2012

HSHPS TRAINING PROGRAMS

11th Annual Research Symposium:
The Importance of a Diverse Health Workforce to Improve Health Access and Quality Care for Hispanics
HSHPS TRAINING PROGRAMS

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acknowledgements</td>
<td>5</td>
</tr>
<tr>
<td>Introduction</td>
<td>6</td>
</tr>
<tr>
<td>Letter from President</td>
<td>7</td>
</tr>
<tr>
<td>HSHPS Executive Committee + Board of Directors</td>
<td>8</td>
</tr>
<tr>
<td>HSHPS Staff</td>
<td>9</td>
</tr>
<tr>
<td>Letters from HSHPS Board Members</td>
<td>11</td>
</tr>
<tr>
<td>2012 HSHPS Training Programs</td>
<td>24</td>
</tr>
<tr>
<td>Government Training Programs</td>
<td>24</td>
</tr>
<tr>
<td>Department of Health and Human Services (HHS), Centers for Disease Control and Prevention (CDC) in Atlanta, GA</td>
<td>24</td>
</tr>
<tr>
<td>Department of Health and Human Services (HHS), Health Resources and Services Administration (HRSA) in Rockville, MD</td>
<td>27</td>
</tr>
<tr>
<td>Department of Health and Human Services (HHS), National Institutes of Health (NIH) in Bethesda, MD</td>
<td>38</td>
</tr>
<tr>
<td>Department of Health and Human Services (HHS), Office of Minority Health (OMH) in Rockville, MD</td>
<td>41</td>
</tr>
<tr>
<td>Department of Veterans Affairs (VA), Office of Diversity and Inclusion in Los Angeles, CA; San Juan, PR; Tampa, FL; and Washington, DC</td>
<td>45</td>
</tr>
<tr>
<td>U.S. – Mexico Border Health Training Programs</td>
<td>53</td>
</tr>
<tr>
<td>Focusing Research on the Border Area (FRONTERA) in Tucson, AZ</td>
<td>53</td>
</tr>
<tr>
<td>Border Environmental Health: Autism in the South of Texas in Harlingen, TX</td>
<td>56</td>
</tr>
<tr>
<td>Disease Specific Training Programs</td>
<td>59</td>
</tr>
<tr>
<td>HIV/AIDS Along the U.S.-Mexico Border in San Diego, CA &amp; Tijuana, Mexico</td>
<td>59</td>
</tr>
<tr>
<td>International Training Programs</td>
<td>61</td>
</tr>
<tr>
<td>Tropical Medicine and Global Health in Quito, Ecuador</td>
<td>61</td>
</tr>
<tr>
<td>Social Medicine in Managua, Nicaragua</td>
<td>64</td>
</tr>
<tr>
<td>Alumni Updates</td>
<td>68</td>
</tr>
</tbody>
</table>
A SPECIAL THANKS TO THE FOLLOWING PEOPLE FOR ASSISTING THE HSHPS STAFF WITH THE 2012 TRAINING PROGRAMS:

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Jackie Calix
Christine Montgomery
Deanna Wathington, MD, MPH, FACP
Julio Dicent, MS
Norma Poll, PhD
There is a significant strain on the health workforce and the number of minorities, specifically 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. Additionally, African Americans, Hispanic Americans, and American Indians, as a group, constitute nearly 25 percent of the U.S. population. Yet, these three groups account for less than 9 percent of nurses, 6 percent of physicians, and only 5 percent of dentists.1 Minority representation within the health professions directly relates to access to health care services in underserved communities and is viewed as “an integral part of the solution to improving access to care.”2 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.3 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.4

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.”

HSHPS It is a unique non-profit organization whose membership consists of both medical and public health schools geographically distributed across the U.S. that consist of at least 5% Hispanic student enrollment at the individual schools. The 28 member institutions have extensive histories of working to improve the health of Hispanics through training, education, and research. Additionally, HSHPS has collaborated with the numerous non-profits, academic institutions, government agencies, international non-governmental organizations (NGOs), and community organizations that address health workforce development. It has affected the training of individuals from pre-health to faculty, and assisted in research development on Hispanic health across the U.S.

The HSHPS Training Programs 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 researcher or senior health professional, to work on projects has they relate to Hispanic health issues and professional development. The training programs are designed to: enhance the trainee’s research and professional development skills; increase the trainee’s knowledge about Hispanic and other minority health issues; and provide opportunities to network with other health professionals.

Now, in its 11th year, HSHPS has trained over 300 fellows. Most still work with Hispanic and other minority groups in government or academia, pursued higher degrees, published research, received NIH grants, and stay connected with HSHPS!

