2015 HSHPS GRADUATE FELLOWSHIP TRAINING PROGRAM

14th Annual Research Symposium:
The Importance of a Diverse Health Workforce to Improve Health Access and Quality Care for Hispanics
2015 HSHPS Graduate Fellowship Training Program

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A special thanks to the following agencies, institutions and people for assisting the HSHPS staff with this year's Graduate Fellowship Training Program:

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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 now 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 1996 to increase the number of Hispanics in the health professions and to improve the knowledge of and 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 19th year, HSHPS has trained nearly 400 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!


6 HSHPS TRAINING PROGRAMS 2015
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 2014 - 2015 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
The HSHPS represents over 28,000 health professions students and over 38,000 faculty members within 43 schools and colleges of medicine, public health, nursing, dentistry, and pharmacy.

Baylor, College of Medicine
Charles R Drew University of Medicine and Science
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 International University, Robert Stempel College of Public Health & Social Work
Florida State University, College of Medicine
Johns Hopkins University, School of Medicine
Johns Hopkins University, Bloomberg School of Public Health
Johns Hopkins University, School of Nursing
Loyola University, Stritch School of Medicine
Ponce School of Medicine and Health Sciences
Rutgers, New Jersey Medical School
Stanford University, School of Medicine
Texas A&M Health Science Center, School of Public Health
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 Betty Irene School of Nursing
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 Central Florida, College of Medicine
University of Illinois, Chicago College of Medicine
University of Illinois, Chicago College of Public Health
University of Illinois, Chicago College of Pharmacy
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 Miami, School of Nursing and Health Studies
University of New Mexico, School of Medicine
University of Pittsburgh, Graduate School of Public Health
University of South Florida, College of Public Health
University of South Florida, College of Pharmacy
University of South Florida, Morsani College of Medicine
University of Texas Health Science Center at San Antonio, School of Medicine
University of Texas Medical Branch at Galveston, School of Medicine
University of Washington, School of Medicine
Washington University, School of Medicine in St. Louis
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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 Michelle 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 developed a greater interest of serving as a valuable tool to Hispanics struggling language barriers. 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.  Communications Manager

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.
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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 and their Opening Doors Health Disparities Research Training Program, students are mentored under the guidance of faculty on a health disparities research project. This training program is designed to raise up a generation of leaders with training in health disparities research with an emphasis on training students from underserved/underrepresented groups. Coupled with the rigor of an incredibly high quality academic environment, they have created this unique training opportunity for students interested in public health and health disparities research.

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.

PROGRAM SUPPORT STAFF:
Sabrina Joy DeVose, MA

PROGRAM MENTOR:
Samantha Rivera-Joseph, MPH
Nicole M. Nazario Maldonado was born and raised in Puerto Rico. She earned her Bachelor's in Science (BS) degree in Industrial Microbiology from the University of Puerto Rico, Mayagüez Campus. On June 2015, Ms. Nazario earned from the School of Public Health of the University of Puerto Rico, Medical Science Campus a Master's in Science (MS) degree, with a concentration in Environmental Health. During graduate school, she had the opportunity to develop a research project to analyze the impact of energy consumption and climate change in chronic diseases at the municipality of Cataño, Puerto Rico. She was also involved in a Dengue research project conducted in Panama, where she developed a survey to assess the priorities for dengue surveillance and control in the city of Panama, Panama. Nicole has served as a volunteer at the CDC Dengue Branch-Entomology Laboratory, developing a spatial analysis of the incidence of dengue cases in the municipality of San Juan, Puerto Rico, and was able to use this study for her Master’s thesis. Currently, Nicole is an HSHPS/Community Health Fellow at Drexel University. She serves as a fellow in the non-profit organization Congreso de Latinos Unidos, Inc. working in the Latina Domestic Violence Program. Ms. Nazario is responsible for the development of a health logic model to enhance the protection and resources for victims of domestic violence. Her future goals are to work towards awareness of climate change and its impact on the Hispanic community.

Program Theory to Address the Impact of Human Branding among Victims of Domestic Violence and Human Trafficking

MENTOR: Samantha Joseph, MPH

Background: The Latina Domestic Violence Program (LDVP) is a division of Congreso de Latinos Unidos, Inc. at North Philadelphia, who serves victims and survivors of domestic violence. LDVP has recognized the presence of tattoos on their clients that might be associated with the victim’s perpetrator, but the lack of research and data does not support confirmation of this theory and there is a lack of resources to address this problem in the community. Human branding (HB) may have become a way of control and abuse on victims of human trafficking (HT) and domestic violence (DV). Objective: Create a program theory and logic model to identify the needs of the LDVP to establish a program focused in advocating and addressing the health impact of human branding victims in north Philadelphia, PA. Methods: A literature review of human trafficking, domestic violence and tattoo health risks in the United States during the past 10 years was conducted. To identify the LDVP needs, an assessment survey of human branding and human trafficking was implemented to the LDVP staff. The survey results were analyzed using the Survey Monkey data analysis tool. Once the needs were addressed and identified the program theory and logic model was created. Results: LDVP team has observed in their clients marks of abuse such as cuts (57.14%), burns (42.86%) and tattoos (57.43%), where 71.43% of the tattoos were the name of the perpetrator. The sample interviewed (100%) considered extremely important to received training in human trafficking and human branding. The logic model served as a framework to the LDVP team to understand and visualize the program needs and the expected outcomes for implementing a tattoo de-branding support program. Conclusion: The LDVP staff perception suggested that human branding is happening in the LDVP community. Congreso LDVP staff needs training in human branding and human trafficking. Congreso needs a funding strategy plan to address this issue. As a recommendation, the LDVP team needs to measure the client perception of human branding.
EVALUATING THE PROMOTORA MODEL OF THE POR NOSOTRAS PROGRAM

MENTOR: Samantha Joseph, MPH

Background: Breast and cervical cancer continues to be a major health concern in the United States, especially among Latinas. Latinas are also more likely to be diagnosed with later stages of cancer and less likely to receive preventive screenings. The existing literature supports the necessity of promotoras and further implicates that promotora-led programs should address the cultural influences and practices using comprehensive approaches in order to be effective. Objective: Congreso de Latinos Unidos’ Por Nosotras (For Ourselves) Program was developed to raise awareness and promote cervical and breast cancer screenings among Latinas in Eastern North Philadelphia. Por Nosotras has aimed to achieve these objectives through multiple promotora-led intervention strategies including one-on-one education, group education, patient reminders, and screening navigation. The primary goal of utilizing promotoras is to reduce the structural barriers to such services experienced by underserved Latinas in Eastern North Philadelphia. Thus, this project focuses on evaluating the Promotora Model of the Por Nosotras Program. Methods: Through the use of participatory research methods, data was collected via focus group with the clinical staff of the Por Nosotras Program, which included nurse practitioners, registered nurses, nursing assistants, and patient navigation specialists (n=10). In continuation of this project, further data will be collected via key informant interviews with the promotoras and patients. Results: The findings from the focus group identified barriers Health Care Providers experience when working with their patients. The findings also demonstrated the impact promotoras have on increasing awareness and screening adherence among Latinas in Philadelphia. Conclusion: Based on evidence from the existing literature and this project’s findings, development of relatable strategies that are accessible to Latino populations may reduce the prevalence of late diagnosis of breast and cervical cancer among other disparities. The collaboration of Promotora Model and Primary Care strategies could prove to increase screening adherence and awareness as well as lead to improved health outcomes. Ultimately, future research would aid in the development and evaluation of programs like Por Nosotras, which cater to Latino populations.
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: The Shortage of Minority Health Care Practitioners and the Importance of Pipeline Programs to Increase Minorities in Health Care Positions: A Systematic Literature Review; and Social Determinants of Health: A Literature Review for Immigrants, Foreign-Born and Migrants in the United States; among others.

PROGRAM SUPPORT STAFF:
Julio Dicent Taillépierre, MS

PROGRAM MENTOR:
Sheree Marshall Williams PhD, MSc.
Ashley Gomez is a Chicana from Los Angeles, CA. She is currently enrolled at Columbia University, Mailman School of Public Health. In the spring of 2016, she will be receiving her Master’s Degree in Public Health (MPH) from the Department of Socio-medical Sciences, with a certificate in Research Methods. Ashley received her baccalaureate degree from University of California in Los Angeles (UCLA) in Chicana/o Studies. Her research interests include social and economic determinants of health, substance use, and mental health, with particular respect to the Latino community. Her experience in the public health field includes working with community organizations that produce and evaluate health education interventions, and programs for the acquisition of medical care and treatment for Latinos in Los Angeles. Ashley’s passion for public health is driven by her experience growing up in an underserved Latino community. This made her acutely aware of the structural impediments faced by the Latino community, which result in a lack of information and access to health resources. Ashley’s career aspirations include obtaining a position within a government agency conducting research by means of program evaluation. She hopes to make significant contributions to the field of evaluation while addressing issues of the Latino community, in order to enhance their experience in the United States and promote health equity.

**CDC SUPPORT FOR PROVIDING LANGUAGE ACCESS TO PERSONS WITH LIMITED ENGLISH PROFICIENCY**

MENTOR: Sheree Marshall Williams PhD, MSc

In August 2000, President Bill Clinton signed Executive Order 13166 “Improving Access to Services for Persons with Limited English Proficiency.” This document requires federal agencies to provide guidance promoting access to federally assisted programs, activities, and services to persons with limited English proficiency. The Department for Health and Human Services (HHS) has devised the “2013 Language Access Plan,” which seeks to promote and improve such access and is overseen by the Office of Civil Rights. Additionally, the HHS Office of Minority Health has developed “The National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care” in order to advance health equity and to help eliminate health care disparities. Recognizing the significance of language access, the Centers for Disease Control and Prevention (CDC) has put in place a number of ongoing efforts in compliance with Executive Order 13166, the HHS 2013 Language Access Plan, and the National Standards. A systematic review of literature on language access and interventions aimed at providing and improving language access as a social determinant of health was conducted. Language access was identified to be vital in clinical settings and critical to national health-related initiatives in much of the literature. The results of the literature review also support the consideration of language access on behalf of all federal agencies in the provision of federally assisted programs, activities, and services. The findings also support the need for stability, innovation, and advancement of language access initiatives with particular attention to the health and healthcare field. The results of this research culminated in the development of a resource toolkit to be used by the CDC to further assist staff in fulfilling the federal mandate, identifying vital information that requires translation, and ensuring quality standards are met in the process.
Karelys Parada is an Epidemiology student working towards a Master of Public Health (MPH) degree at Emory University, Rollins School of Public Health. She graduated from New York University (NYU) in 2012, with a bachelor’s degree in Psychology and a minor in Public Health and Policy. She has assisted on an array of research projects with topics that range from HIV and risky behavior at the Center for Health, Identity, Behavior and Prevention Studies at NYU to environmental pollution exposure, at Rollins School of Public Health. Her particular research areas of interest include mental health, substance abuse, and chronic disease as related to women and Latino populations. Her eclectic research experience and personal interests has motivated her to focus her master’s thesis topic on the relationship between dental health, preventative dental service utilization and arthritis. Through her position as Co-President of the Latino Medical Student Association at Emory University she is inspired to contribute to the empowerment of Latino students and engagement with the Latino community through community service events. Her passion for public health is derived from her desire to shed light on the health issues relevant to the Latino community. By way of her Epidemiology education, she is motivated to seek the causes of these diseases and discover the root of these issues. She is originally from Long Island, New York, has lived a year abroad in Berlin, Germany and currently resides in Atlanta, Georgia.

HEALTHY PEOPLE 2020 SOCIAL DETERMINANTS OF HEALTH: LANGUAGE AND LITERACY

MENTOR: Sheree Marshall Williams, PhD, MSc

Social determinants of health (SDOH) are a range of personal, social, and environmental factors contributing to individual and population health. People with quality education, stable employment, safe homes and neighborhoods, and access to preventive services tend to be healthier throughout their lives. Healthy People 2020 (HP 2020) have therefore organized SDOH into a framework of 5 domains: Neighborhood/Built Environment, Economic Stability, Health and Healthcare, Social and Community Context, and Education. Each domain is comprised of several specific key issues relating to the domain, for example, language and literacy as it relates to education. Our objective was to conduct a scoped literature review and examine the relationship between language and literacy and health outcomes as a first step to describing the issue for incorporation into HP 2020. Specifically, the direct link between language and literacy and future health outcomes was explored by identifying factors that contribute to the health effects of impaired literacy and language skills among individuals. Our anticipated product resulting from this literature review is the development of an annotated bibliography and a summary description of language and literacy to be included on the HP 2020 SDOH webpage. A comprehensive search of references from systematic reviews was conducted, along with a 15-year search of the literature, using key words and terminology. Main themes in literature were identified and subject matter experts were consulted in order to develop a bibliography of key articles for the issue of language and literacy. Articles selected for the initial bibliography included systematic analyses, key articles from each theme, and early seminal articles that provided general overview on one or more identified themes. Limited inclusion was applied to articles that addressed specific health outcomes and those that were published prior to 2000. Foreign articles and research conducted in developing countries were excluded. Findings will identify the association between language and literacy skills and its impact on health outcomes. Furthermore, the results will assist in the development of language and literacy summary descriptions to be included in the Healthy People 2020 Social Determinants of Health Webpage.
DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)  
OFFICE OF MINORITY HEALTH (OMH) ROCKVILLE, MD

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: Disparities in Infant Mortality among Hispanic population living in USA; and The Utilization of a Community Health Worker-Health Care Provider Model in Medical Schools to Achieve Goals of the Affordable Care Act.

