are infected with viral hepatitis. The IOM reports highlights that, “African Americans and Hispanics have a higher rate of hepatitis C virus (HCV) infection than whites.” African Americans represent 12% of the U.S. population, yet in the U.S. they account for approximately 22% of the chronic HCV cases. In Veterans Health Administration (VHA) care African Americans comprise 11% of the overall population but 31% of the HCV cases, according to the 2010 VHA Hepatitis State of Care Report. Chronic liver disease, often HCV-related, is a leading cause of death among African Americans ages 45-64. The treatment of viral hepatitis has been progressing dramatically recently. New medications are making the disease manageable. The new treatment rates are significantly higher than traditional methods (interferon and ribavirin). These new treatment protocols require new/updated educational materials for patients and providers to promote identification of high-risk groups, effective dosages and schedules, etc. Education is also critical to encourage medication adherence by patients because sporadic use of medications can create treatment resistance. This project will assess and modify VHA’s current viral hepatitis materials to ensure they promote “best practices” based on recommendations for screening, vaccination, treatment and adherence by the United States Preventative Task Force (USPTF), the Centers for Disease Control and Prevention (CDC) and subject matter experts within VHA. The primary aim of the project is to disseminate accurate materials widely through VHA intra/internet webpages, as well as, face to face trainings with Hepatologists and other VHA providers.
Dr. Melody Wu is currently pursuing a Masters in Public Health at Rollins School of Public Health at Emory University in Atlanta, Georgia with a concentration in Epidemiology which she plans to complete by 2015. She received her Undergraduate and professional Doctorate degrees from the School of Veterinary Medicine at Universidad Peruana Cayetano Heredia (UPCH) in Lima, Peru where she is originally from. During her time at Veterinary Medicine School at UPCH, Dr. Wu’s passion for public health, especially in the area of Zoonotic diseases blossomed, leading to her decision to pursue formal training in the area of Epidemiology. Dr. Wu also has a special interest in the area of Biostatistics and hopes to use her analytical skills in the near future. Dr. Wu has led teams through hands-on activity in the field and laboratory during multiple research projects focused on animal and public health, aligning with the industry focus on the “One Health” approach concept, which recognizes that the health of humans is connected to the health of animals and the environment. One of her main interests is to educate and promote public health especially to underprivileged and minority populations with the goal of improving quality of life. She is a firm believer of the exponential value of Education and Preventive Medicine to reach population’s overall health. Dr. Wu is a member of Council of State and Territorial Epidemiologist (CSTE) and several other groups and associations within the area of Public Health and Veterinary Medicine. She is also an avid supporter of the Humane Society and US War Dog Association.

Reportable Diseases by State and Territories Project for the Department of Veterans Affairs

MENTOR: Lorenzo McFarland, DHA, MPH, MSW, PMP and Loren Akaka, MPH

Healthcare-Associated Infections (HAI) are infections that patients acquire during the course of receiving treatment for other conditions within a health care setting. Over the last several months, consumers have felt strongly that public reporting of HAIs would be of benefit to their communities. In that light, there are currently several states that have mandatory reporting rules for a HAI, and approximately 20 states have such regulations moving through their legislature. Veterans Health Administration (VHA) Directive provides policy and guidance for mandatory reporting HAIs to non-Department of Veterans Affairs (VA) government entities. On April 2006-016 they created a policy that mandates VHA not to provide reporting data for HAI to local health authorities but it is VHA policy to continue to report communicable diseases to local health authorities. On June 2013 a new directive was created that will replace 2006-016, this VHA Directive establishes a requirement for VHA health care facilities to report on the designated reportable diseases according to the laws, regulations, and policies of States and territories. Due to this reason we developed the Reportable Diseases by State and Territories Project under the direction of The Office of Public Health and Clinical Public (OPH). The goal was to create a model that would be easily use as reference and guideline for physicians and health professionals in a timely manner, addressing challenges like no standard timeframes for reporting, inconsistent laws between states, missing information and difficult accessibility for the Veterans Affairs medical facilities nationwide. In order for us to create this project we performed research and gather data from each state health department’s website and follow their instructions and guidelines for reporting. We manipulate and order the data in a user friendly way that can achieve our expectations and be helpful for the ultimate users: healthcare providers. We worked with a multidisciplinary team of subject expert matters (SME) to provide guidance.
Ms. Abiodun Adejoke Adenle earned her Bachelor Degree in Healthcare Administration from the University of Wisconsin-Milwaukee in 2014. Ms. Adenle is highly interested in concentrating on health policy and management/Global Health. During her last years at University of Wisconsin-Milwaukee, Ms. Adenle was accepted as an undergraduate intern for two semesters at Froedtert and The Medical College of Wisconsin, where she worked directly with the department of Organizational Development, and Internal Occupational Health focusing on workplace safety and developing/enhancing the structures, systems, processes, and people within the organization through a variety of activities, including organizational assessments, executive and employee development and coaching, mediation and conflict resolution, and collaborating with the department of Diversity and Inclusion. While at the University of Wisconsin-Milwaukee, Ms. Adenle joined a professional organization called American College of Healthcare Executives and participated severally at their local chapter in Wisconsin which also focused on embracing the differences of people within work place and communities. Ms. Adenle is currently a Graduate Fellow for the Hispanic Serving Healthcare Professional School (HSHPS) and works with the Veteran Affairs - Edith Nourse Rogers Memorial Veterans Hospital in Bedford, Massachusetts at the department of Equal Employment Opportunity Commission (EEOC). As a fellow, she focuses on projects with impact on reducing workforce inequality with special interest in the Hispanic communities. With Ms. Adenle courageous effort within the community, she had developed interest in researching more on the problems contributing to racial disparity in the workforce. Working with EEO where she deal with employee complaint and the system ensure appropriate resolution. She has also developed interested on finding solution to how working with different generation might also contribute to work conflict, which could lead to potential racial bias.

**Problem with PTSD, Gender Discrimination within Cross Culture and Barrier to Treatment**

**MENTORS: Deborah Outing**

Women are more likely than men to develop Post-Traumatic Stress Disorder (PTSD). 10% of women develop PTSD in their lifetime compared to 5% of men. Veterans with PTSD are three times more likely to be unemployed (Zatzick et al., 1997). PTSD is a highly under-recognized issue among veteran women. According to the Veteran Affairs statistics, it states that about 7 or 8 out of every 100 people (7-8% of the population) will have PTSD at some point in their lives and about 5.2 million adults during a given year. However, this is only a small portion of those who have gone through a traumatic experience. PTSD is a mental health condition that's triggered by a terrifying event and a lifetime diagnosis. Individuals with severe PTSD symptoms are less likely to have full-time or part-time employment (Smith, Schnurr, & Rosenheck, 2005). Today, Uniformed Services Employment and Reemployment Rights Act (USERRA) and some Equal Employment Opportunity (EEO) laws prohibit discrimination in employment decisions, such as termination, on the basis of veteran status. USERRA prohibits employers from discriminating against past and present members and applicants to the uniformed services. Under laws enforced by DOL’s Office of Federal Contract Compliance Programs (OFCCP), qualified special disabled veterans, Vietnam veterans, recently separated veterans and veterans who served on active duty during a war or expedition for which a campaign badge has been authorized are also protected against discrimination. This is because the populations of veteran women are increasing all the time within the minority population. Within the Hispanic communities, we have seen major trends within the Veterans Affairs system. Both Hispanic and African American male Vietnam veterans had higher rates of PTSD than Whites. Current past year PTSD prevalence was estimated at 3.5%. The lifetime prevalence of PTSD among men was 3.6% and 9.7% among women. The facts present proper awareness to the discrimination of veteran women and minorities who suffer with PTSD and its connection with the Unemployment statistics in the Equal Employment laws.
Afia Frimpong is an MPH Candidate at SUNY Downstate School of Public Health, concentrating in Health Policy and Management. She earned her Bachelors of Science in Psychology from the University at Buffalo in 2013. Ms. Frimpong’s past research experience involved applied research in quality improvement. Her interests are health education and the use of policy to improve today’s healthcare system. Ms. Frimpong is currently assisting the SUNY Downstate community in raising money for the American Heart Association which funds raised will go towards research pertaining to heart diseases. She is working with the student population at Downstate to raise funds for the walk which will be held in October in Brooklyn, NY. Ms. Frimpong is also interning at the Eastern Colorado Veterans Healthcare System in Patient Care Services. She is assisting individuals on lean six sigma Black belt projects concerned with quality improvement of patient care and also working on a self-led research project dealing with the underrepresentation of professional Hispanic women in the workforce at the VA Denver Center. Ms. Frimpong is also an active member of Delta Sigma Theta Sorority Incorporated; the largest African American ran business in the country. Ms. Frimpong’s long term career goal is to become the Director of a medical facility.