August 1, 2012

Dear HSHPS Trainees,

On behalf of Hispanic-Serving Health Professions Schools (HSHPS), we would like to congratulate you on your successful completion of the 2012 HSHPS training program. You are now part of a wide network of diverse participants from across the United States. We hope that during the traineeship you acquired skills that will enhance your future academic and career goals, in addition to being inspired to eliminate Hispanic health disparities. Moving forward, we wish you luck in all your endeavors and encourage you to remain in contact with us. We thoroughly enjoy hearing alumni updates, especially those highlighting your service within the Hispanic community.

Sincerely,

Valerie Romero-Leggott, M.D.
HSHPS President
EXECUTIVE COMMITTEE

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Director of Operations and Finance

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Program Manager

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Administrative Assistance

ODALYS CRESPO, MA CANDIDATE
Program and Communications Trainee
Dear Fellows:

On behalf of the HSHPS board members and myself, I want to congratulate you for completing the graduate fellowship training program this past summer 2012. As an organization that leads in the pursuit to recruit, train, and retain bright and competitive health practitioners, we look forward to your continued interest in the preparation to address and eliminate health disparities.

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

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

Sincerely,

Norma A. Perez, MD, DrPH
Director, Hispanic Center of Excellence
University of Texas Medical Branch
July 24, 2012

Dear Former Trainees,

I would like to take this opportunity to congratulate you all for completing the training program and I am confident that you will make an impact on your special area of interest. At the same time I would like to encourage you to continue seeking higher degrees in health, not only because you are talented and this is where your interest lies, but because the nation really needs your talents for the future. You are the ones who will make a significant impact on reducing health disparities among Hispanics and other groups. It is your research that will make a significant difference in the future and, as a result, a difference in the lives of those who need relief from the disparities that we see today.

I wish you all the very best for future success.

Sincerely,

Carlyle Miller, MD
Associate Dean for Student Affairs
And Equal Opportunity Programs
Associate Professor of Medicine
Weill Cornell Medical College
Board Member for HSHPS
Dear HSHPS Scholars and Trainees,

It is indeed inspiring to witness how many of you have completed your program training that HSHPS has offered. I congratulate each and every one of you for this truly great accomplishment. I also offer you my heartfelt thanks for believing in the dream that you can make a difference. Receiving the education and training that will develop the foundation you will need to make this difference is critical in meeting the needs of our minority communities. I am so proud to be a Board member and witness how the HSHPS provides these incredible opportunities to further your professional development.

As the immediate past Associate Dean for Multicultural Affairs here at the University of Washington, I have personally witnessed the challenges that we face in attracting the right type of student into health careers - the student that understands the inequities facing our society; the student that has the empathy, compassion and the sense of duty to serve disenfranchised population groups; the student that realizes the social injustices that abound in our health care delivery system and wants to change it. It is my hope that each of you will become this next generation of students. It is for this reason that I strongly encourage you to continue to pursue higher education and obtain higher degrees in health. I would encourage you to think about a career in academic medicine, and become the faculty that will train our future diverse workforce. I would encourage you to pursue clinical research and ask the right questions that will begin to address the many health disparities that our Latino communities face each day.

You have already started the journey towards this end. The journey has not ended, and should continue. Know that there are many minority faculty out there who want to support you and provide the guidance you need in pursuit of your goals. The HSHPS will continue to reach out to you in the future. Simply remember that you are not alone.

I again thank you for participating in our HSHPS programs, and I wish you the best in your future endeavors.

Sincerely,

David Acosta, M.D., FAAFP
Chief Diversity Officer, UW Medicine
Clinical Professor, Department of Family Medicine
University of Washington School of Medicine
July 28, 2012

Congratulations HSHPS trainee,

On behalf of our board members, I would like to congratulate you upon completing our HSHPS training program. We believe that the experience you had with us will serve you well in your future career as a health professional. As you have learned, it is vital that we increase the number of health professionals who are able to provide culturally competent care to the Hispanic community. Therefore, we hope that your experience this summer will encourage you to pursue a career in medicine, public health, dental health, or other health professions. Moreover, we hope that you will also consider a career as a faculty member in those fields, so as to increase our knowledge on Hispanic health and to help eliminate health disparities among Hispanics, and to help train the next generation of Hispanic health professionals.

We wish you the best of luck in your future.

Sincerely,

Fernando S. Mendoza, M.D., M.P.H.
Professor and Chief, Division of General Pediatrics
Associate Dean of Minority Advising and Program
Stanford University, School of Medicine
Board member Hispanic Serving Health Professions Schools. Inc.
29 July 2012

Dear Colleague:

Congratulations on completing the Hispanic Health Professions Schools Summer Training Program. Your dedication and effort will help ensure that we have a well trained public work force to meet the needs of an increasing diverse nation.

Part of the very real challenge that we face is having an adequate number of highly trained individuals at the doctoral and master’s level to deliver clinical services, design and conduct community health interventions, and develop progressive public health policy. We hope that this summer training experience supports and energized your effort to pursue further formal and informal training.