PROGRAM SUPPORT STAFF:  
Tyler White, MPH

PROGRAM MENTORS:  
Valerie A. Welsh, MS, CHES  
Kenneth D. Johnson, JD
Sashamara Perez is currently pursuing a Master of Medical Science degree with a concentration in Public Health Science and Health Economics, at the University of Gothenburg in Sweden. She came to the Washington, D.C. area not only to participate in HSHPS’ Graduate Fellowship Training Program (GFTP), but also to strengthen her background in policy, program planning, and management through health promotion courses that she will be taking at American University in the fall. She has a professional background in education as a certified biology teacher in Florida, having spent five years teaching students from a variety of backgrounds in both an Everglades migrant farm community and in Miami. Prior to her graduate studies, Sasha taught biology in the International Baccalaureate (IB) program, as well as physical science in England for two years. Ms. Perez earned a Bachelor of Science (BS) degree in Biology from Tufts University, while also participating in their pre-medical program and engaging in a range of community health coursework, research, and volunteer work. She has had a long-standing interest in the capacity for syringe exchange programs (SEPs) to serve as an effective means for preventing HIV/AIDS and other infections, for fostering trust between health professionals and people who inject drugs (PWIDs), and for encouraging entry into drug treatment. Given her experience in utilizing both quantitative and qualitative research methodologies, as well as her interest in health policy, Ms. Perez anticipates that her experience as an HSHPS/Office of Minority Health (OMH) fellow will serve as a platform for exploring her career possibilities within the federal government.

Environmental Scan of State and Territorial Level Planned Approaches Addressing Disease Prevention/Health Promotion and Health Disparities/Equity Priorities

MENTOR: Valerie Welsh, MS, CHES

The mission of the Office of Minority Health (OMH), U.S. Department of Health and Human Services, is to “improve the health of racial and ethnic minority populations through the development of health policies and programs that will help eliminate health disparities.” To achieve this mission, OMH must work through strategic partnerships at all levels and sectors to strengthen its reach and impact. This includes working with States and Territories to build leadership and commitment to related goals, objectives, and actions in support of addressing minority health improvement and health disparities reduction in such jurisdictions. To track its effectiveness on this front, OMH established a performance measure on the development and implementation of strategic plans for addressing disease prevention/health promotion (DP/HP) and health disparities/health equity (HD/HE) priorities at the State and Territorial (S/T) levels. Environmental scans of S/T strategic plans have been conducted annually by OMH since FY 2013 for tracking purposes, and to provide verifiable documentation of findings on this measure. The aim of the third annual 2015 scan was to track the degree to which S/Ts have incorporated national DP/HP and HD/HE goals, objectives, and actions into their planning processes. The scan was carried out by researching online information and, in particular, publications with planned approaches initiated at the S/T level and endorsed by the governor, or equivalent elected official, and/or health official. The findings will consist of documents with broad missions or visions with specific measures and targets based upon up-to-date health data gathered for that S/T. Ideally, the health data will have been disaggregated by race and ethnicity to make explicit the health disparities observed within each given jurisdiction. The 2015 target has been set at a 4% increase from last year’s target. The preliminary results indicate that OMH will have met and likely exceed the 2015 target of operational planned approaches meeting the required criteria.
Taneeka Richardson, a native from Baltimore, MD, is a current Master in Public Health (MPH) degree student, with an emphasis on Public Health Practices and Policies, at the School of Public Health at the University of Maryland. She earned her Bachelor’s degree in Community Health, at the School of Public Health from the University of Maryland in 2012. Her accolades include being a 2015 gold recipient of The Presidential Volunteer Service Award, as well as an honor student. Her research interests focuses on the multidimensional factors leading to health disparities for all minorities in Baltimore City, Maryland. The latter are specifically looking at race and ethnicity, access to higher education and job training programs, socioeconomic status, affordable housing, food desert and food security, and the built environment. She is particularly interested in the health status of African Americans as it pertains to affordable housing and how the built environment impacts their overall health. Most recently, she completed an 8 month Opportunity Fellowship sponsored by the Baltimore Metropolitan Council that focused on leadership development and how disparities affect the Baltimore region’s sustainability. More specifically, the Opportunity Fellowship explored regional issues concerning transportation, housing, workforce development, economic competitiveness and community trusteeship. In her passion for affordable housing, she currently serves as a Board Member of the Baltimore Regional Housing Partnership. Her ultimate goal as a Public Health professional is to become Health Commissioner of Baltimore City.

ZIP CODES, HEALTH OUTCOMES AND LIFE EXPECTANCY
MENTOR: Kenneth Johnson, JD

In 1985, the U.S Department of Health and Human Services (HHS) released the landmark Heckler Report. It documented the existence of health disparities among racial and ethnic minorities in the United States. Out of this report, the Office of Minority Health (OMH) was established in 1986. The mission of OMH is to improve the health of racial and ethnic minority populations through the development of health policies and programs that will eliminate health disparities. OMH has led the charge with eliminating health disparities at all levels of the department. This commitment consists of five goals which include: (1) transform health care (2) strengthen the nation’s health and human services infrastructure and workforce (3) advance the health, safety and well-being of the American people (4) advance scientific knowledge and innovation (5) transparency and accountability of HHS programs. My research paper focuses on OMH’s goal of advancing the health, safety and well-being of the American people. Housing and the built environment are emerging themes for determining health outcomes and life expectancy. The literature supports this argument and further purports that a person’s zip code determines their overall health outcomes. Examinations of the literature show substantial gains in a person’s overall health status including decreases in chronic conditions such as Asthma and diabetes. Additionally, the findings show improved education obtainment and increases in income of families that move from low opportunity areas to high opportunity areas. The improved health and economic benefits are even greater for families that move to high opportunity areas when their children are young. In fact, the literature supports the notion that for every year a child spends in an area of opportunity increases their chances of higher educational obtainment and higher incomes compared to if they moved to these areas later in their life time. The findings will attest to the importance of relocating families with small children to areas of high opportunity as well as emphasize the importance of community development in areas of low opportunity.
DEPARTMENT OF VETERANS AFFAIRS (VA),
OFFICE OF DIVERSITY AND INCLUSION NATIONWIDE

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: Mapping Physician Productivity and Efficiency: Medicine Services, William S. Middleton Memorial Veterans Hospital; HIV and Hepatitis Project Management Plan; and Follow-up Rates for Minority Individuals Following Diagnosis of Dementia, among others.

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Alba Cordova is a first year Master’s student in Health Informatics Administration 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 underserved 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 D.C. Cancer Consortium. She investigated, developed, and managed services to benefit the Hispanic community in the D.C. metro area. Ms. Cordova was part of the core team of professionals managing the D.C. 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. At the completion of her master’s degree, Alba aspires to collaborate with international organizations to develop and implement innovative technology solutions to decrease health disparities among minorities.

OPRM NEW EMPLOYEE ORIENTATION PROGRAM
MENTORS: Lori Russell, MS and Kimberly Hollingsworth, MA

This project involves analyzing the privacy practices evolution throughout the socio-ecological model before and after the internet era at the U.S. Department of Veterans Affairs. There have been an increasing number of laws and regulations that require some forms of training and awareness activities to occur within organizations over which they have jurisdiction. Low budgets, staff shortages, and a greater demand for results are accelerating the growth of innovative training tools. Blended learning has proven to be among one of most popular learning choices for employees at organizations where they are offered and the most effective in the efforts to create a culture of privacy in many organizations in the government and private sector. The goal of this study is to identify best practices to increase privacy education in this blended learning environment where face-to-face classroom methods are combined with computer-mediated activities. The anticipated outcome is the development of a new employee orientation program that will include five operational areas: Records Management, Freedom of Information Act (FOIA) Service, Privacy Service, Incidence Response, and Identity Safety for the U.S. Department of Veterans Affairs, Office of Privacy and Records Management. The program will include: audience participation activities, training videos, and a special emphasis on real-life scenarios for healthcare professionals providing care to a multicultural population. Moreover, the program will include a continue education component for privacy professionals to further accomplish privacy awareness efforts at the U.S. Department of Veterans. This effort is called “Privacy in Action” Speaker Series 2015 which will inform and promote dialogue on emerging privacy issues within government and private industry. Each briefing will include a speaker’s address on an emerging privacy matter, an audience question and answer segment and conclude with a networking coffee and tea session, “Sip and Chat”, where attendees and speakers will have an opportunity to engage, ask additional questions and network with privacy professionals. Each Privacy Service Speaker Series presentation will be recorded and available to all employees of the Department of Veteran Affairs.
AMANDA I. TORRES-GARCÍA MPH

University of Puerto Rico Medical Science Campus
Graduate School of Public Health
Fall 2014 HSHPS/VA Fellow

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 inside a developing community in Haiti. With an evaluation on readability levels in standard operating procedures (SOPs) used in a 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 in March of 2013. Ms. Torres is also a founding member of the first Sociology Association at the University of Puerto Rico. In addition, she is also very passionate about theater, and while finishing her undergraduate degree, was part of a university theater company, in which she offered acting workshops to children and teenagers. In the future, she would like to finish a Doctorate degree in Health Policy, and continue researching within Public Health topics regarding health policy for the purpose of improving the well-being of Puerto Rican people in the Island, as well as Hispanic communities in the United States.

VA’s I CARE: A CULTURAL SHIFT.
MENTORS: Mark S. Kern, MA and Joseph W. Record, MA Ed.

The United States Department of Veterans Affairs (VA) is the largest civilian organization in the government with over 340,000 employees and is dedicated to serving and providing benefits to US military veterans. The VA is comprised of three administrations that include the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA). Altogether, they have the one common mission: 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. Unfortunately, the VA has been in the media on several occasions recently for some incidents of negligence towards veterans that surfaced nationwide. These situations affect the confidence of the veterans, their families, public officials, and the public at large towards the agency. In 2009, the VA began an effort to promote ethics and principles among the workforce on how to treat the veteran community and their relatives. The Core Values and Characteristics (also known as I CARE) apply across the entire VA enterprise. They essentially define “who we are” and also differentiate us from other organizations. These values help define the institution’s culture and underscore their commitment to veterans. The Core Values are: Integrity, Commitment, Advocacy, Respect, and Excellence (I CARE). The characteristics define “what we stand for” and help guide the execution of the mission, shape the strategy, and influence resource allocation and other key decisions made within VA. The Core Characteristics are: Trustworthiness, Accessibility, Quality, Innovation, Agility, and Integration. Therefore, Secretary McDonald has initiated a reaffirmation of the I CARE values for all VA employees. The following project consists of performing a systematic review of the VA’s I CARE initiative to date and make recommendations about the implementation of this program. This project has the purpose of examining how a cultural shift, based on commitment within the organization, can be achieved in order to better benefit the veteran population. Also, with this meta-analysis, an outcome will be to identify and recommend the necessary length of time required to attain this cultural shift.
Juan Carlos Vargas Loyselle was born, raised and educated in Ponce, Puerto Rico. He completed a Bachelor of Science degree in Biomedical Science in 2012 and a Master of Public Health degree with a focus on Epidemiology in 2014. His academic endeavors were accompanied with voluntary community services and donating to the needy. In addition, Mr. Vargas has done research work on pediatric health risk factors in cleft palate patients as well as obesity risk factors in the Puerto Rican population. His progress through graduate studies fueled the development of an epidemiological research thesis on the association between perceived stress and adherence to weight control strategies in a medical school’s employees, with whom a link has indeed been found. Having completed his academic affairs, Mr. Vargas worked in a healthcare consulting group that successfully found several weaknesses in preventive habits including, but not limited to, hand hygiene, patient room decontamination, and proper use of personal protective equipment in a tertiary healthcare facility. Mr. Vargas’ contribution in observatory auditing and communication led to the report of these weaknesses, which in turn lead the hospital into making targeted decisions regarding infection control and patient safety. This last experience was of special significance to him, and he hopes to improve and continue his work for the benefit of many through this manner. Mr. Vargas strongly believes that long-term healthcare can continue to move forward by enforcing a preventive culture in healthcare organizations.