Underrepresentation of Hispanic Female Registered Nurses throughout the Eastern Colorado Health Care System

MENTOR: Judith Burke and Susan Mittenzwei

Diversity can be defined as demographic variables, including, but not limited to: race, religion, color, gender, national origin, disability, sexual orientation, age, education, geographic origin and skill characteristics (U.S Department of Interior). Diversity is important in the workplace because it allows the organization to respond to the increasingly diverse world of customers and allows the organization to adapt to change (UC Berkeley). The focus of this research is geared towards diversifying the Registered Nurse (RN) applicant pool, specifically the hiring of more qualified, Hispanic women. The VA employs individuals based on merit and status, with practices in place to eliminate pre-selection, and encourages qualified individuals to apply for employment. In order to address the low percentage of working Hispanic women present here in the Eastern Colorado Health Care System Veterans Affairs Medical Center (ECHCS VAMC), the Nursing Service aims to attract qualified women of this demographic to apply for employment. One strategy is to reach out to nursing programs in the Denver metro area with a high enrollment of Hispanic women. A team of individuals participated in job fairs at schools with nursing programs meeting these criteria in order to investigate the underlying problem(s) when recruiting Hispanic women. This observational study will allow the Nursing Service to formulate new strategies which may help increase the presence of Hispanic female RN’s at ECHCS.
Alba Cordova is a first year master’s student in Health Administration Informatics Science at the University of Maryland with concentrations in e-health policy, telemedicine management and multicultural health research. She earned her Bachelor’s in Public Health Science from the University of Maryland in May 2014. Born in El Salvador, she immigrated to the United States when she was a teen. She is passionate about serving low-income and under-served communities. Ms. Cordova is currently a research fellow at the Department of Veterans Affairs, Office of Information and Technology where she is actively involved in the planning, development and implementation of a mobile application to promote a culture of privacy. She is also conducting research addressing disparities in healthcare among minorities and the use of health information technology. Prior to assuming this position, she was the Coordinator of Community Health programs at DC Cancer Consortium. She investigated, developed and managed services to benefit the Hispanic community in the DC metro area. Ms. Cordova was part of the core team of professionals managing the DC Cancer Control Plan. Ms. Cordova has also held a variety of positions including Patient Advocate and Unit Coordinator for Walter Reed National Military Medical Center and Medical Interpreter for various healthcare facilities focused on providing high quality patient care and addressing Hispanic community health needs. Alba loves to play soccer and travel around the world.

**Decreasing Health Disparities through Technology without Compromising Privacy and Security**

**MENTOR: Kimberly Hollingsworth, MA**

The United States of America, a home for many immigrants searching for freedom and prosperity, is experiencing a health crisis. While developing countries deal with infectious diseases and lack of medical services, the U.S. deals with chronic diseases and high cost of medical services. Also, the U.S. population is becoming more diverse which leads to health disparities that can be a challenge for healthcare providers trying to reduce the incidence and morbidity of chronic diseases. In addition, as technology advances and humans behavior reshapes in both positive and negative ways. Public Health officials need to find innovative ways to reach individuals profoundly influenced by technology. 90% of American adults have a cell phone and 63% of them use their phones to go online having unprecedented speed and access to anything and anyone from anywhere. Furthermore, both African Americans and English-speaking Latinos are as likely as whites to own any sort of mobile phone. The purpose of this research paper is to find the way to unlock the power of technology and use it as a communication channel to decrease health disparities among minorities without compromising privacy and security. This research paper will provide a systematic review of effective public health interventions among minorities using technology tools such as mobile technology for obesity prevention; a randomized pilot study in racial- and ethnic-minority girls using animation as an information tool to advance health research literacy among minority participants and the development and feasibility of a text messaging as well as interactive voice response intervention for low-income, diverse adults with type two diabetes mellitus. Minorities are about a third of U.S. population. The size and rapid growth of minorities and the uninsured immigrants offers considerable reason to focus on its health management to reduce the burden of diseases in the U.S. which accounts for 75 percent of the nation’s spending on direct medical costs.
Alessandra Rivera is a Doctoral Candidate in Public Health at Ponce School of Medicine and Health Sciences, concentrating on Epidemiology. She earned her Bachelor’s degree in Biology in 2008 and a professional certification as a Medical Technologist in 2010; both degrees from Inter American University of Puerto Rico, San German campus. During the honors ceremony she received the Magna Cum Laude Honor and the Tri Beta Honor Society medal for outstanding performances in leadership and contributions to the Biology Department. In past years, Mrs. Rivera has been actively involved in Hispanic communities’ related prevention projects and research. She was a volunteer as Research Assistance for Esperanza Community Housing Corporation (ECHC) in Los Angeles, California. ECHC is a non-profit center that is actively engaged in promoting accessible health care, affordable housing and advocating for public policies in Hispanic populations. She collaborated to write a proposal for an Integrated Pest Management program to improve the homes and buildings for persons with asthma. She has also been actively engaged in orienting and distributing information to prevent cardiac arrest, smoking and drug abuse in communities and schools. Additionally, she works as a research assistant in the Public Health Program doing literature review for future projects, participating in grant writing for a Non-PRASA water study and formed part of the accreditation meeting with the CEPH committee. In the last year, she has been working on her dissertation project which focuses on the prevalence of gastrointestinal illness affecting communities that use water from rural systems in Puerto Rico. Finally, one of her future goals is to continue obtaining experience, knowledge and mastery in infectious and emerging diseases, specifically in creating policies and recommendations, prevention techniques, and applying public health research and laboratory methods for the Hispanic population in the world.

Making Reportable Infectious Diseases Accessible for Veterans Affairs and State/Territory Public Health Department Personnel

MENTOR: Loren Akaka, MPH

Recently Veterans Health Administration has been implementing a directive known as VHA Directive 2013-008- Infectious Disease Reporting which establishes that is mandatory to comply with the mandatory report of infectious diseases to local, state and territory Public Health Department.1 Infectious diseases are cause by microorganisms including bacteria, parasites, fungus and virus.2 These infections are spread in many common ways that includes contact with environment, contaminated food and contact with people or animals.3 It is because this in which a person can become infected that every state and territory has develop different requirements for hospitals, clinics, physicians and laboratories make a report in order to control, have information about the mortality of the disease and more importantly protect the public’s health. The two main objectives of this project are to inform the Infectious Diseases Control Personnel from Veterans Affairs System related to new regulations, methods in reporting infectious diseases and provide a useful method of information for health professionals that can be time saving and practical. Data gathering and research was performed to design a toolkit that includes the main information about how to make the report and to include a table that contains the web pages links for the reportable infectious diseases of each relevant state or territory. Parameters that were taken in consideration were: time saving, easy access and user friendly. The final product consists of two pages that include six frequently ask questions (FAQ) and the web-page link that leads to a table with the state or territory web-pages from each state and territory where the Veterans Affairs (VA) hospital and/or clinics resides. The FAQ informs the reader on how to make the report comply with the VA privacy policy, who, how, when and where the report must be made and what is required from the public health departments to VA make the report following the federal laws. In the future this toolkit will be upgraded to a print version handbook which includes more information about the reports for other health care professionals in VA system. Currently, the toolkit was approved and it will be published in the Infectious diseases new web-page.
Amanda Mavraj recently graduated with her Masters of Public Health from Long Island University (LIU), concentrating on Social and Behavioral Science. Ms. Mavraj gives back to her hometown of Brooklyn, NY by volunteering at New York Cares Meals on Wheels program in Williamsburg, Brooklyn. She also collaborated with her cohorts to implement health fairs and various programs on LIU campus. She also volunteered at CAMBA, which is a non-profit organization in Brooklyn, where she was a Condom Distributer. She provided free condoms to local business in the East Flatbush area to combat the high prevalence rate of HIV transmission in the area. In her last year at LIU, Ms. Mavraj collaborated to develop a research proposal to measure the attitudes and beliefs of transgender people toward underground/illegal cosmetic procedures. She also was a research assistant intern at Columbia University-School of Nursing where she recruited and analyzed quantitative data measuring Black Health among recent released individuals from prison. Currently, working as a HSHPS/VA Public Health Fellow Amanda is working toward her goals of combating lack of health care among minorities. She works closely on HIV, Hepatitis C and B projects to increase awareness and care among minority Veteran population. In the future, Ms. Mavraj wants to continue to work in Clinical Public Health spectrum with in the Government. She will be going back to school in 2015 to obtain her license as a Physician Assistant start to clinically care for minorities.

**HIV and Hepatitis Project Management Plan**

MENTOR: Lorenzo McFarland, DHA, MPH, MSW, PMP

Among the Veteran population, HIV and Hepatitis is widely increasing having a larger effect on this population, making the numbers stand out more than overall population. This is a cause for concern, and the Veterans Affairs Public Health Department focuses solely on the betterment of this population. With the increasingly bad press that the Veterans Affairs have received, the office of public health has worked together to bring more access to Veterans through many programs. Programs are developed within the central office and there distributed among the VISNS of Veterans Affairs hospitals. To make sure programs are distributed correctly and there is a form of feedback among recipients, the central office conducts bi annual meetings among all VISNS to speak about the programs that they have within their hospitals, how it works and the feedback from the participants. In this paper I will talk about one of the programs, created by the office of public health called “Stand Down HIV”. HIV, Hepatitis and Public Health Pathogens Program (HHPHP) is a program within the office of public health. They developed Stand down HIV to work towards bringing information and services to Veteran Populations among all the VISNS. HIV and Hepatitis affects the Veteran Population at a higher rate since HIV testing was not mandated to be offered to patients at the Veteran Hospitals. This changed in 2009, when the policy was banned and rates increased from 3.8% in 2009-2011. The Clinical of Public Health department was determined to teach providers as well as patients that best way to offer HIV testing and the many options that are available to Veterans. Stand down HIV is design to promote HIV education and access to recommended HIV screening through rapid HIV point of care testing. This program is geared towards the homeless population, since many veterans once displaced from the armed forces also are displaced from housing as well. Providing this service would provide more of an action plan to treat patients who are unaware of their HIV status.
Amanda Iris Torres García holds a Master’s degree in Public Health from the Graduate School of Public Health in the Medical Sciences Campus of the University of Puerto Rico. She also earned a Bachelor’s degree in Sociology from the Department of Social Sciences in the University of Puerto Rico at Cayey, Puerto Rico. Ms. Torres vast research experiences include evaluations involving health literacy within the workforce of hospital settings and evaluating the implementation of a sanitation system within a developing community in Haiti. Furthermore, she has created databases for managing reusable medical equipment utilized in various administrative and analysis purposes within the Veterans Affairs Caribbean Healthcare System (VACHS). With an evaluation on readability levels in Standard Operating Procedures (SOPs) used in Sterile Processing Services (SPS) unit at a healthcare facility in the San Juan Metropolitan area, Ms. Torres was selected to present the mentioned project in the 4th Puerto Rican Conference of Public Health and the 6th International Congress of Health Promoting Universities, held in San Juan Puerto Rico on March 2013. Ms. Torres was also founding member of the first Sociology Association in the University of Puerto Rico. In the future, she would like to finish a Doctorate degree concentrating in Health Policy, and continue to research within Public Health topics regarding health policy for the purpose of improving the well-being of the Puerto Rican people in the Island as well as the Hispanic communities in the United States. Ms. Torres is also very passionate about the theatre, in which she has been part of a university theater company while finishing the BA, and offers acting workshops to children and adolescents.

**Development of a Business Case for a Customized Learning Solution (CLS)**  
*Requested by the Veterans Health Administration Office of Diversity and Inclusion in the U.S. Department of Veterans Affairs*  

**MENTORS: Mark S. Kern, MA**

According to the National Center for Veterans Analysis and Statistics (NCVAS), the veteran population was projected to decrease from 22.7 million in year 2011 to 14.5 million in year 2040. Over this same time period, the percentage of minority Veterans will increase from 20.9 to 34.0 percent. Beginning in 2020, the Black veterans will gradually decrease in the number but the percentage of their total population will increase from 13.4 to 16.5 percent. The other minority races will be relatively static through 2020 followed by modest increases in numbers and percentages. The Hispanic veteran population will steadily increase in number from 2011 to 2040 (1.4 to 1.7 million) and will almost double in percentage of the total Hispanic veteran population between 2011 and 2040 (6.0 to 11.4 percent). There is no doubt that these numbers will translate into a culturally diverse nationwide veteran population, which will present a variety of preconceptions about cultures and an increased interaction between the staff. It is imperative that VA forward a substantial effort to establish and maintain a culturally competent environment within its workforce. The Veterans Health Administration Office of Diversity and Inclusion (VHA ODI) has put together the REACH Program for the Diversity Campaign. This program is sponsored by the Under Secretary for Health’s Diversity Advisory Board. Each year, the Board focuses on one of the five guiding principles in the acronym “REACH”: Respect, Education, Awareness, Collaboration, and Honesty. As part of the strategies to promote awareness there is a series of five videos, in which two have already been made. The first video created in 2002, focused specifically on diversity awareness and respecting differences. In 2006, a second video was released that concentrated on education and highlighted the Native American culture. Now the target is to create a third video that emphasizes on awareness of inclusion and the many challenges VHA face in meeting the needs of Returning Service Members from Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF) and Operation New Dawn (OND) Veterans, as well as Lesbian, Gay, Bisexual and Transgender (LGBT) patients, Rural Care veterans, Women veterans, and a culturally rich workforce.
Anthony Lathon is a recent MS graduate from Weill Cornell Center for Health Informatics & Policy with a concentration in Informatics and Information Technology. He earned his Bachelor’s degree in Health Administration from Howard University in May 2012. After graduation from Howard University Mr. Lathon moved to Brooklyn, New York and for the past 2 years has been researching the use of technology to enhance the overall delivery of health care in private and government relations. Special interest was taken in data warehouse hospital metrics to facilitate the needs for patients and staff to allocate the needed resources so as to provide the most accurate, efficient and effective care possible following the meaningful use guidelines. In addition to his research the past 2 years, Mr. Lathon also volunteered his services under New York Presbyterian hospital while working as a Site Manager with Trustpoint International (legal staffing firm) located near Grand Central Station. Mr. Lathon was born and raised in the suburbs of Maryland and has 1 younger brother studying Computer Science at Bowie State University. During his studies at Howard University he was actively involved in health education and served as Vice President for Howard Universities Health Management Society with the focus on Program Development. Additionally outside of my studies Mr. Lathon was an undergraduate mentor for incoming Allied Health students, creative director for Howard Universities hip hop dance team, and member of the Residence Hall Gospel Choir. Mr. Lathon looks forward to continuing his research in the U.S. and abroad, considering going for a PhD in Management. His goal is to become a Medical Center Director and create a positive movement in healthcare delivery and the system.

“Pressing the Mission” The Development and Restructuring of the VA Healthcare System

MENTOR: Fernando Rivera, MS and Yolanda Hurt

The VA healthcare system has undergone tireless scrutiny regarding the access, and delivery of care to veterans from the Central Office, all the way down to the Medical Centers. Certain depictions and images that have been painted on how Veterans are treated within the Medical Centers across the country have created an uproar that has resulted in removal of Secretaries, shifts in leadership, and restructuring of political agendas and allocation of funds. “Pressing the Mission” is the focus on repurposing the vision and values of the Department of Veteran Affairs to garner a positive balance of safety, quality, and growth in systematic care. Streamlining systems within the medical centers is a central focus that the new VA Secretary should make a central focus. Through instrumental rotations at the VAMHCS in Baltimore, Washington DCVAMC, and Martinsburg VAMC understanding what is based as a pertinent need vs. a want with high respect to retention in medical staff and staff shortages I have learned to understand the drive of metrics, differences in leadership styles and the complexity of sustainability within the organization. There is a big change on the horizon for the Department of Veteran Affairs, and I think we are headed in the right direction.
Benjamin J. Becerra is a Doctorate in Public Health (DrPH) student in Epidemiology at the School of Public Health at Loma Linda University (LLU). Additionally, he has recently completed a certificate in Health Geoinformatics to create collaborative projects with geospatial technologies. Mr. Becerra earned his BS in Botany from California State Polytechnic University, Pomona and MS in Plant Science from University of California, Riverside. He earned his Masters of Public Health (MPH) degree in Biostatistics from LLU, where his research project focused on methods estimating missing values for meta-regression analyses. His research interests include epidemiology, biostatistics, environmental health, mental health, substance abuse, complementary and alternative medicine, Bayesian statistics and Geographic Information Systems (GIS). In particular, his focus is in multidisciplinary approaches in tackling public health issues through epidemiologic and clinical research with the tools and best practices of GIS, molecular biology, genetics, business and administration and other non-traditional areas. Mr. Becerra’s research experiences include working in translational research serving a predominantly Hispanic population living within close proximity to a rail yard in the Inland Empire region of Southern California. Furthermore, he is a statistical consultant working with doctoral students and other researchers using state and national data, while being invited to guest lecture on topics such as geospatial visual analytics, missing data imputation, etc. In addition, he has received awards and recognition from various entities, such as the National Science Foundation (NSF)-Research Experiences for Undergraduates fellowship and honorable mention for an NSF-Graduate Research Fellowship. Moreover, he was awarded the Hispanic-Serving Health Professions Schools (HSHPS)/U.S. Department of Veterans Affairs Graduate Training Fellowship in 2013 and in 2014. Furthermore, Mr. Becerra’s doctoral dissertation will focus on mental health service utilization among minorities using both the National Survey on Drug Use and Health (NSDUH) and Nationwide Inpatient Sample (NIS) datasets with a Bayesian approach.

Mapping Physician Productivity and Efficiency: Medicine Services, William S. Middleton Memorial Veterans Hospital

MENTOR: Jennatul Collins

The Veterans Health Administration provides quality care to thousands of veterans across the nation. With recent events in the media, access to care has been stressed as one of the key areas of focus in improving the health care experience of patients. As a result, physician productivity and efficiency must be carefully managed in order to ensure appropriate staffing for specialty care. Accurate accountability is done by reviewing mapping and resident only RVUs. To achieve this goal, the Department of Medicine Services at the William S. Middleton Memorial Veterans Hospital in Madison, Wisconsin has engaged in mapping the productivity and efficiency of its 13 subspecialty clinics. However, the presence of several factors warrants the optimization of the physician mapping process. A process flow map of physician mapping was created to identify key areas of improvement. Barriers identified included: managing a high amount of providers without a consolidated database, rapidly changing metrics regarding physicians, number of portals containing needed data, information located within legacy systems and so forth. Office automation of routine tasks was conducted to improve efficiency utilizing Mail Merge in Microsoft Word and macros within VistA using VBA code. In addition, Microsoft Access was utilized to create a database to create reports from numerous sources of data. Evaluation of efficiency will be assessed by a post-test only survey and also identify opportunities for improvement. Lessons learned included uncovering limitations of data portals, data compatibility issues, obtaining best practices from other subspecialty clinic departments and the potential for collaborations with other VA facilities.
Cecilia Sara Alcala recently received her MPH degree at Drexel University School of Public Health, in Environmental and Occupational Health and Global Health. She earned her Bachelor’s degree in Psychology/Pre-Med from Agnes Scott College in 2012. For the past few months, Ms. Alcala was an Opening Doors Health Disparities Research Training Program Trainee under the mentorship of Dr. Suruchi Sood at Drexel University School of Public Health. She was responsible for developing a manuscript ready for submission in a peer review journal using ENGINE (Empowering the New Generations to Improve Nutrition and Economic opportunities), which is a five-year USAID funded project integrated nutrition program in Ethiopia. The research project focused on the role of environmental factors on women with children less than two years of age in Ethiopia. Ms. Alcala also served as a Graduate Research Assistant for the Center for Public Health Readiness and Communication at Drexel University School of Public Health, which works to enhance community resilience and the ability of health professionals and public safety officials to meet the needs of all communities in times of disaster and public health emergency. Ms. Alcala long-term goals are to receive a Doctor of Osteopathic Medicine degree and to develop both research and prevention programs to address environmental exposures that affect maternal and child health using data analysis and monitoring, needs assessment and program evaluation in underserved populations specifically the Haitian and Hispanic population. Ms. Alcala is interested in osteopathic medicine, maternal and child health, global health, epidemiology and environmental health.