Recent Findings on Mechanisms in Alcohol-Induced Microbial Translocation and HIV Disease Outcomes

MENTOR: Natalie Wilson, DNP, ANP-BC, MPH, AAHIVE

Background: Alcohol use and microbial translocation predicts poor outcomes such as end-organ disease, immune activation and inflammation in people living with HIV disease (PLWH). Previous studies found a predictive association between microbial translocation and HIV outcomes, including incomplete viral suppression and low serum CD4+ count. There is limited data on the integrated pathological mechanism in alcohol consumption and microbial translocation in HIV-positive patients. The aim of this project is to explore and review recent literature on the effects of alcohol consumption on microbial translocation and the implications in regards to HIV disease outcomes. Methods: We conducted a literature review to describe associations between alcohol, microbial translocation and HIV outcomes. Results: HIV-positive patients who consumed hazardous levels of alcohol were less likely to improve their health outcomes with antiretroviral therapy. Likewise, alcohol was associated with microbial translocation with mechanisms involving circadian rhythm-regulating genes, bacterial metabolic products and mitogen-activated protein kinase pathways. The aforementioned mechanisms were all tested by treating and preventing their respective pathologic pathways. In vitro models show that moderate alcohol consumption affects CXCR4 expression, making lymphocyte more vulnerable to HIV infection. Hazardous alcohol consumption was independently associated with failure to achieve immune reconstitution in HIV patients. Interestingly, there are recent findings suggesting that preference to a type of alcoholic beverage may be a factor associated with viral suppression in antiretroviral therapy patients. Other researchers found that alcohol-induced gut leakiness appears to dissipate after 3 weeks of rehabilitation in chronic alcoholic patients. Recent literature also showed that alcohol consumption, microbial translocation, and HIV disease status are all independently predictive of liver disease progression. Conclusion: There are various mechanisms that suggest how hazardous alcohol consumption worsens HIV outcomes, but an integration of these mechanisms is still lacking. Therefore, further research to describe or intervene on these pathological mechanisms would help improve HIV patients’ liver health and HIV disease outcomes.
Mariane Rivera, Esq. completed her undergraduate studies at the University of the Sacred Heart where she obtained her Bachelor's degree in Social Work in 2009. While completing her bachelor's degree, she performed her student practice at San Jorge Children's Hospital and obtained experience in the social-health field. During her last summer as an undergraduate student she had the opportunity to work as an intern for the Department of Health and Human Services. Ms. Rivera was born and raised in Puerto Rico and 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 went on to pursue her law career by completing her Juris Doctor degree 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. She has been gaining experience as an attorney while working as a fellow for the Department of Veterans Affairs, having the opportunity to work with different areas of law. Ms. Rivera is admitted to practice as an attorney in the Commonwealth of Puerto Rico and passed the Federal Bar Examination for the United States District Court for the District of Puerto Rico.

THE SERVICES OFFERED BY THE DEPARTMENT OF VETERANS AFFAIRS IN BENEFIT OF THE VETERANS COMMUNITY

MENTOR: Laurette Zeveski, Esq.

The Department of Veterans Affairs provides advanced care and continuity of services in order to meet the needs of severely disabled veterans who depend on regular care to maximize their function and independence. This group of veterans includes: a variety of moderate to severe brain injury-related conditions that required in-patient rehabilitation, veterans with major limb amputations, veterans with spinal cord injuries and disorders and veterans who are blind and visually impaired. When a veteran chooses non-VA treatments he/she may place themselves at risk when those particular treatments deviate from the accredited medical standards in the Veterans Affairs system. The Department of Veterans Affairs offers three major services to the veteran populations which are: The Veterans Health Care, Veterans Benefits Administration and Burials and Memorials services. Each service is aimed at treating those specific needs every veteran is entitled to, as part of their service to the nation. Each one also offers a different variety of important facilities necessary to the veteran population after their time in active service. As of now, the Department of Veterans Affairs is working on a program directed mainly on homeless veterans as a way to prevent this situation from happening. As of right now, the goal of this program is to prevent homelessness amongst veterans and work in collaboration with organizations all over the country to eliminate homelessness for veterans by 2015. Information will be gathered about the different services provided by the Department of Veterans Affairs and the outcome and benefits that these services have provided to one of the nation’s most important community. This data and information will be gathered as a way to understand the contributions and efforts that the Department of Veterans Affairs has offered and will continue offering to the veteran community. Furthermore, the information will be acknowledged from the assistance and services that the Department of Veterans Affairs offers nationwide in order to understand that each region may undergo different procedures, which will help to understand how each region functions differently.
Mr. Miguel Stewart is a Master of Science candidate at the University of Maryland, University College concentrating on Information Technology: Information Assurance. He earned his Bachelor’s degree in Marketing Management from the CUNY Baccalaureate for Unique and Interdisciplinary Studies at Hunter College. Mr. Stewart returned back to Jamaica, West Indies, his home country, after completing his undergraduate studies. In the spirit of giving back to his community he founded the non-profit “Federation for Bars and Taverns Limited” (FBT). The mission of this non-profit was to train and certify a nationwide workforce of 19 thousand local bartenders (90% women) in bartending skills, and bar owners in small business fundamentals through an online training platform. Furthermore, FBT’s mission was to improve the health and social welfare of bartenders and implement a WeCard program. These national training, certification and health programs were in collaboration with the Human Employment and Resources Training Trust, National Training Agency (HEART/NTA), Social Development Commission (SDC), and the Ministry of Health, Jamaica. Over the past two years Mr. Stewart has been involved in project management while operating Starfish Renovation Project, LLC. Mr. Stewart is transitioning his career into the IT Assurance field and over the summer of 2014 was an intern at the U.S. Department of Veterans Affairs (VA), Office of Privacy and Record Management. He is currently a fall 2014 HSHPS Graduate Fellow in Computer/ Web Design at the U.S. Department of Veterans Affairs, Learning University (VALU), Office of the Chief of Staff. In addition, Ms. Stewart is a member of the VA Gavlier’s Toastmaster’s Club.

Hispanic Employment in the Federal Government and the Discourse of Diversity and Inclusion at the U.S. Department of Veterans Affairs

MENTOR: Deirdre Wallace, MA

The signing of the Civil Rights Act of 1964 has propelled a burgeoning discourse of Equal Employment Opportunity (EEO) to include cultural and racial diversity, inclusion in the workplace, employee engagement and senior executive diversity. Consequently, President Obama is interested in creating a Federal Government that is diverse and inclusive with a culture that incorporates flexibility and fairness as well as removes employment barriers for Hispanics. The U.S. Department of Veterans Affairs (VA) used these tenants of inclusion and diversity to create the VA Diversity and Inclusion Strategic Plan Fiscal Year (FY) 2012-2016. Moreover, the VA Learning University created its Employee Engagement Panel (EEP) where diverse employees from each directorate can meet and discuss internal issues and create two-way communication between VALU employees and staff. Government wide hiring of permanent Hispanics in major agencies has decreased by 1,620 from 8,747 in FY 2011 to 7,127 in FY 2012. There was a decrease in Hispanic new hires in the Senior Executive Service (SES) from 5.4 percent in FY 2011 to 2.0 percent in FY 2012. Also, there was a steady trend of Hispanics at the Department of Veterans Affairs from 20,095 in FY 2011 to 20,556 in FY 2012. However, Hispanic women showed a decline from 3.55 percent to 3.52 percent in FY 2012-FY 2011, showing a less than expected representation in the workforce. President Obama issued Executive Orders to increase Hispanic employment in the Federal Government and to promote diversity and inclusion. He also issued guidance for agencies to manage their (EEO) programs. This mission was also included in the VA Human Resources & Administration Strategic Plan FY 2014-2020 and the VA Diversity and Inclusion Strategic Plan FY 2012-2016. VA developed three strategic goals with objectives, strategies and measures to create a diverse and inclusive workforce while delivering outstanding public service. There have been progress in hiring, retaining and developing Hispanics in the Federal Government and in the VA; however, more work needs to be done to fully represent this group in the discourse of diversity and inclusion.
Miguelina Carela-García is a recent graduate looking to positively impact the health of minorities and underserved populations. Ms. Carela-García received her Master of Public Health degree at the Graduate School of Public Health at Medical Sciences Campus of the University of Puerto Rico, in 2014. A first generation college graduate, she earned her Bachelor’s degree in Molecular/Cellular Biology from the University of Puerto Rico (UPR), Río Piedras Campus in 2012. She served as an undergraduate research assistant at the UPR’s Bioinformatics laboratory. She recently collaborated on a manuscript with professor and mentor, Dr. Steven E. Massey, entitled “DNA repair is associated with information content in bacteria, archaea and DNA viruses” in which she, Dr. Massey and other colleagues presented research compiled during her bioinformatics’ course and laboratory. As a Hispanic and Latina individual, she has been working against health disparities, trying to increase access of health care services to minorities and improve their total well-being. During her graduate studies, she worked on a research study on alcohol consumption and resilience among teenagers hailing from high-risk communities in Comerío, PR. As an HSHPS/VA Fellow, she is currently working on ways to increase utilization of Spanish-language Smoking Cessation resources among the Hispanic veteran population. She firmly believes that the Hispanic population and other underserved populations need individuals that are well-prepared, highly informed, and educated so that it can lead to better-informed health decisions within this community.

Increasing Veteran Utilization of Spanish-Language Smoking and Tobacco Cessation Resources

MENTORS: Dana Christofferson, PhD and Kim Hamlett-Berry, PhD

Smoking is a serious problem in the U.S military, along with the history of tobacco use within military culture that promotes its usage. In 2012, the current smoking rate among veterans receiving health care from the U.S. Department of Veterans Affairs (VA)’s Veterans Health Administration (VHA) was 19.5%. The VHA Tobacco and Health program are responsible for the development and oversight of public health policies as well as clinical programs related to smoking and tobacco use cessation among veterans receiving their health care from VHA. Veterans receiving health care in VA are diverse populations, around 8.9 million veterans enrolled, of which 6 million actively use VA services in over 1,700 sites of care organized into 21 integrated service networks (VISNs), including Puerto Rico. Recognizing veteran diversity and the importance of providing health care information in a patient’s preferred language has worked to make some Spanish-language tobacco cessation resources available to veterans, like the QUIT-VET Hotline and a text messaging program called SmokefreeVET. QUIT-VET is a toll free hotline which provides personalized counseling; follow-up calls, and helps veterans develop a plan to quit smoking while SmokefreeVET is a mobile text messaging service that offers round-the-clock encouragement, advice and tips on how to quit. Both resources are available in English and Spanish, giving veterans the option to choose their preferred language when quitting tobacco-use. Nevertheless, there has been more difficulty promoting the use of resources to Spanish speakers than the English speakers. This project aimed to increase the utilization of these resources among the Hispanic veteran population through the development of different promotional strategies. A literature review and analysis of data collected on existing users of these Spanish-language resources were conducted to identify characteristics of this population. In addition, insights on needs and gaps in existing resources were identified through discussion and collaboration with VHA clinicians located at the San Juan VA Medical Center (VAMC). Methods and strategies were developed to disseminate and implement the Spanish-language resources like 1-855-QUIT-VET and SmokefreeVET throughout VHA, including working social media messages in English and Spanish, promoted in the San Juan VAMC Facebook page.
Monique Lara is a Master’s in Business Administration Candidate in the College of Management and Business at National-Louis University, Chicago Campus. She is from Chicago’s Southside and likes to be active in good causes, whether it is at her place of employment or at various organizations in Chicago where she is a volunteer. Ms. Lara earned her Bachelor’s degree in Applied Behavioral Sciences from National-Louis University in 2012. For the past two years, Ms. Lara has been involved in two non-profit organizations, La Casa Norte, an organization that worked with homeless youth and families in Chicago’s Humboldt Park. She was involved in resource development, such as grant writing and fundraising. Most recently, Ms. Lara is working in West Town at Erie Family Health Center (EFHC), a culturally sensitive community based health facility. It was at EFHC that she began working in the organizations’ Department of Finance. The fit was ideal because EFHC is where she observed the teachings from the business courses in practice and where she applied her knowledge. Ms. Lara believes healthcare is in an exciting phase, especially considering the inception of Affordable Care Act reform. EFHC was the launch of Ms. Lara’s career in healthcare and with 31% of Erie’s patients being uninsured and the evolution of Medicaid, a project she has been directly involved in, specifically with the emergence of Managed Care Organizations, it has been an exciting career thus far. Ms. Lara looks to continue her career with passion and vigor.

MEDICAL DISABILITY EXAMINATION (MDE) 60-MONTH RE-COMPETE CONTRACT
MENTOR: Michael Darnell Pharr MS, PMP

The Department of Veterans Affairs (VA) through the Veterans Benefits Administration (VBA) governs the Compensation and Pension Program (C&P) for benefits to veterans and their dependents. Public Law 104-275 served as a catalyst that identified the need of quality and timely medical exams for medically disabled applicants from various regions. The medical exam findings are vital to the compensation benefits process, VBA Rating Veterans Service Representatives, and Decision Review Officers working in Regional Offices across the country, under the support of Veterans Affairs Central Office to determine disability compensation and disability pension claims. Medical Disability Exams (MDE) are an integral part of the decision review, because it serves as evidence for determining the extent of impairment, identifying the percent of disability that translates into the dollar amounts awarded to the Veteran. The findings in these exams are scrutinized, which is why the examinations must be clear and strong enough to be upheld on an appellate review accordingly, where the appointed contractor shall follow the requirements of the prearranged worksheets to ensure that sufficient criteria are met. The components of the contract to capture the needs of the VBA as detailed in the Performance Work Statement (PWS) include the identified task, deliverables, and performance measures. The preplanning involves circulating the PWS among the stakeholders, to ensure deliverables, tasks and needs are internally identified. After contributions are made to the PWS, the next stage is the preparation of the acquisition package for agreement by VBA leadership. There is an Independent Process Team (IPT) comprised of officers and attorneys, as well as, contracting officials to ensure that the package is sound and legally sufficient prior to solicitation. The request for information (RFI) consists of a list of potential suppliers that is gathered by market research. The next step in the acquisition process is to publicly announce these opportunities intended for prospective bidders, the requests for proposals (RFP) serve as an alert to vendors to bid on the contract. The bidders will be evaluated on their technical solution, past performance, cost and overall best value, resulting in the award to those vendors who meet all of the aforementioned criteria. VBA anticipates awarding a multi-vendor Indefinite Delivery Indefinite Quantity (IDIQ) contract with a period performance of 60 months.
Tejal Patel received her Master of Public Health from SUNY Downstate Medical Center School of Public Health with a concentration in health policy and management. She earned her Bachelor’s degree in Biological Sciences from University of Maryland, Baltimore County. Throughout her undergraduate studies Ms. Patel participated in various community service organizations and events. She always wanted to pursue a career that combined her knowledge of health sciences and passion for volunteerism, which drove her to pursue a MPH degree. While in graduate school Ms. Patel had the enriching opportunity to mentor underserved middle school children in Brooklyn, NY through the New York Academy of Sciences: Science, Technology, Engineering, and Mathematics (STEM) mentoring program. In this program she and a fellow classmate created basic science oriented lessons for the children. The goal of the program was to educate and encourage underserved middle school children to pursue STEM careers. For Ms. Patel’s final graduate school project, she and a team of eight classmates created a briefing book on undocumented immigrants in New York City. Extensive research was done which included, but not limited to, information such as demographics, current health conditions, issues with health care access, and living and working conditions of undocumented immigrants. This briefing book was presented to the faculty and students of the School of Public Health. Ms. Patel hopes to attain a government agency job in which she can work to analyze health policies and programs regarding diseases prevalent in a specific population.

**Clinical Public Health Aiming To Promote Optimal HIV & Hepatitis Care for the Veterans We Serve**

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

The Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA) is the largest provider of chronic hepatitis C (HCV) care in the U.S. with a prevalence of 4% among veterans in care (Dominitz, et al. 2005). The HIV, Hepatitis, and Public Health Pathogens Program (HHPHP) serves as an unit of Clinical Public Health and has the mission of providing policy and guidance in the areas of HIV, viral hepatitis, and public health pathogens (U.S. Department of Veterans Affairs). Currently, HHPHP has created or updated ten HCV health education materials to be uploaded on the VA website for veterans. These documents have information regarding the definitions of Hepatitis A, B, & C, preventions, laboratory testing, treatments, vaccinations, etc. A HCV patient and provider education materials inventory spreadsheet was also updated in order to keep track of all the materials on the VA website. Another large project HHPHP has been working on is called “VISN HCV Innovation Team (HIT) Project”, in which VHA will support interdisciplinary HIT teams in any Veteran Integrated Service Network (VISN) interested in participating, for up to $125,000/year for up to 4 years to improve HCV treatment and capacity for Veterans for Fiscal year 2015. Each VISN completed a HIT proposal, in order to receive the funding. Interviews were conducted with HIT team stakeholders to acquire progress updates on proposals. To organize and maintain HIV and HCV policies on the intranet, an inventory was created and reminders were set with each policy in order to notify specific personal of policy expiration dates. Furthermore, HHPHP has the responsibility of organizing communications for a national messaging campaign for World Aids Day which was on December 1, 2014. Next, HHPHP has gathered data for high and low prevalence positive HIV testing stations throughout the nation and will create a survey to analyze the reasoning of the outlier stations. Survey results will be used to improve testing rates at low prevalence stations. Lastly, use Arc GIS Mapping software to create 7 maps portraying 7 active clinical quality improvement projects that are implemented throughout various VA facilities.

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**HSHPS TRAINING PROGRAMS 2015**

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**TEJAL PATEL MPH**

SUNY DOWNSTATE MEDICAL CENTER SCHOOL OF PUBLIC HEALTH FALL 2014 HSHPS/VA FELLOW
Yaritza M. Martoral-Martínez is a graduate student with a Master Degree in Public Health, with a specialization in Epidemiology. She completed this academic preparation at Ponce School of Medicine and Health Sciences in Puerto Rico. For the past two years, Ms. Martoral has been actively involved in epidemiological and research projects. She has worked as a Research Assistant with the Epidemiology Office at the Health Department in Puerto Rico, whose mission was to conduct a study of the Caño Martin Peña's communities on its epidemiological profile and dengue's evaluation risk. Additionally, she has also been working as an Epidemiologist with a consulting company collecting and analyzing data, and auditing the compliance of policies and protocols in several hospitals in Puerto Rico. Some of these duties include monitoring the process of infection control, making recommendations after investigation findings and analyzing statistical data. Other extracurricular experiences, have been working with the non-profit organization “Coalicion de Coaliciones” in Puerto Rico, and collecting and entering data for “Housing First”, a special project for the benefit of homeless people. The next immediate objective in her professional career is to find an organization that allows her to put into practice the knowledge acquired during the years of study and professional experiences, as well as the planning, organizational and managing skills concerning the functioning of a company related with her concentration. Also, in the future she wants to continue her professional career, and complete a Juris Doctor degree.

Benefits and Opportunities for Women Veterans at Veteran Affairs Caribbean Healthcare System
MENTOR: Wayne D. Welge, MBA

Women currently make up 8% of the Veteran population, with an expected increase to 15% by the year 2035. For this expected increase, it’s important to know the accessibility to Veteran Affairs benefits and opportunities that women have when they was still part of the Armed Forces; most importantly, having knowledge about the benefits or programs that exist in Veteran Affairs Benefits Administration, Health Administration and National Cemetery Administration. The focus of this project is specific to Healthcare Administration and with the Women Health Care Program (WHCP). The VA Caribbean Healthcare System (VACHS) Women Veteran Health Program is organizationally aligned under the Office of the Chief of Staff. In general Veteran Affairs Healthcare System, including the VACHS offers primary care benefits for women veterans that include: clinical process, intimate partner and domestic violence, sexual trauma, elder abuse or neglect, parenting and anger management, marital, caregiver, or family-related stress and post-deployment adjustment or Post-Traumatic Stress Disorder (PTSD) and Military Sexual Trauma (MST). VACHS features the Women Veteran Health Care Program that offers orientation, education, support and special attention towards female veterans. This program brings healthcare for women in eight health care facilities in the Caribbean. Women Veteran Health Care Program has 2,114 or more acting patients that receive services offered by the program. This shows that the service specific to women veterans are useful and necessary. In fact, these services offered through the program are sensitive in nature and therefore is essential that service providers should be empathetic and have extensive knowledge of the special conditions faced by women veterans. To improve its performance, the program has delivered alternatives by continuing educational seminars for all providers in order to remain up to date on the needs of women veterans and encourage active participation in patient treatment plans.
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 completed a Bachelor’s in Sociology from the Department of Social Sciences in the University of Puerto Rico at Cayey, Puerto Rico. Currently, Ms. Torres is an HSHPS Fellow for the VA Learning University of the Department of Veteran Affairs (VA), where she’s involved on a series of projects regarding Diversity and Inclusion in the Agency’s workforce, as well as training development based on VA’s initiative about their core values and characteristics called I CARE. Her vast research experience includes evaluating the implementation of a sanitation system inside a developing community in Haiti and assessing health literacy within the personnel of hospital settings. With the latter project, Ms. Torres was selected to present in the 4th Puerto Rican Conference of Public Health and the 6th International Congress of Health Promoting Universities, both events held in San Juan, Puerto Rico on March of 2013. Ms. Torres is also founding member of the first Sociology Association in the University of Puerto Rico. In the future, she would like to finish a Doctorate’s degree concentrating in Health Policy, and continue studies on other public health topics regarding health policy with the purpose of improving the well-being of the Puerto Rican people in the island as well as the Hispanic communities across the United States.

**VAS I CARE: A CULTURAL SHIFT, PART II**

**MENTORS:** Mark S. Kern, MA and Joseph W. Record, MA Ed

The U.S. Department of Veterans Affairs (VA) is the largest civilian organization in the government with over 340,000 employees dedicated to serving and providing benefits to U.S. Veterans. It is comprised of three administrations: the Veterans Health Administration (VHA), the Veterans Benefits Administration (VBA), and the National Cemetery Administration (NCA). Altogether, the VA has one common mission: 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. Unfortunately, the VA has been recently in the media on several occasions for some incidents of negligence towards veterans that surfaced nationwide. In 2009, the VA began an effort to promote ethics and principles among the workforce on how to treat the veteran community and their relatives. The Core Values (also known as I CARE) are: Integrity, Commitment, Advocacy, Respect, and Excellence (I CARE). They define “who we are” and also differentiate us from other organizations, as well as define “what we stand for” (http://www.va.gov/icare/) and help guide the execution of the mission, shape the strategy, and influence resource allocation and other key decisions made within VA. Therefore, Secretary McDonald has initiated a recommitment of the I CARE values for all VA employees. The previous project consisted of a systematic review of the VA’s I CARE initiative to date, and recommendations were made about the implementation of the program. Now with the available knowledge, the new assignment consists of continuing to establish an interim training solution while beginning on the design and development of longer term learning solution. The execution of these methods should result in achieving a more committed workforce and a cultural shift across the VA for the benefit of America’s Veterans and their families.
Michael Onuoha is a recent graduate from Herzing University, receiving Master of Business Administration (MBA) with a dual concentration in Healthcare Management and Technology Management. In addition, Mr. Onuoha attended Georgia State University for his undergraduate degree in Business Administration focusing on Finance. Education plays a big role in Mr. Onuoha’s life and he is committed to growing in this area as knowledge is power and the key driver to success. His future educational endeavor is to attain a Doctorate of Business Administration (DBA) focusing on Healthcare and Information Technology. Through his involvement in 4-H and other clubs such as the National Honor Society and Student Government, Mr. Onuoha has dedicated the past few years to promoting growth and health care awareness in underserved communities and continues to volunteer at local homeless shelters such as Hosea Feed the Hungry as well as many clinics and hospitals within and Atlanta Metropolitan area. He is a strong advocate for HIV/AIDs prevention and continues to provide counseling to the youth at local YMCA centers and a non-profit organization called Youth Pride, a safe space for LGBT youth. Additionally, he has worked with various organizations such as the NAACP to improve the gaps in minority issues facing employment, health care, and human rights. He aims to be an effective leader and change agent by improving organizational behavior and enacting macroeconomic and scalable solutions to mend health disparities in many communities. Mr. Onuoha aims to move the direction of health care and health related practices in a positive way.