Creation of a Database to Assess the Prevalence of Legionella in VA Medical Centers

MENTOR: Aubrey Weekes, MBA

In late July 1976 at the American Legion Conference in Philadelphia there was a major Legionnaires’ disease outbreak in which 14 men died. There were no previous laboratory tests to use as a reference and there was little knowledge on how the disease had spread during the conference. After years of research and investigation, studies have stated that the spread of the disease occurred from the hotel’s air conditioning system. Legionella is a gram-negative bacterium that causes respiratory diseases known as Legionellosis and Legionnaires’ disease. The bacterium does not spread through person to person contact. Instead, it develops when an individual aspirates or inhales contaminated water into his or her lungs. The areas in which there are high levels of the legionella bacterium are large buildings, specifically health care facilities. The purpose of this research project was to create a system to track and monitor the occurrence of Legionella in VA Medical Centers’ water supplies and their patients. The database solely monitors and analyzes changes over a period of time of legionella at specific facilities, focusing on both the water and clinical analysis. The analysis will provide detailed reporting to enact oversight, to implement change and to ensure prevention strategies are taken place at VA Medical Centers nationwide. For the future, this system will be used as a tool to monitor water test results and could serve as an epidemiological analysis tool for tracking Legionella cases that occur and/or present in the VA medical centers. The database could serve as an official record of clinical and engineering approaches to mitigate legionella in our water supplies and prevent transmission to at risk populations present in our medical centers. Additionally, by using an analytical approach to the issue at hand this process aims to have some anecdotal data to assess clinical results for legionella as they relate to water testing and other parameters, which include enhance screenings and testing, reduce future cases of legionella, provide an optimal clean environment and to improve overall patient outcome.
Cristina Rodríguez
MPH, MHSA, MSW

University of Michigan
School of Public Health / School of Social Work
Summer 2014 HSHPS/VA Fellow

Cristina Rodriguez received her MPH/MHSA degree from the University Of Michigan School Of Public Health and her MSW from the University Of Michigan School Of Social Work, concentrating in Management of Human Services with a practice in Health. Cristina completed her undergraduate career at the University of California at Berkeley, with a double major in Public Health and Sociology, and double minor in Education and Spanish. Immediately after completing her undergraduate degree, Cristina worked at the California Center for Civic Participation as a Program Coordinator for the Statewide Youth Board on Obesity Prevention in thirteen communities in California “infusing youth in the obesity prevention dialogue at the local and state level.” In Ann Arbor, Michigan Ms. Rodriguez earned a one year internship at the University of Michigan Health System’s Child Protection Team (CPT) where she enjoyed and learn more about system redesign in a healthcare setting. Ms. Rodriguez focus and interest are in project management, chronic disease management and process improvement efforts to increase access to health care and quality while decreasing cost. Similarly, she is interested in patient satisfaction and increasing awareness and avenues to increase patient provider communication in order to increase compliance especially for the underserved and Latino populations. For the past years, Ms. Rodriguez has worked in project management with New Connections Increasing Diversity of RWJF Programming, a national program of the Robert Wood Johnson Foundation (RWJF). Additionally, Ms. Rodriguez is interested in helping the underserved populations not only in health, but in education. She is actively involved in Health Career Connections a program that mentors students from underrepresented backgrounds and exposes them to careers in health and health care disparities.

The Case for Mental Health AID via Videoconferencing (VTC) in Rural Areas

MENTORS: Joanna Rowles, PhD

Introduction: The effectiveness of any new technology is normally measured in order to determine whether it successfully achieves equal, less or superior objectives to the current practice being offered. There are approximately 3.4 million veterans enrolled in the Department of Veteran Affairs (VA) Health Care System and over 40 percent of the VA’s enrolled veterans live in rural areas. Veterans living in rural areas despite being over-represented in the military, rural Americans have a hard time getting access to quality health care when they return home as veterans. Therefore, there is a gap between need and services available that needs to be minimized. While, veterans might have access to care by other healthcare providers in rural areas and it can be beneficial, it also poses a problem of its own. Many physicians in private practice unaware of military processes and culture may not be prepared to treat conditions prevalent among veterans like PTSD and other Mental Health (MH) problems. The current VA and Community-Based Outpatient Clinics (CBOC’s) services should be improved when a request for (MH), psychotherapy, is received. Therefore, there is a need to minimize the gap of services available to veterans, but more importantly the need to expand access of MH services through the optimization use of available and emerging health information technologies; ultimately, the use of Telemental health via videoconferencing to reach Veterans in need regardless of location.

Materials and Methods: The author reviewed published literature to synthesize information on what is and what is not effective related to mental health, specifically looking at terms like, tele-psychology, mental health, rural health, videoconferencing, cost and access. Results: The use of Telemental health is effective for treatment and psychotherapy sessions. There is no comparable difference between in-person psychotherapy sessions and those provided via videoconferencing. Therefore, the use of technology (e.g., Telemental health) via videoconferencing has a positive effect, reaches more veterans regardless of location and has equally positive outcomes.

Conclusion: Telemental health is effective and increases access to care. In the future, more research is needed particularly that focuses on patient differences in patients like sexuality, culture and language.
Fadekemi Adetosoye is a recent graduate of the University of Pittsburgh with a Bachelor’s degree in Political Science and Philosophy. During her undergraduate career, Fadekemi worked with several non-profits and local government agencies on various policies and regulations. While at the University of Pittsburgh she served on the leadership of several student organizations including, the Diversity Student Coalition, where the organization received a University Award under her leadership. Additionally, Fadekemi plans to attend law school in fall 2015 in hopes of completing a dual degree program, where she will earn her J.D. and Masters in International Relations. With this, she plans to work on public and international policy that will target minority populations, with specific attention to policies that impact humanitarian initiatives and counterterrorism activities in developing countries. Fadekemi is no stranger to the areas of policy and advocacy efforts in foreign countries. In early 2013, she participated in the University of Pittsburgh Model European Union, where she led and represented European countries on methods to strengthen their economies by addressing the poor socioeconomic status of youth in these countries. She is currently working at the Veterans Affairs (VA) Privacy Service where she focuses on policy and compliance related to the security of Veterans. The internship at the VA Privacy Service has allowed Fadekemi to gain insight on various ways to address cybersecurity issues domestically and internationally, ultimately impacting the way different countries collect, monitor and store data. As a minority herself, Fadekemi is passionate about improving the conditions of minorities in the United States and abroad in all aspects of life. With the knowledge gained from her internship at the Department of Veteran Affairs, Fadekemi would like to analyze and research ways that address the conditions conducive to spread of terrorism such as unresolved conflicts, violations of human rights, lack of governance and socio-economic marginalization.

**Determining What Actions Must Be Taken to Ensure Compliance at the VA**

MENTOR: Kimberly Hollingsworth, MA and Lori Russell, CIPP/G, MS

This research paper shall identify 3 key strategies to ensure compliance and a legitimate waiting list process within the VA Healthcare system. It is estimated that up to 1,700 veterans died as a result of waiting to be treated. Additionally, 120,000 veterans are still waiting or never received care. Though audits have been completed, and veterans on waiting lists have begun to be treated, this paper will introduce additional ways that the VA should move forward with improving access to the VA healthcare system. Moreover, the research will focus on the major differences between the VA healthcare system and standard healthcare system in an attempt to identify the pros/cons of each system. From this, we can make a better determination as to whether the Department of Veteran Affairs should abandon the old system and offer Veterans Medicare or a suitable alternative. While some condemn the standard medical care system and praise the VA healthcare system, audits have shown that the results in VA healthcare systems are flawed because of the waiting lists. Due to the waiting list crisis, it will be difficult to determine and assess the level of efficiency in VA facilities compared to standard operating facilities. However, the fact that the waiting list cover-up has occurred reveals a lot about the operations of the VHA facilities. In his novel, *Best Care Anywhere*, Phillip Longman cites the VA care as the best care anywhere, using the New England Journal of Medicine’s study to compare the VA facilities to fee-for-service Medicare. Longman had a personal experience with a fee-for-service facility when his wife died of breast cancer. He mentions that the doctor’s lack of communication, electronic records, and other things that contributed to her death. It is now ironic to see, that years later the VA is struggling with the same issues he praised them for. Though this research will focus on the differences between the two facilities, it will ultimately present how the VA must evolve their system to provide the best access to healthcare for Veterans.
Gladys A. Vizcarra
California State University, San Bernardino
College of Natural Science
Summer 2014 HSHPS/VA Fellow

Gladys A. Vizcarra is a recent undergraduate from California State University, San Bernardino, with a concentration in Health Care Management. She is a first generation college graduate. During her time at California State University, San Bernardino, she was an active member of the Student Health Administration (SHA) Club. The past year and a half, Ms. Vizcarra has been actively involved in administration and quality management within the health care setting. She worked to develop strategies to promote Kids Come First (KCF), a non-profit organization that empowers families to raise healthy children by providing quality health care, information, and resources to sustain healthy lifestyles. KCF serves the low socioeconomic area of San Bernardino and Los Angeles County. During her time at KCF, Ms. Vizcarra coordinated the promotion of the Slim Down, Shape Up program and the Snack program. Ms. Vizcarra educated parents and children on better food choices, and encouraged families to keep active as a family. Her strong work ethic and efforts made a big impact on the Hispanic community considering 70% of KCF’s patients were of Hispanic ethnicity. During her time at St. Louis VA Health Care System, Ms. Vizcarra participated in research regarding Hispanic minority hires within the VA Health Care System. Ms. Vizcarra’s past experiences will help strengthen patient access to healthcare. This was done through direct interaction or administrative support to make their health services accessible. Such efforts have given Ms. Vizcarra the ability to gain patient trust and build relationships with each patient.

Hispanic Employment Rate within Veteran Affairs Health (VHA) Care System
MENTOR: Patricia Hendrickson

The lack of diverse workforce continues to be a leading concern within our society. The purpose of this study was to examine Hispanic employment rate within the VHA. A comparative study was conducted comparing the VHA Hispanic employment rate to the nationwide Hispanic employment rate, Veterans Integrated Service Heartland Network (VISN 15) Hispanic employment rate was compared to Missouri’s Hispanic employment rate and Health Care Systems (HCS) St. Louis, Missouri (857) Hispanic employment rate was compared to St. Louis, Missouri’s Hispanic employment rate. Demographic data was gathered and analyzed through existing VHA employee demographic reports. A significant difference was found between VHA and nationwide Hispanic employment rate, VISN 15 and Missouri’s Hispanic employment rate; and HCS 857 and St. Louis Hispanic employment rate. A diverse workforce continues to be a challenge not only nationwide but also within the VHA. The VA Office of Diversity and Inclusion must continue to focus their efforts towards their department goals of: Diverse workforce, inclusive workplace and outstanding public service.

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Janel Wasisco recently graduated from Marquette University, Magna Cum Laude, in May of 2014. She earned her Bachelor of Arts degree in Psychology with a minor in Spanish Language, Literature and Culture. For the past two years, Ms. Wasisco has been actively involved in three psychological research laboratories, focused in neuropsychology, cognition, and development. She has conducted research dedicated to understanding the function of psychometric instruments, observing the neural development of teens with autism, as well as evaluating preclinical cognitive markers for those at risk for Alzheimer’s disease and Dementia. In 2013, she was able to study abroad at the Universidad Complutense de Madrid, located in Madrid, Spain. While in Spain, she had the opportunity to present her research at an international psychology conference in San Sebastián. This served to further solidify her interest in cross-cultural neuropsychology. As a research fellow, she is currently coordinating a research project evaluating cross-cultural effects of the Hispanic population as related to neuropsychology. She hopes that through investigating neuropsychological techniques through a cross-cultural lens, researchers and clinicians will be better able to serve. As Ms. Wasisco continues on in her career, she hopes to employ her experience with the Spanish language and further her interest in cross-cultural neuropsychology. She deeply wishes to continue to work with the Hispanic population to be able to create and extend the most beneficial public and mental health resources available, while advocating and encouraging greater cross-cultural understanding overall. Ms. Wasisco will be applying to graduate school for Clinical Neuropsychology in the fall.

Follow-up Rates for Minority Individuals Following Diagnosis of Dementia

MENTOR: Eric Larson, Ph.D.

Numerous factors exist that may play a role in limiting dementia care follow-up visits for individuals of Hispanic origin. In as recently as 2012, Hispanics were the least likely racial or ethnic group to visit a medical provider (Census, 2012). Additionally, in 2014, a study examining Medicare post-discharge follow-up rates reported that Hispanic patients were more reluctant than other populations to follow-up with return visits (Medicare, 2014). Factors such as income, education, health insurance and access to care may all contribute to reduced follow-up visits by members of the Hispanic population. Cultural, linguistic and religious differences may also have an impact on the utilization of healthcare services. With Hispanics being America’s fastest growing age population, more resources will need to be directed to address the aforementioned elements with regard to dementia care (Administration on Aging, 2014). With these population changes, ethnic minority populations such as Hispanics will sustain an increased share of the economic and social burden associated with diseases that predominantly affect the elderly, such as dementia. This may bring to light a significant public health issue, since studies have demonstrated greater rates of dementia to be prevalent in ethnic minorities than among those who are non-Hispanic whites (Manly & Mayeux, 2004). A retrospective medical record review was conducted on a small sample of patients to examine follow-up rates of male veterans (Age <65) diagnosed with dementia whose race and/or ethnicity was Hispanic, African American or non-Hispanic white. Follow-up appointments exclusive to dementia care, as well as total follow-up appointments, were analyzed both by reason for appointment as well as number of visits attended in one year following diagnosis. Researchers examined preliminary data collected from the Clement J. Zablocki Milwaukee VA Medical Center Computerized Patient Record System (CPRS) as well as the Milwaukee VAMC Neuropsychology patient referral database. Results indicated no apparent differences in follow-up rates of dementia patients across racial and/or ethnic groups. This study was helpful in facilitating further study design for collection of a larger data set.
Jorja Wright

MBA

Florida Institute of Technology
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Summer 2014 HSHPS/VA Fellow

An EEO Approach to Reducing Minority Health Care Disparities by Increasing Diversity and Inclusion in the Clinical and Administrative Leadership within VA Medical Centers

MENTOR: Vanessa Falden

This paper will examine the factors that affect Equal Employment Opportunities (EEO) for minorities including cultural competency, legal obligations, the economic benefits of diversity within the Veteran Affairs Medical Center, and how patient care can be improved through diversity and inclusion in the VAMC. Veteran Affairs Medical Centers (VAMC) are a part of the Veterans Health Administration (VHA) health care system. VHA is the largest integrated health care system within the U.S. Organizations are obligated to follow EEO guidelines in order to ensure equal employment opportunity, diversity and inclusion and protect employee rights throughout the Veteran Affairs (VA) network. Cultural competency is a process of gaining a deeper understanding of subject positions and cultures outside of your native culture. Secondary research was performed to gather the quantitative and qualitative data for the construction of this paper. A proposed method to increase cultural competency in the health care workforce is providing training sessions for employees and clinicians. The economic advantages of diversity within the VAMC are multifaceted and can not only enhance the workforce, but also the services and care provided to the veterans. The results of increased cultural competence in an organization are promising—the demographics in America are rapidly changing and it is important to have a workforce that reflects these changes. A diverse workforce increases economic growth of the organization, improves the organizations competitiveness, reflects the population of the patients served, reduces employee turnover rates, fosters a creative and innovative workforce and leverages a company’s full earning potential. Due to rapidly changing demographics, diversity and inclusion in the workforce is vital to giving top quality care. Further health inequities can be greatly reduced by: improving patient care, increasing cultural competency of the workforce, improving access to higher quality care for minorities, increasing knowledge of the U.S. healthcare system and expanding the pool of clinicians, senior-level executives, and policymakers with competent healthcare leadership skills. The long term solution to the minority healthcare disparity issue depends on the equal employment opportunity for minorities. Until the workforce is completely diversified, affirmative action strategies are necessary to retain diversity within the workforce.
José Giovanny González Soto, a native of Puerto Rico, is an active member of the Honor Society of Nursing Sigma Theta Tau International-Epsilon Lambda Chapter. Mr. González within his nursing clinical experience has been actively involved in health promotion and critical health assessment. For the past years Mr. González has also been actively involved with youth groups, in which he has helped organize counseling and, mass events and activities for the benefit of the community. Also he has formed part of missionary experiences in Venezuela, Panamá and Costa Rica. Alongside with many teams, he worked identifying the population in poverty and assisted the attendance of the psychosocial needs. These experiences made him more aware of the many ways he could serve and help not only this Hispanic population, but other people regardless of their origin. After graduating from honors at the University of Puerto Rico, Mayagüez Campus earning his Bachelor degree in Science of Nursing, he became part of the Graduate Fellowship Training Program of the Hispanic-Serving Health Professions Schools in the Western New York Veterans Affairs during the summer of 2014. Here Mr. González became aware of the Hispanic population struggling with the language barrier and also through this development he is expanding his knowledge on the geriatric and mental health population.

How Can Educational Strategies be Effective to the Elderly Veteran Facing Aging Limitations?

MENTOR: Sherry Martell, LCSW-R

Late adulthood is a life stage that is characterized by many losses. Not only the loss of former roles, economic securities, loss of family and familiar surroundings but also a gradual decline of the function of all body systems causing this population to be more prone to disease. Although many of these events may result in a lack of self-satisfaction and poor self-esteem, it does not mean that they are not capable or unable to learn. The lack of understanding of their decline in cognitive skills and ability to learn, and many other beliefs and attitudes about being old, are major barriers in the teaching of the elderly. This education affects the overall outcome of every healthcare encounter. Only 5% to 11% of what is taught by lecture is retained in the long term, therefore a pure didactic teaching is a poor investment in time and energy (Nevins & Rader, 2004). The main objective of this research is to attest that an effective client teaching with older adults can be accomplished by understanding the cognitive learning process in older adults and adapting the teaching strategies to meet the needs of the elderly. This research will have both a quantitative and a qualitative approach. The quantitative approach will collect information through a survey that will be applied to a sample size of 75 elderly veterans between the ages of 59 and 96. The qualitative approach will also help to understand the perceptions and attitudes on how effective teaching strategies can be for the elderly veteran facing aging limitations. The results from this mixed-methods approach will not only demonstrate that elderly are capable of learning new things, but also will be used as a resource to improve and establish a comprehensive approach when treating elderly patients and their families.
Lizette C. Brenes is a Los Angeles, CA, native and an MPH Candidate at the School of Community & Global Health at Claremont Graduate University, concentrating on Biostatistics and Epidemiology. Before entering her MPH program, Ms. Brenes spent six years living in Spain, researching risk factors and barriers that hinder health interventions in minority and immigrant groups, along with other health issues prevalent in marginalized populations. She has many years of experience working with underserved and underrepresented communities. Most notably, she served as Program Specialist at a not-for-profit organization in West Oakland, CA, dedicated to analyzing and addressing high rates of family separation. She has also volunteered as a Spanish-English interpreter and translator for refugees seeking asylum in the United States. For the past year, Ms. Brenes has been involved in launching a major community-based program for health promotion and diabetes prevention in Southern California. At present, she is conducting research on the global burden attributable to lack of surgical services and how this is measured. Ms. Brenes earned her Bachelor’s degree in Anthropology from University of California, Berkeley, in 2009. With an emphasis on qualitative research methodology, she analyzed multidimensional factors that influence the prevention and treatment of sickness, the experience of illness, healing processes and overall health and well-being. Ms. Brenes is applying her training in Biostatistics and Epidemiology to research inequities in the distribution of diseases and in health outcomes and health behaviors. These studies intend to lead to greater awareness of the extent of health disparities, contributing factors and potential solutions.