**Socioeconomic Status and Health: How Education, Income, and Occupation Contribute to Hispanic Health Disparities**

**MENTOR:** Steve Martin, MPP

Socioeconomic status (SES) is often measured by determining education, income, occupation, or an amalgamated overview of these dimensions. According to U.S. Census Bureau, there are roughly 54 million Hispanics living in the United States, representing approximately 17% of the U.S. total population as July 1, 2013, making people of Hispanic origin the nation’s largest ethnic or race minority. Hispanic or Latino is defined as a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. Granting education is the most commonly used measure of SES in many epidemiological studies; no investigator in the United States has conducted an empirical analysis quantifying the relative impact of each separate dimension of SES on health disparities facing the Hispanic population. In many cases the relationship between these SES measures and risk factors is strongest and most consistent for education, showing higher risk associated with lower levels of education. Based on recent studies a substantial proportion of individuals within the Hispanic population have one or more physical (43 %) or mental (18 %) health problem. The top leading health issues consist of Cancer, Heart Disease, Stroke, Diabetes, Alzheimer’s, and Influenza to name a few. This is due to the lack of access to healthcare, non-US citizenship, and English proficiency issues which lends itself to many negative outcomes in both the physical and mental health abnormalities in the Hispanic population. While a lack of US citizenship and Hispanic ethnicity are associated with higher risks, being less acculturated (i.e., English-deficient, foreign-born) may help to protect against health impacts. Racial and ethnic health disparities undermine our communities and our health care system. The Veteran Affairs Learning University Learning Infrastructure Directorate provides educational and professional services that increase the workforce development of VA employees within dispersed committees. Improving the workforce helps to create a domino effect thus trickling down knowledge of health issues to the underserved communities. Research shows that higher education may be the best SES predictor of good health.
Miguelina Carela-García is a recent graduate looking to positively impact the health of minorities and communities in need. Ms. Carela-García received her MPH degree at Graduate School of Public Health at Medical Sciences Campus, University of Puerto Rico (UPR) in 2014. A first generation college graduate, she earned her Bachelor’s degree on Molecular/Cellular Biology at the University of Puerto Rico (UPR), Rio Piedras Campus in 2012. She served as an undergraduate research trainee-assistant at UPR’s Bioinformatics laboratory. She recently collaborated on a manuscript with professor and mentor, Dr. Steven E. Massey, entitled “DNA Repair is Associated with Information Content in Bacteria, Achaea and DNA Viruses” in which she and other colleagues presented the research compiled during her bioinformatics' course and laboratory. She has been working on the health disparities affecting Hispanic communities, trying to increase access of health care services to minorities and improve their complete well-being. During her graduate studies, she worked in a research about alcohol consumption and resilience among teenagers hailing from high-risk communities in Comerío, PR. Currently she is working on ways to increase the utilization of Spanish-language into the smoking cessation resources among the Hispanic veteran population, as a continuation from her fellowship during the fall. She firmly believes that Hispanic population and other underserved populations need individuals well prepared, highly informed and educated so that it can lead to better-informed health decisions within this community.

IMPROVING ACCESS TO HEALTH CARE SERVICES USING GIS

MENTORS: Dana Christofferson, PhD and Kim Hamlett-Berry, PhD

Geographic Information System (GIS) is an information technology tool that is currently expanding into health care. Nevertheless, there is a lack of information, awareness and literature on how to use GIS in health care environments. Moreover, there is a lack of information on how GIS can be used in the U.S. Department of Veterans Affairs’ (VA) Veterans Health Administration (VHA) to improve access to health care services. In order to improve access to health care services among the veteran population, this project aims to show how GIS can help health professionals to understand and visualize data, leading to better-informed health decisions. Maps can bring additional insights and information that cannot be presented using tables, graphs or charts. GIS can help health professionals targeting minorities and underserved populations to identify specific needs within these groups and to determine the best ways to address those needs. A literature review was conducted to identify the information available related to the use of GIS in public health and health care. As an example of the use of GIS within a national health care system, the project presents how GIS can be helpful and useful to study smoking cessation quitline utilization among veterans receiving health care from Veterans Health Administration (VHA). GIS data was utilized to formulate ideas and strategies to reach and engage veterans and providers in using VA smoking cessation resources. Also, GIS was used to identify best practices for increasing utilization of VA’s National Quitline, 1-855-QUIT-VET. In this project, GIS was used to analyze utilization of VA’s smoking cessation quitline, and strategies for improving minority access to quitline services were informed by analyzing GIS data on Spanish language Quitline Callers. This project aims to present future directions to implement health GIS mapping into several health care environments to assist in clinical disease tracking, strategic planning when promoting health care services, performance improvement and prevention.
Tejal Patel received her MPH from SUNY Downstate Medical Center School of Public Health with a concentration in health policy and management. She earned her Bachelor’s degree in Biological Sciences from University of Maryland Baltimore County. As a fellow at the Department of Veterans Affairs, Veterans Health Administration, she works within the Office of Public Health and specifically works on the HIV/Hepatitis C and Public Health Pathogens Programs team (HHPHP). Ms. Patel assists with projects and assignments for HHPHP, research and policy development for HIV/AIDS, viral hepatitis, and public health reportable diseases, assists with updating patient and provider education/awareness materials for HIV/AIDS and viral hepatitis, and project management to improve communication, collaboration, document management, tasks coordination and events planning. While in graduate school, Ms. Patel had the opportunity to mentor children who lived in underserved areas of Brooklyn, NY through the New York Academy of Sciences: STEM mentoring program. For Ms. Patel’s final graduate school project, she and a team of eight classmates created a briefing book on undocumented immigrants in New York City. Extensive research was done which included, but not limited to, information such as demographics, current health conditions, issues with health care access, and living and working conditions of undocumented immigrants. Upon completion of her fellowship, Ms. Patel hopes to attain a government agency job in which she can work to analyze and create health policies and programs regarding diseases prevalent in a specific population.

Projects of Clinical Public Health That Promote Optimal HIV & Hepatitis Care for the Veterans We Serve

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

The Veterans Health Administration (VHA) of the Department of Veterans Affairs (VA) is the largest provider of chronic Hepatitis C (HCV) care in the United States with a prevalence of 4% among veterans in care (Dominitz, et al. 2005). The HIV, Hepatitis, and Public Health Pathogens Program (HHPHP) serves as a unit of Clinical Public Health and has the mission of providing policy and guidance in the areas of HIV, viral hepatitis, and public health pathogens (U.S. Department of Veterans Affairs). Currently, HHPHP is updating ten HCV health education materials to be uploaded on the VA website for veterans. These documents have information regarding the definitions of Hepatitis A, B, & C, preventions, laboratory testing, treatments, vaccinations, etc. These updates will be completed by March of 2015 and will later become available to veterans via www.hepatitis.va.gov. Another large project is to use ArcGIS Desktop mapping software to create maps, seven of which will portray active quality improvement projects that are implemented throughout VA facilities and an additional map that will show all projects on one map. Many of these maps will be used in the stakeholders report. Furthermore, HHPHP conducted a national e-mail campaign for National Black HIV/AIDS Awareness Day on February 7th, 2015. This e-mail recognized the significance of the awareness day as well as informed VA physicians on how to promote to the veterans. Next, HHPHP has gathered data for high and low prevalence positive HIV testing stations throughout the nation and will create a survey to analyze the reasoning of the outlier stations. Survey results will be used to improve testing rates at low prevalence stations. Analysis will also be conducted to differentiate medical stations that qualify for case-by-case HIV testing due to having a seropositivity rate below 0.1 percent. A manuscript or abstract will also be written on the VA Office of Public Health internship experience. A post survey will be created for previous interns, to measure their thoughts on the usefulness of their internship experience. The manuscript will aim to highlight the positive experiences gained through the internship and will be published.
Vanessa Arriola is an MPH candidate at the School of Public Health and Tropical Medicine at Tulane University, concentrating on Epidemiology of Infectious Diseases and Outbreak Epidemiology. She earned her Bachelor’s degree in Healthcare Administration from Southern Illinois University in 2011. In 2012, she was honorably discharged from the U.S. Navy where she served as a general corpsman for five years. During her military service, she was stationed in Naval Hospital Pensacola in Florida and Naval Hospital Guantanamo Bay in Cuba. For the past four years, Ms. Arriola has been actively participating in many projects with diverse Hispanic communities and conducting research on Hispanic health issues. In her last two assignments, she served as facilitator in focus groups with Hispanics adolescents in New Orleans and traveled to Peru to volunteer in a study regarding motivators and barriers concerning Chagas fumigation campaigns in Arequipa, Peru. During her time at Tulane University, she was the President of the Golden Key International Honour Society and the Treasurer for SALUD for Latin American Communities. In addition, she founded and was the former President of the first Student Veteran Organization recognized by the prestigious institution. She actively addressed the concerns and unique challenges of Veterans on campus. Though the study and practice of epidemiology, she hopes to present relevant findings that could contribute to the work of policy makers by strategizing, designing, and instituting interventions that target the determinants of health. Her research interests are epidemiology of infectious diseases, community health and mental health in Hispanic Veterans.

SIGNIFICANCE OF MENTAL HEALTH DISORDERS IN OPERATION ENDURING FREEDOM, OPERATION IRAQI FREEDOM AND OPERATION NEW DAWN (OEF/OIF/OND) HISPANIC VETERANS

MENTOR: Loren Akaka, MPH

Mental Health disorders are an important public health issue for deployed veterans who have served United States in military operations as OEF/OIF/OND. Since the Fiscal Year 2002; 56.9 percent of Veterans who have obtained and received U.S. Department of Veterans Affairs (VA)’s Veterans Health Administration (VHA) healthcare benefits have been diagnosed with at least one mental disorder. The VA’s Office of Public Health latest statistics of 2011 showed that more than 1.3 million Veterans obtained specialized mental health treatment for mental health related-concerns from the VA. According to the VA, Hispanics veterans are the largest ethnic minority group. The National Center for Veterans Analysis and Statistics projected that the Hispanic Veteran population at the VA will increase in over half a million in the next 30 years. VA’s mission is to care for those “who shall have borne the battle” and for their families and survivors. For that reason, it is essential to provide evidence of the number and frequency of OEF/OIF/OND Hispanic veterans diagnosed with mental health disorders that access to mental health services provided by the VA. The purpose of this project is to investigate the differences in diagnosed cases of mental health disorders among races and/or ethnicities in a cohort of OIF/OEF/OND veterans. This will be achieved with a novel collaboration between two groups at VHA. The desired outcome of this project is to disseminate our findings to create awareness, help identify mental health concerns early and improve access to mental health services in Hispanic Veterans within the VA. Data will come from the roster of OEF/OIF/OND veterans maintained by the Department of Defense Manpower Data Center and the VA, Office of Public Health, Post Deployment Health Group, Epidemiology Program. An abstract will be written to report the findings and it will be submitted to a Public Health Conference related to the topic. In addition, a manuscript will be draft to examine the relationship between diagnosed mental health disorders and access to mental health care services provided by the VA.
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 completed a Bachelor’s degree in Sociology from the Department of Social Sciences at the University of Puerto Rico in Cayey, Puerto Rico. Currently, Ms. Torres is an HSHPS Fellow for the Veterans Health Administration (VA) Environmental Programs Service Office of the U.S. Department of Veteran Affairs (VA), where she’s involved on a series of projects regarding VA medical centers’ environmental initiatives. Her vast research experience includes evaluating the implementation of a sanitation system inside a developing community in Haiti and assessing health literacy within the personnel of hospital settings. With the latter project, Ms. Torres was selected to present in the 4th Puerto Rican Conference of Public Health and the 6th International Congress of Health Promoting Universities in San Juan, Puerto Rico. Ms. Torres is also a founding member of the first Sociology Association in the University of Puerto Rico. Furthermore, she is very passionate about the theater; while finishing her undergraduate degree she was part of a university theater company, and has offered acting workshops to children and teenagers. In the future, she would like to finish a Doctorate degree concentrating in Health Policy, and continue studies on other Public Health topics regarding health policy with 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.

UPDATE OF VA’S ENVIRONMENTAL MANAGEMENT SERVICES SANITATION PROCEDURE GUIDE
MENTOR: Vonda K. Broom

The Department of Veterans Affairs (VA) Environmental Programs Service (EPS) is an organizational element within the Veterans Health Administration (VHA) and the authority for the operation of Environmental Management Service (EMS) within VHA medical facilities. EPS provides oversight of field operations and carries out a wide-range of high-level management activities in the following areas: a) Environmental Sanitation, b) Integrated Pest Control, c) Textile Care Management and Processing, d) Interior Design, e) Hazardous Chemicals, f) Waste Management & Recycling, and g) Ground maintenance. In addition, EPS establishes objectives, plans, develops management systems and procedures to ensure program functions associated with EMS are effectively implemented and maintained at each VHA medical facility. The effectiveness of EMS operations directly impact the image of VHA medical facilities, as patients, visitors, employees and the public often base their impression of the adequacy of the medical care upon the appearance and cleanliness of the medical facility itself. As part of these efforts, EPS is currently updating its Environmental Management Services Sanitation Procedure Guide. The purpose of this Guide is to provide standardized guidance in the development of sanitation practices for VHA Healthcare Systems Environmental Management Service program. Last revised in 2012, the current guide requires existing content to be verified and edited and new content to be written and implemented into the 2015 revised guide that is consistent, accurate and relevant to today’s EMS standard procedures and practices. Therefore, the purpose of this research project is to conduct a literature review to study different sanitation guidelines according to the American Hospital Association (AHA) and the International Sanitary Supply Association (ISSA), as well as other literature that expands knowledge on proper sanitation procedures (for example, World Health Organization guidelines). This will lead to formulate recommendations to the EPS Office on how to improve the content of the sanitation guide in order to bring it to the most up-to-date required standards.
Carolina Stefany Paredes Molina is originally from Quito, Ecuador and arrived to the United States as an exchange student in 2005. She received a Bachelor degree in Biology from The University of Kansas and is currently a rising second year medical student, at the University of Kansas School of Medicine (KUSOM). Carolina also performs research for the Family Medicine Research Division at KUSOM focusing on immunization compliance in children and adolescents in an underserved population. Previously, she worked as a research assistant for the Juntos Center assessing the knowledge and awareness of cancer and cancer clinical trials in Latinos in rural Kansas, from which a publication proposal was produced and underway. Moreover, teaching has always been Carolina's passion. Therefore, academia is her main interest while she discovers her career specialty preference. This interest in academia allowed her to become involved in the Building the Next Generation of Academic Physicians (BNGAP) for whom she has served as a speaker during the BNGAP North East Conference in May 2015. Carolina is currently an HSHPS Graduate Fellow placed at the Captain James A. Lovell Federal Health Care Center in North Chicago, IL. Carolina looks forward to continuing her mission of working with underserved and underrepresented populations, especially Spanish-speaking patients due to her background. Carolina believes that it is imperative to serve these communities while building leadership.