Twenty-Year Performance Gap Analysis for Operation Enduring Freedom and Operation Iraqi Freedom (OEF/OIF) Women Veterans Healthcare at the Facility Level

MENTORS: Tobin M. Lane, MHA

U.S. women veterans (WVs) are returning from combat with a series of complex issues that are challenging the Department of Veterans Affairs (VA) health care delivery model. In the past 10 years, the number of WVs using Women Veterans Health Care services has increased by 80%. By the year 2033, women are expected to make up over 15% of veterans eligible for Veterans Health Administration (VHA) care. While the VA has made great strides to provide comprehensive primary health care to its increasing female population, Operation Enduring Freedom (OEF) in Afghanistan and Operation Iraqi Freedom (OIF) are producing the first generation of WVs who have engaged in combat. In addition to medical conditions unique to OEF/OIF combat veterans, WVs are experiencing a greater burden of illness due to military sexual trauma (MST) and reproductive health conditions. As a result, more than half (57%) of current WV patients have been deemed with a high-level service-connected (SC) disability status, making them eligible for lifelong VHA care. As part of efforts to project future utilization of services by OEF/OIF WVs at a single mid-size VA medical center (VAMC) in a rural service area, demographic data of current VHA users and information on utilization were collected from VA electronic records. The sociodemographic characteristics examined in this study were age, gender, SC disability rating, the era and OEF/OIF Veteran status. The 20-year projections of demographic trends in future enrollees were then examined alongside national data figures. Initial findings from this study show that gender comparisons at the local level are consistent with national trends; as the number of VHA male veterans falls, the proportion of WVs will continue rising. The implications for access to care are important. Regardless of the location or regional variation in the current Veteran population, each VAMC will need to continue planning for a greater demand of women services for all age groups, including long-term gender-specific care that will address the special needs of OIF/OEF WVs.
Luz Piedad Knuteson is a Colombian-American and a first-generation college graduate in her family. Originally born in New York and raised in San Diego, California. Mrs. Knuteson is a recent Master of Healthcare Administration graduate, with a concentration in Public Health, from National University in San Diego, California. She previously earned a Bachelor of Science degree with a concentration in Public Health at San Diego State University in San Diego, California. For the past five years, Mrs. Knuteson has worked to develop strategies to promote health and wellness for school-based health centers in low socioeconomic areas of San Diego County. She has taught health care essential courses within the San Diego Unified School District to high school students as an introductory course to the health care system. She coordinated public access to health care with community clinics and physicians on behalf of the community and underserved children. She is a community health representative with significant experience in problem solving, leading others and leveraging relationships with members of the community and the health and medical community. Her extensive years of experience working in the healthcare field has provided her with amazing opportunities and practice in working with some of the finest health care organizations in the country including Sharp HealthCare and the University of California at San Diego. Her 18 years of working in the health care field has fostered her mission to devote her career to the health, welfare and educational needs of the public. Her passion, loyalty and dedication to the betterment of the community are her continued goals. She hopes to be an inspiration for the population she serves as well as a trusted and knowledgeable professional for her colleagues.

Increasing the Representation of Hispanics in the U.S. Department of Veterans Affairs, Palo Alto Health Care System’s (VAPAHCS) Workforce to Match the Relevant Civilian Labor Force (RCLF)

MENTOR: Bryan Ford, Beth Stovall, and Helen Walley

There are 56.3 million Hispanics living in the United States and Puerto Rico. The Hispanic population is the 2nd largest demographic population in the U.S. and Puerto Rico and has grown over 50% from 2000-2012. Despite this growth, the Relevant Civilian Labor Force (RCLF) representative of Hispanics is lower than other ethnicities. When compared to the RCLF the VAPAHCS is at or above the RCLF representation in all areas expected Caucasian women, Hispanic women and Hispanic men. Hispanic employees show a less than expected participation rate at VAPAHCS. Hispanic females represent 3.79% of the VAPAHCS workforce compared to 12.15% in the 2010 statewide RCLF and Hispanic males represent 3.30% of the VAPAHCS workforce compared to 7.77% in the statewide RCLF. The VAPAHCS’s goal is to develop strategic plans to increase the Hispanic labor force. Data will be collected from the U.S. Census to evaluation population trends among surrounding Palo Alto areas. In addition, data from neighboring Universities will be analyzed to compare the education level of a potential workforce. This data will be used to plan future recruitment.
Mariane Rivera-Roman, Esq. completed her undergraduate studies at the University of the Sacred Heart where she obtained her Bachelor’s degree in Social Work, Magna Cum Laude, in 2009. While completing her bachelor’s degree, Ms. Rivera-Roman performed her student practice at San Jorge Children’s Hospital as a Social Worker, where she obtained experience in the social-health field. She also worked as an intern for the Department of Health and Human Services in Rockville, Maryland, in the Substance Abuse and Mental Health Administration agency. Ms. Rivera-Roman was born and raised in Puerto Rico and she has always had an interest in the social problems that affect diverse communities. As a way to expand her knowledge in this area, she volunteered as a teacher assistant in an institute for underdeveloped adults. Shortly after, Ms. Rivera-Roman went on to pursue her law career by obtaining her Juris Doctor at the Inter American University of Puerto Rico School of Law in 2013. During her graduate studies, she gained experience in the law field by working as a Law Clerk in both the private sector and judicial administration. She was also a collaborator for a law journal established at her university, where she worked on a research project concerning the impact of politicians in the community. Ms. Rivera-Roman is admitted to practice as an attorney in the Commonwealth of Puerto Rico and is currently awaiting her oath ceremony for the United States District Court for the District of Puerto Rico.

Hispanic Attorneys Serving in the State of Missouri

MENTORS: Laurette Zeveski, Esq.

The Hispanic population in Missouri is gradually growing every year. It is estimated that the percentage of Hispanics living in the state of Missouri is approximately 3.9% and 3.5% in the Saint Louis area alone. In March of 2010, there were 11.2 million unauthorized immigrants living in the United States. The majority of Hispanic immigrants that arrive in Missouri require the services of legal counsel in order to obtain their business visas, student visas, green cards, tourist visas, etc. Communication between Hispanics and attorneys in Saint Louis is a very important mechanism in order to obtain legal advice and services. According to the American Bar Association National Lawyer Population by State, Missouri has 24,423 active and resident lawyers. Out of these, 272 are Latino attorney’s residents and licensed to practice law in the state of Missouri. The importance of acknowledging the amount of attorneys that can communicate effectively and understand the circumstances of Hispanic immigrants will benefit the Hispanic population competently. This information will be very useful to many upcoming immigrants that are looking to stabilize themselves in the state of Missouri. Furthermore, understanding the many associations and programs available for this population in the state of Missouri is a very significant tool. These organizations are valuable for the Hispanic population, especially because of the language barrier many of them encounter. Acknowledging the increase of the Hispanic population in the state of Missouri can be very beneficial to companies that are looking into growing their markets into Spanish speaking countries. Having a view and percentage of the amount of Hispanic immigrants that arrive in Missouri can contribute to the growth of many businesses. It is also beneficial for Hispanic veterans living in Missouri to obtain services from Hispanic attorneys. Missouri has a population of approximately 543,000 Veterans. There is a wide group of minority veterans in Missouri, including Hispanics or Latinos. The Missouri Veterans Commission has established a Minority Veterans Initiative specifically to reach out to minority veterans. This contributes to the acknowledgement and statistics of Veterans that form part of minority groups in the state of Missouri. Given the fact that the Latino/Hispanic population is growing immensely each year in the United States, understanding their needs is an advantage for both the state and the Latinos themselves, as it will make their transition a lot less burdensome.
Michelle J. Serra-Rivera, a second generation Honduran-American, is pursuing her Masters in Science degree at University of Puerto Rico Medical Science Campus Graduate School of Public Health with a concentration in Health Systems Research and Evaluation. She earned her Bachelor’s degree in Forensic Psychology with an emphasis in Rehabilitation from University of Puerto Rico, Ponce Campus in 2010. She is the first person in her family to be on track to attain a Master’s degree. For the past three years, Ms. Serra-Rivera served as a Graduate Research Assistant at the Center for Evaluation and Socio-medical Research and the PR Comprehensive Cancer Center where has been actively involved in a variety of public health research projects centered on the Hispanic/Latino population. Such projects, led by Dr. Vivian Colón-López, are focused on HPV, HPV Vaccine, HIV and Cancer. She had been involved with several studies aimed to: (1) Describe the profile of parents of boys 9-17 years old, identify correlates associated with HPV vaccine initiation and have a better understanding of the educational messages that might influence the HPV vaccine administration (2) Explore HPV-related cancer screening knowledge and practices for cervical, anal and oral cancer in HIV+ women living in PR and (3) Identify determinants of willingness to participate in Clinical Trials among HIV+ persons in Puerto Rico (PR). She and other colleagues recently submitted a manuscript for the first study described and developed a poster presentation for the second, which was accepted for the 28th International Papillomavirus (IPV) Conference in 2012. Moreover, she worked in the field with a study aimed to determine the prevalence of abnormal cervical cytology among HIV+/HIV- women attending an STI clinic. Ms. Serra-Rivera is strongly committed with health equity and social justice due to her ethnic origin, personal experiences and academic background. Ms. Serra is interested in health topics that include social determinants of health, social and behavioral health sciences, health promotion and education, public health policy, minority health and health disparities.