Utilizing Patient Abuse and Neglect Training Sessions for Continuing Education at James A. Lovell Federal Health Care Center
MENTOR: Cathy Spillner, LCSW

Patient satisfaction is within every healthcare institution's priorities. It is imperative to train staff to become competent and excel in customer service. The Veteran Affairs Hospitals and the Captain James A. Lovell Federal Healthcare Center (FHCC) have a zero tolerance policy when referring to patient abuse and neglect. Therefore, it is crucial to recognize the importance of continuing education and motivational speech for all medical care providers, especially for front line staff such as nurses and nurse assistants. As the literature suggests, all sides of this issue should be addressed in order to improve the working and living environments in healthcare as there may be an increase in abuse allegations as the national elderly population grows. The objective for this descriptive study will focus on the feasibility of a short training session for nurses and nursing assistants to address the need for patient abuse and neglect education in a hospital or nursing home settings. Trained researcher/Graduate Fellowship Training Program fellow conducted 15-minute educational sessions with nursing and nursing assistant employees from the Community Living Center Division at the FHCC. The session explained several examples of patient abuse and neglect along with trainee participation and discussion groups. At the end of each session, participants provided verbal feedback on their perspective of the coursework, learned material, and the facilitator’s performance. Findings helped understand the strengths and challenges of group training in an adult setting. The results allowed us to qualitatively assess the use of active training sessions that incorporate motivational speech and awareness of patient abuse and neglect as a promising method for promoting awareness of this topic and better prepare the nursing and nursing assistant staff. These training sessions have the potential to expand to other healthcare providers and settings at a global level. We suggest that a quantitative study may prove valuable in assessing this type of intervention in a statistical manner.
Christopher Torres was born in Perth Amboy, New Jersey and raised in San Sebastian, PR. Mr. Torres is currently studying his Master's degree in Public Health (MPH) with an emphasis on Environmental Health, at the Ponce Health Sciences University in Ponce, PR. He earned his Bachelor's degree in General Biology from the University of Puerto Rico in Aguadilla, PR. During his senior year, Mr. Torres served as a Laboratory Technician in the Puerto Rico National Guard where he was deployed overseas in Sinai, Egypt and was able to take part of the Multinational Force Observers (MFO) clinical tasks. There he was able to serve many Hispanic/Latino contingencies, which included Uruguayan, Colombian and Puerto Rican, as well as other contingents (Italian, Hungarian and Fijian), in a small clinical environment. He has also worked with the homeless in Puerto Rico where he has also been able to get an understanding of the life conditions and health disparities that exist in the homeless community. Christopher Torres is primarily interested in zoonotic diseases and obstacles that come with animal/human relations such as overpopulation, diseases and mental health issues. His goal as a professional in the Public Health – Environmental field is to promote awareness and monitoring of animal/human related issues in Latino communities.

THE DEVELOPMENT OF PATIENT CENTERED CARE AND THE EFFECTIVENESS OF PARTNERSHIPS WITH PATIENTS AND FAMILY IN HEALTHCARE

MENTOR: Paula Mckee, RN, BSN, MSSL, CPHQ

Purpose: The Huntington Veteran Affairs Medical Center (VAMC) has prioritized patient centered care as their main focus of quality healthcare. The VAMC follows the ICARE core values of the VA which are: Integrity, Commitment, Advocacy, Respect and Excellence which drive towards patient’s needs. It has also implemented the veteran and family advisory council to partner with patients and integrate them in the hospital settings. Patients also receive shared decision making from their providers facilitating their experience in the healthcare environment. These perspectives are essential to patient centered care and using surveys provide a valuable assessment. Objectives: To demonstrate the importance of patient centered care and how partnering patients and family with healthcare professionals influences in healthcare. Methods: Each tool used to apply patient centered care such as Patient Aligned Care Team (PACT), Veteran and Family Advisory Council (VFAC) and Patient Advocacy is used to improve quality efforts and patient satisfaction. The published literature was searched to highlight the development of patient centered card which has changed throughout the years in the hospital setting. Recent literature was also searched to identify examples of patient satisfaction surveys that assess the effectiveness of healthcare professionals partnering with patient and family members. Conclusion: The general mindset of providers deciding the patient's outcome has alternated to the providers giving the patient and family guidance so they can decide which procedure suits them best. After all, it's the patient that knows what will work for them best even if the provider is the subject matter expert. The PACT was designed to partner the patient in the involvement of his own personalized health treatment plan with their provider; this is an example of shared decision making. Since the veteran and their family are at the center of care then creating an advisory council which serves as a liaison between patients/family and hospital administrators, providers and other healthcare workers. Furthermore, using patient reported data we can measure the overall patient satisfaction and view the effectiveness of partnerships between healthcare professionals and patient/ families.
Diana Gutierrez-Meza is a Master of Public Health (MPH) candidate with a concentration in Global Health Practice, at the University of South Florida, College of Public Health. In 2013, she earned a Bachelor of Arts (BA) degree from Beloit College, majoring in Health and Society and a minor in Women and Gender Studies. Her passion for public health emerged as she grew up in rural Ecuador experiencing the health inequalities and disparities disproportionately affecting indigenous and Afro-Ecuadorian communities. Her research and studies have placed a strong emphasis on global public health and human rights concerns impacting minority populations in the Americas. While at undergraduate school, she participated in a variety of projects focused on the effectiveness of micro-finance among low-income Nicaraguan women, research on the health status of Afro-Ecuadorian women, and the evaluation of the Beloit Health System Bilingual services. In more recent years, she has assisted professors in research studies exploring chronic disease self-management programs and health coaching for Latinos/as experiencing depression, diabetes, and other chronic conditions. Apart from her academic involvement, she has actively interacted with diverse populations by contributing to the implementation of a sexual health campaign for Ecuadorian indigenous teens, serving as a trained medical interpreter for a Tampa community-run clinic, and assisting a Community Violence Prevention Program for at-risk Latino and African American youth in Chicago. After completion of her international field experience in Brazil and upcoming graduation, she hopes to work for organizations emphasizing on reproductive and sexual health rights and services.

A SYSTEMATIC REVIEW: HEALTH COACHING-BASED INTERVENTIONS AMONG U.S VETERANS

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

Background: Preventable chronic diseases are impacting the lives of people worldwide. In the United States, this is also of concern among the U.S Veteran population who are impacted by multiple chronic conditions. In response to this public health concern, various self-management interventions have emerged. A newer approach is health coaching; a patient-centered method that motivates and assists individuals to set health goals to achieve sustainable behavior change and improve quality of life. Therefore, the purpose of this systematic review was to explore the different ways in which health coaching has been implemented to address chronic health diseases and comorbidities among U.S Veterans. Methods: An extensive search of peer-reviewed and grey literature was conducted with the guidance of the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA), the use of electronic search engines, and a manual search for relevant references. Information was gathered based on these questions: 1) How has health coaching been implemented within VA care facilities? 2) What chronic conditions have been addressed by health coaching and what were the subsequent outcomes for U.S Veterans? Results: Twelve documents were chosen for analysis. Health coaching initiatives have been supported by the VA. The most common principles guiding design of health coaching interventions were motivational interviewing, goal setting, and behavior change theories. Veterans participated mainly in telephone coaching sessions lasting on average 3 to 6 months and addressed diabetes, obesity, and musculoskeletal and cancer pain. Overall, Veterans experienced positive health outcomes leading to improvements in pain management, glucose control, and weight reduction. However, further research should explore the long-term effects of health coaching for a diverse group of Veterans. Discussion: Health coaching has the potential to significantly impact the health and well-being of Veterans afflicted by chronic conditions. A concrete strategy should be developed for the implementation and evaluation of health coaching within VA care facilities. Particularly, coaching interventions should emphasize on other chronic conditions including HIV and also address the unique health needs of women and minority Veterans. Veterans living with HIV could greatly benefit from this approach and self-manage comorbidities, improve treatment adherence, and prevent disease transmission.
Gretchen M. Crespo Cruz, a native of Puerto Rico, received her Master in Public Health (MPH) at the Ponce Health Sciences University. She earned her Bachelor of Sciences (BS) degree in Biology from University of Puerto Rico at Mayaguez in 2013. Her research for her Master’s Capstone project focus on the importance of timely referral of patients in stage 3 of Chronic Kidney Disease (CKD) to nephrologists in Puerto Rico to prevent the progression of the disease and the use of educational methods for its future implementation. She is particularly interested in research regarding global health, poverty, malnutrition and health policies. In her first year as a graduate MPH student, she worked as a graduate research assistant in the Evaluation of Dengue Epidemiology Outcomes and Prevention (EDEOP) at San Lucas Hospitals in Ponce and Guayama, Puerto Rico. After that, she had her Practicum experience for her Master’s at Consejo Renal de Puerto Rico, focused on the prevention, protection and promotion of renal health in Puerto Rico. Based on this experience, she developed her Master’s final Capstone project (thesis) according with some of the needs of renal patients on the island and how to prevent the progression of renal diseases. Her goal as a professional in Public Health field is to work directly with an agency or entity on the development of programs and policies geared towards improving the healthcare access for underserved populations.

**MONITORING PRIVACY AT VACHS**

**MENTOR:** Nahir M. Llaurador, MS, RHIA

**Objectives:** We worked on several non-compliance action items identified from current Privacy Policy (Center Memorandum 00-13-15) and Privacy Compliance Audit Policy. **Methods:** We analyzed some of the action items that were not being in compliance with Privacy Monitoring including: yearly assignment of employee’s Functional Categories, compliance of annual Privacy Trainings, evidence by services of Accounting of Disclosures, mandatory Facility-Self Assessment Quarter 3, participation at the Environment of Care rounds, and the update of the Privacy Policy of VA Caribbean Healthcare System. For this we made literature review, meetings, training attendance and active participation with several supervisors to reinforce the standard operating procedures. **Results:** The Facility-Self Assessment Q3 was completed for this facility on the topics of Accounting of Disclosures, Release of Information, Research Process, Protocol Review, and Reasonable safeguards. From the Assignment of Functional Categories, the response was 73% (38/52 services). From the 10 services contacted to discuss accounting of disclosures, the response was 60%. During the EOC rounds, employees acknowledged the importance of following reasonable safeguards to protected health information. As of HIPAA trainings FY15, only 2.5% of the employees were in non-compliance. Finally, the Privacy Policy was updated according to the corresponding national template including a couple of sections in the template that were missing in the actual Policy. **Conclusion:** For being in compliance with the Privacy action items, the facility needs to be in compliance by accomplishing the tasks and guidelines that are stipulated by the Privacy Policy. We had a good response percentage and collaboration by the services, although this should improve. Most employees are in compliance with the HIPAA trainings, and this was also reflected on the EOC rounds. In spite of this, Privacy education has to be reinforced to avoid incidents and privacy breaches. Also, standard operating procedures have to be updated regarding the sections on the Privacy Policy that were not in the actual Policy.
Jessica Lynn Stewart, a native of Delaware, will graduate in May 2016 with a Master’s degree in Public Health (MPH), concentrating in management, from the Georgia Regents University (GRU). She received her Bachelor of Arts (BA) degree in International Relations / Political Science from Western Maryland College, in 2005. Jessica served in the United States Peace Corps in El Salvador as a Rural Health and Sanitation volunteer from 2006-2008. While in El Salvador, she focused on community level sustainable development in health, environmental, and educational topics. Jessica then got involved in Latino/a community development in the United States, while working with the non-profit organization (NPO), Voces Sin Fronteras (Voices without Borders). Her commitment to personal development and service, led her to enlist in the U.S. Army, where she served from 2011 - 2014. Her past research has included addiction studies and tobacco cessation studies. Her recent research focuses on the Department of Veteran’s Affairs policy, efforts, and research toward the causes and reduction of healthcare disparities within the Veteran’s Health Administration (VHA). Jessica is a current research assistant at GRU and an active member of the Asociación Cultural Hispanoamericana (ACHA). She plans to continue her involvement at the community and college level and aspires to serve to the international development through employment with the United Nations, World Health Organization, or U.S. based organizations like the Center for Disease Control (CDC).

**EQUAL ACCESS HEALTH SYSTEM? HOW VA PRIORITY GROUPS AND HEALTHCARE UTILIZATION IMPACT EFFORTS TO REDUCE ETHNIC AND RACIAL DISPARITIES**

MENTOR: Jason P. Fay, DPT

In 2007, the Department of Veteran’s Affairs (VA) released research findings from Health Services Research and Development (HSR&D) titled Racial and Ethnic Disparities in the VA Healthcare System: A Systematic Review (Saha et al., 2007). In this document the VA highlighted ethnic and racial disparities in healthcare outcomes and access across the Veteran’s Health Administration (VHA). Almost eight years later, in May 2015, the VA released an HSR&D report as a follow up to changes since the 2007 report. Titled Evidence Brief: Update on Prevalence of and Interventions to Reduce Racial and Ethnic Disparities within the VA (Peterson et al., 2015), this report discussed what and where improvements and changes have occurred across the VHA. Concerned specifically with health outcome disparities related to morbidity and mortality, neither report addressed access to care or healthcare utilization as possible sources of disparities. The VA’s healthcare has often been referred to as an “equal access” system. However, the financial cost of this care fluctuates between veterans dependent on several factors (Panangala, 2015). Furthermore, over half of all veterans are dual eligible for other health insurance and often use multiple providers for care (Kaboli, 2012). Research has already shown that the veteran’s requirement to pay copays for services directly impacts utilization of VA Healthcare (Hyres, 2007). Higher level priority groups are more reliant on VA Healthcare services, regardless of dual-eligibility status, as they receive health services and prescriptions at no cost (Hyres, 2007). Since the use of VA Healthcare is not the same between veterans, is this system of priority groups supportive of equal access, or perpetuating disparities in the use of VA Healthcare services? The complications of dual-users and uncoordinated care created through multiple provider use creates additional issues for those seeking to assess, measure, and intervene on healthcare disparities within the VHA. It is difficult to quantify the number of dual-user veterans receiving care from multiple providers, and efforts to reduce health disparities must take into account the possibility that any care interventions or research measures may be confounded by veteran access to and utilization of VA and non-VA health services.
Jessica Torres, a Chicago native, is pursuing her Master in Public Health (MPH) degree with a concentration in health education, at the College of Public Health at University of South Florida (USF) in Tampa, FL. She earned her Bachelor of Arts (BA) degree with a double major in Sociology and Health & Society, from Beloit College. Her research interest lies in community based participatory research, as well as in identifying and evaluating health program interventions in relation to pregnancy and postpartum health among Latina women. She is deeply interested in looking at health literacy, as well as social and cultural factors impacting utilization of healthcare services. In her upcoming second year as an MPH candidate, she will serve as the Secretary of Eta Sigma Gamma, a national health education honorary organization and will continue her service through the International Health Service Corps at USF for the 2015-2016 academic year. As the first member in her immediate family to pursue a graduate degree, she is highly motivated and deeply passionate to her specialty area and to the field of public health. Her long-term goal as a public health professional is to become a prevention coordinator or a public health nurse in a hospital setting or a women’s health clinic in Chicago, IL or another urban city, and manage behavioral programs with an emphasis on prevention and health promotion among the Latino population.

**Prediabetes Care in Veterans: Exploring Providers Information, Motivation, and Behavioral Approaches**

MENTOR: Amana Purnell, PhD

**Introduction:** In the United States, 29.1 million Americans have type 2 diabetes mellitus, and an estimated 86 million individuals over 20 years old are affected by prediabetes (Centers for Disease Control and Prevention, 2014). In the general population, prediabetes may be recognized as a low risk health problem, but it is a serious public health concern with individuals not being sufficiently encouraged to make efforts to change lifestyle and reverse Type II diabetes. From a health disparities perspective, it is also true that the prevalence of diabetes is higher for Hispanics, Blacks, and American Indians. With the presence of an effective behavioral intervention, patients with prediabetes can reduce and/or prevent diabetes by refocusing their energy on lifestyle changes like diet and exercise. One prominent evidence based program, the Diabetes Prevention program, has demonstrated that a combination of diet and exercise counseling is more effective than treating the patient with Metformin to reduce risk of developing diabetes. **Objectives:** The purpose of this study is to understand short-term and long-term primary care providers’ information, motivation, and behavioral practices in terms of their approach to care and treatment for prediabetes in Veterans. **Methods:** A qualitative study with in-depth interviews was used for this investigation, then color-coded and sorted data for thematic analysis. **Results:** The primary care providers reported patient resistance to lifestyle modification and challenges of SES as potential barriers when communicating about prediabetes recommendations. Information and motivation was strongly present from both types of providers, but more is needed to guide their practical skills. **Conclusions:** The qualitative data suggest that providers and residents strive to provide informational support for patients who exhibit low levels of risk perception on diabetes, and are finding ways to elevate self-efficacy in patients by communicating portion control techniques. Providers would benefit from additional training in patient centered motivational approaches to engage patients in lifestyle behavioral modifications.
Nnamdi “Endy” Anunobi is a Ph.D. candidate in Health Systems and Policy Management at the University of Memphis, School of Public Health. In 2010, Endy received his Bachelor of Medicine, Bachelor of Surgery (M.B.B.S) from the University of Nigeria. In service to his country, he served as the only physician providing primary health care services to a rural and underserved community of about 4,500 individuals. Before leaving this community, he performed a community needs assessment survey and liaised with the state board of health to ensure an uninterrupted supply of physicians to address their basic health needs. Soon after that, Endy started his residency training in orthopedic surgery, while occasionally collaborating with the World Health Organization (WHO) field office in his State (Anambra, Nigeria) to serve as a Lot Quality Assurance Surveyor during Polio Immunization campaigns. He also conducted monitoring and evaluation trainings for community health workers employed by government and private public health agencies. One year into his residency training, Endy decided it was time for a change of scenery and career options. He moved to the United States, where he was offered graduate research and teaching assistant positions at Georgia Southern University, where he graduated with a Master's in Public Health in Health Policy and Management in May 2015. He is currently working on a manuscript with his friend and mentor, Dr. Jeff Jones, entitled ‘Redesignating Health Professional Shortage Areas Using the Non-Physician Workforce’. Endy’s professional goal is to continuously develop sustainable models to address global issues of health care access and disparities, especially for under-represented groups.

**TWO-YEAR TREND ANALYSIS OF SEASONAL FLU VACCINATION AMONG CNVAMC EMPLOYEES**

**MENTOR:** Veda Pearson

**Background:** Despite widespread vaccination strategies implemented in the United States (U.S.), seasonal flu epidemics are still responsible for substantial morbidity and mortality. Studies have reported that influenza vaccination reduces winter mortality risk, especially among the elderly. Increasing the percentage of health care personnel who are vaccinated annually against seasonal influenza is one of the goals for the Health People 2020. 55.8 percent of health care personnel were vaccinated against influenza during the 2010–11 influenza season; the target was 90 percent. The method intended to be utilized to achieve the target was/is to maintain consistency with national programs, regulations, policies, and laws. **Objective:** The objectives of the report were to determine the level of influenza vaccination coverage amongst employees of the Charlie Norwood Veterans Affairs Medical Center (CNVAMC), and to analyze demographic trends in their coverage. **Methods:** We relied on retrieving the data from the Clinical Information System (CIS) Occupational Health Record-Keeping System (OHRS), and subsequently redact the information before utilization. **Results:** As of June 2014, the 2013-2014 season's vaccination coverage was 52% among CNVAMC employees. During the following influenza season, the percent vaccinated for the 2014-2015 season dropped to 47%. Demographics for the report were not obtainable. **Conclusion:** Vaccination coverage rates in Season 2014-2015 dropped slightly compared to the previous season. An increase in the number of employees can account for a fraction of the drop while a reduction in the number of vaccinated employees explains a lesser fraction of the drop. This 2 years analysis is not sufficient to depict a trend in vaccination coverage at the CNVAMC. Lack of demographic data also makes it difficult to attribute sociodemographic factors to the low vaccination coverage, which is well lower than the healthy people 2020 target of 90%.
Solida Nay was born and raised in West Modesto, California to parents who emigrated from Cambodia to America in 1986. From an early age he had an awareness of the health disparity presented in his community. As a child, when going to the doctors, he had to play the role of translator because of the language impediments that existed between the health care providers and his parents. During his early years, he spent a lot of time at The Bridge Community Center, a local program setup to help recent immigrants adjust to cultural customs in America and offer support. As he got older, he began to understand the need for there to be healthcare providers who came from the local community and understood the cultural barriers and medical misunderstandings that existed within certain minority demographics. While attending college, he worked as an emergency room scribe at Emmanuel Hospital and did volunteer work at the local pharmacy back in Modesto. He graduated from California State University, Sacramento with a BS in biology and a biomedical concentration, and has an academic goal of entering pharmacy school. His goal as a pharmacist is to be able to work in an underserved area, where he is able to relate to the community and offer health service from a personal understanding.

**Effectiveness of Complementary and Alternative Medicine in Treating Depression and Anxiety among Elderly Population**

**MENTOR:** Terry Taylor, PharmD

**Background:** Depression and anxiety are mental conditions that affect many Americans, but it is most prevalent among the elderly population. Traditionally, prescription drugs are given to those who suffer from these mental ailments, but it comes at a cost, both financially and health-wise. Certain drugs are known to have adverse side effects and the proper dosage course can be an arduous process without any guarantee success. Because of the uncertainty of outcome, health providers and patients have been seeking alternative routes to treat depression and anxiety issues. These alternative methods are known as complementary and alternative medicine (CAM), which includes, yoga, meditation, acupuncture, to name a few. They can be used in conjunction with conventional prescription or in placement of, but just how effective are CAM treatments. The purpose of this review is to find evidence regarding the effectiveness of CAM to treat depression and anxiety among elderly population. **Methods:** The method for my research involved the usage of pulling published literature reviews from search database: PubMed, NIH, and Google Scholar. The terms: Complementary and Alternative Medicine, Anxiety, Depression, Elderly, depression and anxiety treatments, and PTSD were used to narrow my article search. **Results:** Many articles yield some short-term success with their studies, but overwhelmingly, the results regarding the effectiveness of CAM treatment for anxiety and depression were inconclusive due to various factors, such as the novelty and newness of CAM. **Conclusion:** Although, some studies have shown the beneficial effects of CAM treatments, e.g. the practice of meditation and yoga to alter minor depression issues or music therapy to alleviate some sense of anxiety among elderly patients, no concrete studies have yield distinct results worthy of acceptance of CAM use in medical practice. The common theme among the many articles I have read was of the promising potential CAM treatment has to offer, but as mentioned in many studies, the long-term effect is yet to be concluded due to the newness of CAM in medical studies.
Stephanie K. Rivera Soto, originally from Puerto Rico, received her Master’s in Public Health (MPH) degree with a concentration on Epidemiology, from the Ponce Health Sciences University (PHSU) in Ponce, PR. She earned her Bachelor of Sciences (BS) degree in Pre-medicine at the University of Puerto Rico in Mayagüez, PR. Her research focuses on assessing the Validity and Reliability of Cancer 101 educational materials for Puerto Rican communities. During her first year as a graduate student, she did her practice on the Cultural Adaptation of Cancer 101 Educational Materials for Puerto Rican communities. In the summer of 2014, she had the opportunity to work in el “Centro de Educación, Conservación e Interpretación Ambiental” (CECIA). At CECIA she had the opportunity to work on the Rosembaun Project doing an epidemiological study on the health impact in residents due to water system quality, as an intervention to reduce the incidence of acute diarrheal diseases in Puerto Rico. She is particularly interested in the health status, including physical activities and daily diet, of low income communities to help reduce the high incidence of chronic and infectious diseases. Her goals are to obtain a Doctor in Public Health (DrPH) degree in Epidemiology, and to be able to bring the acquired knowledge to future professionals, by choosing a career in academia. Additionally, she aspires to become an extraordinary resource to help people and countries in need, without losing perspective of her Christian and moral values.

SOUTHERN ARIZONA VA HEALTH CARE SYSTEM: WHAT DO VETERANS AND VA EMPLOYEES KNOW ABOUT VETERANS ACCESS CHOICE AND ACCOUNTABILITY ACT A YEAR LATER?