MENTOR: Wanda Rosado, PhD

The Department of Veterans Affairs’ Veterans Benefits Administration’s Vocational Rehabilitation and Employment (VR&E) program assists veterans with service-connected disabilities to prepare for, find and keep suitable jobs. In Puerto Rico, as January 31, 2013 the veteran population receiving compensation benefits accounts for 24,615 of which 723 veterans participated of the VR&E program. In 2012, the percentage of working-age civilian veterans in PR with a VA service-connected disability was 27.4 percent. VR&E service delivery options are provided through the 5-tracks to Employment Process: Reemployment, Rapid Access to Employment, Self-employment, Employment through Long Term Services and Independent Living Services. VR&E self-employment plans are approximately less than 1 percent of the workload for field offices. According to a study released by the Office of Advocacy of the U.S. Small Business Administration, veterans with service-connected disabilities are self-employed at lower rates than veterans without such disabilities. The literature reflects that little is known about self-employment in people with disabilities and moreover, in the veteran population. The factors that influence lower rates of self-employment among the service-disabled veteran population are not well-understood. A vast literature points to the necessity of self-employment research because will result in greater advances in clinical practice. The purpose of this study is to illustrate a case of a rehabilitated veteran with service-connected disabilities who received VR&E services through Self-employment in order to identify key aspects of the vocational rehabilitation process that contribute to the veterans rehabilitation. A case study design will be implemented. Data will be collected from the Vocational Rehabilitation and Employment Office at the Puerto Rico VA Regional Office in San Juan, through the review of a VR&E self-employment case record of a rehabilitated veteran. Data will be complemented with an interview with his Vocational Rehabilitation Counselor with the purpose of obtain a complete picture of the process as possible. This data will contribute to improve our understanding of how individuals with service-connected disabilities can sustain self-employment success over time. This research project will help to expand self-employment research in veterans with service connected disabilities and will contribute to policymakers and stakeholders make more informed decisions.
Monica Padilla is a PharmD/MPH Candidate at Touro University of California. She grew up in Northern California. Ms. Padilla earned her B.A. in Latin American Studies/Spanish Language in 2004 and a Multiple Subject credential with a BCLAD (Bilingual Cross-cultural, Language, and Academic Development) from CSU Stanislaus in 2006. She worked as a Bilingual Assessor with WESTAT Research from 2005-2008 on the Even Start Classroom Literacy Interventions and Outcomes (CLIO) Longitudinal Study. The CLIO study assessed children’s early literacy skills and parents’ literacy and parenting behavior, observed instruction and parenting in the preschool education classrooms. WESTAT gave Ms. Padilla the opportunity to travel to various areas in the United States, ultimately allowing her to venture out of California and settle in Phoenix, AZ. There, Ms. Padilla worked as a 7th grade teacher in a contained classroom setting. She taught to students with limited English proficiency and later worked as a Spanish Teacher prior to embarking on her pharmacy career. Her first pharmacy experience was working as a Bilingual RX Enrollment Specialist for Humana Right Source Pharmacy. The under-representation of Latino Pharmacists attracted her to the Pharmacy career. Humana encouraged her interests by offering employee’s tuition reimbursement. Before moving to the San Francisco area to begin Pharmacy school, she worked as a pharmacy technician with Express Scripts. Ms. Padilla has been involved with Big Brothers Big Sisters of Central Arizona and with APha-ASP (American Pharmacist Association Academy of Student Pharmacists) and CPhA (California Pharmacist Association) as Vice President for Touro University.

**Bridging the Hispanic Mental Health Gap**

MENTOR: Terry Taylor

The U.S. Census reported that the number of Hispanic veterans 18 and older is 1.3 million. Over 11 percent of the active-duty military personnel are of Hispanic background and this number continues to grow. Health disparities among veterans are evident. Unfortunately Hispanic veterans are a higher risk for developing post-traumatic stress disorder (PTSD) than veterans with similar war stress exposure. Transitioning to civilian life can be extremely difficult and the lack of supportive networks can increase the distress. Cross cultural sensitivity and awareness can help can improve delivery of health care by bridging the divide between mental health care providers and Hispanic beliefs and practices. A focus on Latinos’ coping mechanisms can contribute to veterans’ resiliency by developing interventions preventing PTSD and increasing successful assimilation.
Monideepa B. Becerra

DrPH, MPH

Loma Linda University
School of Public Health
Summer 2014 HSHPS/VA Fellow

Monideepa B. Becerra is a recent graduate from the Doctor of Public Health program at School of Public Health, Loma Linda University (LLU). Monideepa earned her Master’s in Public Health with a focus on Health Policy and Leadership from LLU, during which she spearheaded a needs assessment project on unmet services among domestic violence survivors in San Bernardino, California, results of which were translated to a guidebook for healthcare staff. As a Population Health Data Analyst for Loma Linda University Health (LLUH), Monideepa and her team conducted the community health needs assessment mandate of the Affordable Care Act for twenty-three hospitals. Monideepa has held various leadership positions, including co-chair of American Public Health Association Student Assembly Newsletter Subcommittee. She has also served as a graduate teaching assistant and adjunct faculty for courses such as healthcare finance, epidemiology, global health and health policy and law. Monideepa has a strong interest in utilizing the World Health Organization’s framework for social determinants of health, especially among minority populations. Her research experiences include analysis of population-based surveys, big data such as Google Trends and development of evidence-based programs for chronic disease prevention. In the recent past, Monideepa developed a culturally tailored asthma management and prevention program for immigrant Hispanic communities residing in San Bernardino, California, in addition to implementing training modules for “Promotores de Salud”. Currently, Monideepa is part of several teams of researchers addressing a plethora of factors associated with health outcomes among minority populations, including health literacy, patient-physician communication and history of incarceration.

Correlates of Clostridium Difficile Infection: Evaluation of Patient and Hospital Characteristics in Order to Improve Quality of Care

MENTOR: Nasia Safdar, MD, PhD

Background: Negative impact of such hospital-acquired infections has been widely noted in the literature, with a greater burden reported among vulnerable populations. In this study, the prevalence and impact of secondary Clostridium Difficile (CDI) infection in patients hospitalized for primary pneumonia or Urinary Tract Infection (UTI) was assessed. Methods: A secondary analysis of a nationally representative database was conducted. A total of 593,038 primary pneumonia discharges and 255,770 UTI discharges were included. The International Classification of Diseases, 9th Revision, Clinical Modification (ICD-9-CM) was used to identify UTI (599.0) and CDI (008.45). Pneumonia was assessed using Clinical Classification Software (CCS) code of 112, representing cases not caused by tuberculosis or sexually transmitted disease. Patient characteristics included were: age, gender, race and/or ethnicity, insurance, payer type, neighborhood income defined as median household income quartiles by patient ZIP code and Charlson-Deyo Index for evaluating comorbidities. Hospital characteristics included: bed size tertiles, ownership, setting and teaching status, and geographic location. Results: A significantly higher prevalence of secondary CDI was noted among men hospitalized for UTI (13.3 per 1,000) as compared to women (11.3 per 1,000). No differences were noted in secondary CDI prevalence by gender among primary pneumonia discharges. Several patient and hospital characteristics were significantly associated with secondary CDI, including increased age, having two or more co-morbidities, Medicare as the primary payer and hospitalization in urban hospitals. Upon adjusting for control variables, secondary CDI was associated with higher in-hospital mortality among men (adjusted odds ratio [aOR] = 3.2) and women (aOR = 2.8) hospitalized for primary pneumonia. Similarly, increased in-hospital mortality was noted for secondary CDI for both men (aOR = 4.1) and women (aOR = 3.4) with UTI. Secondary CDI was also associated with nearly double the length of stay among pneumonia and UTI discharges. At least 75% and 55% increases in total charges were further noted for secondary CDI among those hospitalized for pneumonia and UTI, respectively. Conclusion: Secondary CDI occurs frequently among those hospitalized for pneumonia and UTI. It is also associated with increased in-hospital mortality and health resource utilization. Interventions to mitigate the burden of CDI in these high-risk populations are urgently needed.
Priscilla M. Báez-Merced, was born and raised in Ponce, Puerto Rico. She earned her Master’s degree in Public Health at Ponce School of Medicine and Health Sciences, where she completed with Academic Distinction. She was the Vice-President of her MPH class of 2014 and the Academic Senator of Public Health. Ms. Báez, completed her undergraduate studies at Inter American University of Puerto Rico. Her concentration was in Biomedical Sciences and was here where she develops her leadership. During her first year, was invited to being part of the Honors Program and Representative of the Sciences and Technology Department. As part of her achievements, was honored with the Chancellor’s and Dean’s list. During the last two years, she participated in several experiences as a research assistant. Miss Báez worked with the Evaluation Dengue Epidemiology Outcome Program in Saint Lukes Hospital, where she learned about the Vector-Borne diseases. One of the experiences she most enjoyed and learned was when she travels to Santo Domingo, Dominican Republic. There she has the opportunity to being involved with HIV/AIDS patients and Haitians in “Los Bateyes”, this is where she realized that she want to especially in sexually transmitted diseases. For her capstone project, as a requisite for her Master’s degree, she investigated the Awareness, knowledge and attitude about Human Papilloma Virus in Puerto Rican men between the ages of 21 and 40 years old. After this experience, she wants to pursue a Ph.D in Health Promotion. Her short-term goal is find a job where their committed to improve health and her long-term goal is to contribute with new ideas to improve the health of Latinos and general communities.