MENTOR: Stanley Holmes, MPA

Background: The Choice One program (Public Law No: 113-146) was enacted by Congress on August 7, 2014 by the Veterans Access Choice and Accountability Act (VACAA). This program is intended to assist Veterans who are eligible to access health care through non VA-entities and providers. Veterans can use their Choice card if they meet certain requirements; their scheduled appointments is more than 30 days from the clinical desired date, if they live more than 40 miles from a VA facility, if they have to travel by plane or boat to reach their closest facility and/or if they have to face a geographic challenge, such as extensive distances around water or other geologic formations. Objective: The purpose of this study is to provide an overview of awareness of the program to Minority Veterans and how Employees are communicating the program requirements and/ or eligibility at the Southern Arizona VA Health Care System. Methods: Two need assessments were developed. One need assessment was given to Veterans and the other to Southern Arizona VA Health Care System Veteran Employees. A total of 37 people were given the needs assessment. Results: Employees feel they are unprepared to give accurate information regarding the Veterans Choice Act to Veterans. They feel there is still much work to be done. The need assessment given to Veterans indicates the majority aren’t aware of Veterans Choice Program. Conclusion and Implication: These findings will assist the Southern Arizona VA Health Care System employees in managing and promoting this program. Additionally, the findings will help Veterans to be aware of the pros and cons of this program and the benefits they can obtain.
Tolulope (Tolu) Sodimu received her Master’s in Public Health (MPH) degree from the University of Maryland, Baltimore in 2015. She obtained a Bachelor of Science (BS) degree in Biology from University of Maryland, Baltimore County (UMBC) in 2010. Her passion for health care and equality, as well as her interests in community health led her to pursue a career in public health and health care management. In addition to her academic pursuits, she has worked on the various University of Maryland Baltimore collaborative initiatives to address nutrition and obesity. With these initiatives, Tolu worked as a health educator, teaching children in inner city schools in Baltimore about where fresh fruits and vegetables can be purchased, growing one’s own garden and the importance of healthy eating as well as physical activity. In addition to classroom instruction, she participated in farmers’ market outings with the children, giving hands-on instruction for making fresh food choices. In 2015, she interned with the West Baltimore Community Assets and Resource Exchange (CARE) Health Enterprise Zone. With this institution, Tolu assists on the development and implementation of nutrition and meal plan based programming for west Baltimore residents to address cardiovascular disease. Later, as a consultant, she worked hand in hand with the West Baltimore CARE coordination team in program evaluation efforts, as well as the launch and completion of a nutrition-based intervention pilot in the West Baltimore community. Her future goals include working in agencies focused on addressing health disparities among the African American population.

EVALUATING AND ANALYZING VA FACILITY PROGRAMS AND PROCESSES

MENTOR: Guy B. Richardson, MHSA, FACHE

The United States Department of Veteran Affairs is a government agency whose mission is to serve Veterans and their beneficiaries. The Veterans Integrated Services Network (VISN) 5 office is the VA Capitol Health System under the Veterans Health Administration (VHA) who oversees the health care services of Veterans in the Maryland, DC, Virginia, and West Virginia areas. This project at VISN 5 encompassed tasks including facility business plan evaluation, orientation to Veterans Affairs practices and management, as-is assessment of government programming and streamlining of government initiative information. As a part of orienting to VISN 5 practices, several committee meetings for business plan review were attended, as well as update meetings for overall VISN functions, and training seminars for various office positions were attended. Additionally, three facility business plans of varying complexity were evaluated to determine return on investment and fulfillment of performance measures for each proposed program. Facilities submit business plans for programming to the VISN office to receive funding for the implementation of said programs. The analyses done were used to determine best practices for reviewing and analyzing return on investments for future VISN programs. An as-is assessment of the vehicle fleet management for this office was performed, where national policy and local procedures were analyzed and variance from policy were illuminated and recommendations for change were given. A large portion of this project was allotted to the development of orientation materials for the MyVA initiative. MyVA is a part of the Secretary of Veteran Affairs vision to transform the department to better serve the Nation’s veterans. As the MyVA initiative continues to develop and be introduced into VHA practices, the proponents of the plan continue to change. Within this project, current documents for MyVA were streamlined to provide a brief comprehensive display of the new developments for each focus area of the initiative. The primary purpose of this briefing is to provide VISN employees with an overview of the MyVA plan and also a timeline of MyVA developments as it will affect them and the Veterans they serve.
Vanessa Arriola was born in Lima, Peru. She received her Master's in Public Health (MPH) degree with a concentration in Epidemiology, at the School of Public Health and Tropical Medicine at Tulane University in 2015. She earned her Bachelor of Science (BS) degree in Healthcare Administration from Southern Illinois University in 2011. In 2012, she was honorable discharge after serving five years as a United States Navy Corpsman. During her military service, she was stationed in Florida and Cuba. In her final appointment, she worked with Cuban-American residents who lived at home. As a public health professional, her research interest is health disparities in minority Veterans. For the past five years, Ms. Arriola has been actively taking part in several projects that targeted Hispanic populations. Some of her past projects included the analysis of infectious diseases and mental health conditions in Hispanic Veterans. Also, she conducted surveys to Hispanic construction workers, participated on focus groups with Hispanics adolescents, and studied motivators and barriers concerning Chagas fumigation campaigns in Peru. During her time as a graduate student at Tulane University, she served as President of the Golden Key International Honor Society, Treasurer for SALUD for Latin American Communities, and President of the first Student Veteran Organization. Furthermore, she mentored Hispanic undergraduate students. Her short term goals as a recent graduate, are to work for the federal government and pursue a Doctorate of Public Health (DrPH) degree.

**BURDEN OF CLOSTRIDIUM DIFFICILE IN WISCONSIN**

**MENTOR: Nasia Safdar, MD, PhD**

The Department of Veterans Affairs (VA) is one of the nation’s leaders in health research and development. The VA Research and Development program have been conducting studies at VA medical centers, outpatient clinics, and nursing facilities for approximately 90 years. VA’s studies have substantially provided advancements in health care for Veterans and their quality of life. Furthermore, VA researchers continuously investigate infectious diseases to develop effective prevention strategies to reduce the number of new cases while trying to cure the current existing cases. Healthcare associated infections are the most frequent complication in the hospital setting, causing over 1.7 million infections and 99,000 deaths each year, according to the Agency for Healthcare Research and Quality. One of the most common bacterium is Clostridium difficile (C. diff). C. diff can cause diarrhea and intestinal inflammation. C. diff is a global burden, and its economic burden is beyond proportions especially with the rise in health care associated costs. Last year, the Centers for Disease Control and Prevention estimated that the total cost per year of C. diff ranged from $1 billion to $1.6 billion which, is a dramatic increase from the previous year. However, that is only an estimation. The literature supports the need to recognize the real burden of C. diff in each state to accordantly target prevention strategies as it varies state by state with associated costs. The objective of the project is to understand the burden of C. diff in the state of Wisconsin by looking at the demographics, and assessing the effect on total charges and utilization of healthcare services. To achieve this objective, the latest outpatient and inpatient data from the Healthcare Cost and Utilization Project (HCUP) would need to be analyzed. HCUP’s databases are the most comprehensive source of hospital data maintained by AHRQ. The findings will estimate the total charge and utilization related to C. diff in Wisconsin, as well as determine the importance of prevention against C. diff in facilities. Allowing to manage the cost for services by the veterans themselves as well as the VA cost to help lower the probability of such diseases.
Vasiliki Aggeliki Zotou, is a native of Rhodes, Greece who moved to Boston, Massachusetts at the age of thirteen. She attended high school in a Boston suburb and completed her undergraduate education at Suffolk University Sawyer School of Business and the University of Massachusetts Boston. Upon receiving her bachelor's degree, she landed a research position at the Massachusetts Eye and Ear Infirmary conducting hearing regeneration research using several animal models. On her free time she volunteered to help post-surgical unit staff to care for patients and also shadowed her Principal Investigator—a Mexican American Otolaryngologist—during operations and clinical visits with patients. It was during a clinical visit at the Infirmary, where she first witnessed the tremendous health disparities that exist among minority groups like Latinos. Desiring to close the gaps in care and become part of the solution, she decided to leave her position and pursue a Master's degree at the George Washington School of Public Health in Washington D.C., where she hoped to gain the necessary skills to create sustainable change in the care provided to Latinos and improve patient outcomes. She hopes to combine her strong analytical skills, cultural competence and passion to help others in need to better the lives of Latinos and subsequently improve our Nation as a whole.

Impact Analysis of Southern Nevada Healthcare System Transitioning into VISN 21 as a Result of Nationwide VISN Realignment Efforts: Predicting Referral Patterns and Making Recommendations for the Future

MENTOR: Ada Clark and Randy Quinton

In recent years the Veterans Health Administration (VHA) has been under extreme scrutiny due to accusations of significant variability in care, with some Veterans receiving care that falls well below the high quality care that the VA has been known to provide. While some of the variability could be attributed to individual practices, much of VHA's current issues are a result of the systemic breakdown in governance processes across the entire Administration. The current challenges VHA is facing highlight the imperative for critical analysis and transformation of VHA governance. In order for the VHA to regain the trust of its Veterans and continue providing exceptional service, the Interim Under Secretary concluded that realignment of the 21 Veteran Integrated Services Networks (VISN) was necessary, which would result in several mergers. The newly combined networks would share oversight responsibilities for all facilities, including several tertiary hospitals, health centers and community-based clinics. Among the VISNs targeted for realignment is VISN 22, which currently manages the operations of five major healthcare systems: Greater LA (GLAHCS), San Diego (SDHCS), Long Beach (LBHCS), Loma Linda (LLHCS) and Southern Nevada (SNHCS). While VISN 22 is planned to gain four healthcare systems after integrating with VISN 18, it will be losing SNHCS to VISN 17. As an integral part of the Network, SNHCS has established strong relationships with the rest of VISN 22 healthcare systems. Consequently, every year thousands of SNHCS patients have been referred to the Southern California facilities, permanently shaping their workload and budget. In an attempt to predict the consequences of losing a significant part of the network and more importantly, prepare commonly-referred patients for the transition, an impact analysis that focuses on referral patterns was conducted. Thorough review of medical stop codes for SNHCS referrals to Southern California locations from the past two years was performed with the intent to make recommendations for future referrals after realignment is complete and SNHCS is no longer part of VISN 22. In addition, brief cost and workload evaluation of referrals was conducted to inform leadership of potential financial implications.
ALUMNI QUOTES

**Monideepa Becerra, DrPH, MPH**  
VA Fellow, Summer 2014

The HSHPS GFTP fellowship was a rewarding experience that helped me grow as a public health professional. The fellowship opened a tremendous amount of collaborative work opportunity in not only my field of research but also expanded my scope of research by allowing me to work with leaders in the field. The webinars, the resources, and the networking opportunities are tremendous and I would recommend the fellowship to student interested in improving population health. I am confident that I am a better professor and researcher today because of the experience I had during the fellowship.

**Dahir Nasser, MPH**  
VA Fellow, Spring 2014

The GFTP provided me an opportunity to explore my interests and gain valuable experience in health care delivery. Having a warm, welcoming mentor like Dr. McFarland made the time both educational and fun. Working at the VA Central Office in Washington D.C. I gained a unique perspective on the intersection between Federal policy development and clinical practice. Since the GFTP, I have had roles at the UC San Diego Center for Community Health as a Senior Program Manager and as a Capital Executive Fellow in the California Governor’s Office of Business and Economic Development.

**Lauren DeBerry, MPH**  
HRSA Fellow, Summer 2014

My summer with GFTP was a pivotal stepping stone to starting my federal career. The program’s trainings and mentoring helped open doors leading me first to an ORISE fellowship and finally to my current position FDA Center for Tobacco Products.

**Benjamin Becerra, MS, MPH, DrPH**  
VA Fellow, Summer 2013 and Summer 2014

I am very thankful for having had the opportunity to participate in the HSHPS GFTP. Through the training and networking that was a part of this experience, I met many valuable contacts that have helped to advance my career and work towards performing health disparities research on minorities such as Hispanics and veterans.

**Stephanie Calhoun**  
VA Fellow, Summer 2014

The GFTP program helped me to be competitively selected for a paid Dietetic Internship with VA St. Louis Health Care System. The internship’s focus is on recognizing and reducing health disparities. My GFTP experience provided me with a competitive edge in applying for the internship in addition to providing a solid educational background on health disparities.

**Mariane Rivera**  
VA Fellow, Summer and Fall 2014

By participating in the GFTP, I had the opportunity to work in my field of study and learn from great mentors. The experience was very rewarding, as I was able to deviate from my comfort zone, and challenge myself professionally. As a fellow, I worked hard and always went the extra mile. When my fellowship ended, I was blessed to have received a job offer from the Department of Veterans Affairs, and have been gaining experience every step of the way.