Development of Educational Materials about Hepatitis to Reduce the Incidence among Veterans

MENTOR: Lorenzo McFarland, DHA, MPH, MSW, PMP

The global epidemic of Hepatitis B (HBV) and Hepatitis C (HCV) are serious public health problems and are considered the leading causes of preventable death worldwide. HBV and HCV are contagious liver diseases caused by the Hepatitis B virus and the Hepatitis C virus, respectively. Both kinds of hepatitis can be either acute or chronic (IOM, 2010). The national strategy for preventing new HBV infection in infants and children, including routine screening of pregnant women for HBV, has resulted in a dramatic reduction in chronic HBV infection in infants and acute HBV infection in children of all ethnicities. The Centers for Disease Control and Prevention (CDC) estimates that each year about 1,000 newborns develop chronic HBV infection, which puts them at risk for premature death from HBV-related liver disease (Ward, 2008). Furthermore, CDC estimates that there has been an 82% decline in incidence of acute HBV infection since 1990 with the total number of new infections in 2007 estimated at 43,000. On the other hand, 2.7-3.9 million Americans are living with HCV infection. The prevalence of HCV infection among people born in the mid-1940s through the mid-1960s is the highest. Over 75% of Americans with HCV are “Baby Boomers” and 45-85% of those infected with HCV do not know they are infected. Veterans have a higher prevalence of HCV exposure and infection than the general population. However, there is relatively poor awareness about these infections among health-care providers, social-service providers, and the general public. There is a lack of awareness about the prevalence of chronic viral hepatitis in the United States. The proper methods towards target populations for screening and medical management of chronic HBV and HCV leads to the lack of opportunities for prevention, vaccination, early diagnosis, medical care and poor overall health outcomes (IOM, 2010). The goal is to develop new educational material regarding how to cope with hepatitis, proper treatment and diet. The educational materials will be disseminated throughout the VA portal and used for conferences related to hepatitis.
Renae Delucia is a Psychology and Sociology major with a Women’s and Gender Studies minor at Marquette University in Milwaukee, Wisconsin. Upon graduation in May 2015 she hopes to attend graduate school to continue her studies in a PhD Clinical Psychology program conducting research related to social justice issues. Her long term goal is to work as a practicing psychologist at a VA Medical Center. For the past two years, Ms. DeLucia has been actively involved in psychological research regarding mental illness stigma and prejudice, as well as research focusing on sexism and prejudice toward sexual minorities. In the spring 2014 semester she completed an independent study of college students’ prejudicial attitudes toward mothers and fathers with mental illnesses and presented the results at the Midwestern Psychological Association Conference in Chicago, Illinois in May. She is the President of Marquette University’s Psi Chi Chapter, a member of Pi Gamma Mu, Alpha Kappa Delta, and Alpha Sigma Nu. She also received the Magis Award for Excellence in Service and the St. Ignatius Scholarship for Academic Achievement, both from Marquette University. This summer Ms. DeLucia is working as an intern at the U.S. Department of Veterans Affairs Cleveland Regional Office in the Vocational Rehabilitation and Employment (VR&E) division, a division whose mission is to help Veterans with service connected disabilities obtain suitable employment. Ms. DeLucia is conducting a research project to determine what factors correlate with Veterans’ success in the VR&E program. Ms. DeLucia hopes to contribute to social justice efforts using a holistic and intersectional approach through her research and hands-on actions.

Outcomes of Vocational Rehabilitation and Employment for Veterans with Service Connected Disabilities

MENTOR: Ashley Adomaites

The unemployment rate for Veterans in Ohio is at 6.8%, and for Veterans in the United States with a service connected disability (SCD) the unemployment rate is 6.2% (as of August 2013). Veterans with disabilities face unique barriers to finding employment including finding suitable employment that will not exacerbate their injuries or other conditions. In order to help Veterans with service connected disabilities find suitable employment the VA’s Vocational Rehabilitation and Employment (VR&E) department in Cleveland Ohio works to provide education, training, and vocational counseling to Veterans who are found entitled to the program. Veterans are assigned a disability rating for their service connected disabilities ranging from 0 to 100 percent, 100 being the most severe. In August 2013 Veterans with a SCD rating of less than 30 percent had an employment rate of 56 percent compared to those with a rating of 60 percent or higher having an employment rate of 28.9 percent (US Department of Labor, 2014). SCD rating affects employment rates for Veterans overall, but the outcomes of Cleveland’s VR&E program had yet to be specifically explored. To qualify for the program a Veteran must indicate at least 10 percent SCD, as well as demonstrate that their disability is hindering their ability to find suitable employment. If they qualify for the program they are assigned to work with a Vocational Counselor to explore their career options and obtain the proper training for the job they desire. When closing a case it is assigned one of three outcomes; rehabilitated, discontinued with a hit (red), or discontinued (yellow). Red indicates the Veteran did not complete the program and closure affects program data negatively, whereas yellow indicates the Veteran did not complete the program, but still demonstrated some benefit from services. Cleveland’s 2013 closed cases were examined as data for this project and were compiled using the SHARE program and CWINRS program, where records of the VR&E cases are stored (n = 293). Analyses were conducted to determine the relationship between a Veteran’s severity of SCD and their outcome in the program. An independent samples t-test revealed that although Veterans whose cases were discontinued had an overall higher mean SCD rating compared to the Veterans who were rehabilitated there were no significant differences between the groups.
Ms. Stephanie L. Calhoun, is an undergraduate student in the School of Health Professions at Andrews University in Berrien Springs, Michigan, where she majors in Nutrition and Dietetics and has a minor in Fitness Education. Her educational interest focuses on combating obesity through community health education. She became a member of Hispanic-Serving Health Professions Schools in May 2014 when she was selected for the Graduate Fellowship Training Program and currently serves as a fellow at the Oscar G. Johnson VA Medical Center in Iron Mountain, Michigan where she works under the Nutrition and Environmental Support Services. In addition, she is an active member of Enactus, an international non-profit organization that works to join students with professional leaders in using entrepreneurial efforts to improve the quality of life for people in need. For the past three years, Ms. Calhoun has been involved in nutrition, obesity and community health initiatives where she has been able to enhance her public speaking, organizational and leadership skills through health presentations to elementary and high school students both domestically and internationally. She served as co-leader of a 10-week healthy lifestyle program for women focused on weight loss through healthy eating, exercise, and support group involvement. In April 2014, Ms. Calhoun was inducted into the selective collegiate Phi Kappa Phi Honor Society. She also holds membership in the Academy of Nutrition & Dietetics, Southwest Michigan Dietetic Association, and Andrews University’s Nutrition & Fitness Student Association. Ms. Calhoun does subcontract work for Do Something Healthy, where she creates and designs educational pamphlets, app cards, and materials on nutrition, fitness, sleep and other comprehensive health topics for their Habit of the Month Club.

**Nutrition & Environmental Support Services: Clinical Dietetic Fellow**

**MENTOR: Nicole J. Kleist MS, RD**

Oscar G. Johnson VA Medical Center (OGJVAMC) Registered Dietitians perform an integral collaborative role in upholding the mission of the hospital by honoring America’s veterans through providing exceptional healthcare. The Dietitians provide patient centered care, covering areas including Outpatient Clinic, Ambulatory Care, Home-Based Primary Care (HBPC), Clinical Inpatient including Community Living Center (CLC), and Tele-Health which covers six Community-Based Outpatient Clinics (CBOC) and one Rural Outreach Clinic located throughout Michigan’s Upper Peninsula and northern Wisconsin. As a Clinical Dietetic Fellow, assignments include: working alongside nutritionists in developing custom renal, consistent carbohydrate, low sodium, and dysphagia patient diets; assisting in organizing and implementing MOVE! Healthy Teaching Kitchen (HTK) programs; collecting general data and clinical outcomes from MOVE!; creating closed caption television MOVE! Promotions; conducting patient satisfaction surveys; facilitating a Tele-Health MOVE! support group discussion; writing hospital nutrition newsletter articles; providing educational materials to the Veterans Farmer’s Market; assembling presentation for the Patient Aligned Care Team (PACT) meeting; presenting to OGJVAMC EEO Diversity Committee on cultural awareness in Hispanic food practices; serving as local Champion for Feeds Feed Families; shadowing Outpatient Clinic, HBPC, Tele-Health counseling, Diabetes Education Groups, Patient Centered Care meetings, Nutrition Support Meeting, Veterans Health Administration (VHA) External Peer Review Program, inpatient/outpatient Veteran education, and MOVE! Weight Management Program for Veterans. This paper will summarize assignments by the OGJVAMC and reflect observations made during shadowing experiences.
Naomi Chen, PhD – 2009 HSHPS/CDC
I finished my PhD and have been selected as a CDC Evaluation Fellow. HSHPS was a great tool in my preparation since during interviews my HSPHS/CDC internship experiences came up frequently!

Domenica Niño, MPH – 2013 HSHPS/CDC (Summer), HSHPS/VA (Fall)
Working within a research team at the CDC allowed me to learn about the structure and processes that take place at the highest level of government, and encouraged my career development by allowing me to engage with CDC experts about the most current policy implementations that target poverty, education, and health access aimed at improving the health outcomes of the population. Thanks to my experience at the CDC, I now understand that multidisciplinary collaboration is essential to the development of policies ultimately impact the health of the population as a whole.

Daniela Caballero Varona – 2013 HSHPS/UPR Fellow
HSHP’s help and guidance has aided me in achieving some of my goals. My HPV Vaccine Awareness research has been accepted as a poster presentation at the 2014 Annual Clinical Meeting of the American College of Obstetricians and Gynecologists, which was held in Chicago, Illinois on March 2014.

Maria Vargas – 2013 HSHPS/VA Fellow
I have an enormous amount of gratitude for all the opportunities that HSHPS has provided me. From the moment I started my experience in Washington DC, to my current position as the Affordable Care Act Project Coordinator. Nothing that I have accomplished thus far could have been possible without the tremendous knowledge and support provided by the HSHPS staff, mentors, and program. I look forward to taking everything I have learned and continue to apply it onto my next adventure.

Esteban Romero, MHSA – 2013 HSHPS/VA Fellow
HSHP is a unique experience that brightens your future and makes you excel in your professional career. After finishing my fellowship, I was able to finish my residency and completed my master’s degree. I already have a job lined up to begin this fall!

Alicia Alvarado, MPH – 2013 HSHPS/VA Fellow
As a result of the HSHPS program, I was a 2014 Presidential Management Fellowship (PMF) Semi-finalist under the STEM track. I plan to reapply to the PMF program under the regular track in the 2015 year.