From personal experience I can tell you that the contacts you made this summer will continue to serve you well. Whether fellow students or professional collaborators I challenge you to maintain and nurture this network of like minded individuals who can both support and celebrate your success as you move forward in your career.

Finally as the son of immigrants and a native of a US-Mexico border community I want to thank you personally for taking the time to learn about the very real issues which impact underserved populations across the country. The knowledge and insight you have gained this summer will serve you well regardless of where your professional life ultimately takes you.

I look forward to hearing about and celebrating your future accomplishments in public health.

Sincerely,

Francisco A. R. García, MD, MPH, FACOG
Distinguished Outreach Professor
Public Health, Obstetrics & Gynecology, Mexican American Studies, Clinical Pharmacy, and Nursing
Director, Center of Excellence in Women’s Health
Director, Cancer Disparities Institute
The University of Arizona
July 25, 2012

To: Graduates, Hispanic-Service Health Professions Schools

Congratulations on your successful completion of the program. As you continue along your chosen career path, I encourage you to strive to meet the unique needs of underserved populations who have less access to quality and culturally competent health care. Much of the health disparity experienced by the underserved can be avoided by providing quality and effective health care services to these diverse groups.

I strongly encourage you to pursue higher degrees of education on your life long journey of study and reflection. Set a goal of providing compassionate care for your patients to go along with the scientific proficiency that is expected in the practice of medicine.

Again, I offer my sincere congratulations on your achievement.

Best regards,

Francisco González-Scarano, MD
Dean, UT School of Medicine at San Antonio
Vice President for Medical Affairs
Professor of Neurology
July 30, 2012

Dear HSHPS Trainee,

Congratulations on completing your summer training program and working towards a health and science career! I am excited by your interest in the health and sciences and at the prospect of working with you to address the needs of our Hispanic community.

You have great potential to achieve different health-related degrees and positions. Consider attaining a degree in medicine (MD or DO), public health (MPH or DrPH), research (PhD) or other degrees which are necessary if you hope to serve in the highest positions in health and sciences such as the Director of the CDC or NIH, Dean of a Medical School, or Commissioner of a Health Department. Also realize that you have the talent and perspective to successfully serve in these roles and to serve as a great role model for other young adults.

As you plan out your future consider serving in academia. Academicians have a pivotal role in developing and training future health professionals in charge of addressing Hispanic health. Academicians are responsible for the recruitment, retention, and personal and professional development of students and they oversee curricula development, financial aid, and faculty promotion and tenure. Unfortunately, Hispanics are underrepresented in academia; for example they only represent 4.2% of faculty in medical schools. We encourage you to serve in academia and help train future generations.

As the next generation of Hispanic leaders, researchers, teachers, and health care providers your cultivation is HSHPS’s primary focus. We want you to be vocal and share your perspective in order to effectively meet the health care needs and health disparities of the Hispanic community. I look forward to hearing about your on-going accomplishments as you continue to work towards your dreams.

Best wishes,

John Paul Sánchez MD, MPH
Principal Investigator, Building the Next Generation of Academic Physicians Initiative,
Core Faculty Member, Hispanic Center of Excellence,
Chairperson, Einstein LGBT Steering Committee,
Albert Einstein College of Medicine
July 28, 2012

Dear HSHPS Trainees,

I am delighted to congratulate each and every one of you on the completion of your HSHPS summer training program. It is my hope that your participation in this program has immersed you in the field of public health and has provided you with the necessary health and research skills needed to better serve our Latino populations and take the next steps towards your own professional development.

The experience you have gained over the summer is invaluable and I would like to encourage you to utilize it and pursue a higher degree in health, whether the next step in your career is a MPH, MD or PhD. The knowledge we have attained, especially in the health field, can always be expanded and you can contribute to that knowledge by continuing or incorporating a research lane in your health career path.

As an alumni of the extraordinary program that our Hispanic Serving Health Professions Schools has created, I will ask that you continue to give your passion and brilliance to improving the health of underserved communities throughout the U.S. Yours will also be the opportunity to encourage and mentor future students to become public health professionals.

With all best regards and warm congratulations,

Maria Luisa Zúñiga, PhD
Associate Professor
Division of Global Public Health, Department of Medicine
Associate Professor and Section Head, Center for Community Health,
Division of Academic General Pediatrics, Child Development & Community Health,
Department of Pediatrics
University of California San Diego
9500 Gilman Drive, Mail Code 0927
La Jolla, CA 92093-0927
SCHOOL OF PUBLIC HEALTH AND TROPICAL MEDICINE

Department of Environmental Health Science

July 27, 2012

Dearest 2012 HSHPS Trainees,

It is my sincerest pleasure to congratulate you on completion of the Hispanic-Serving Health Professions Schools (HSHPS) training. As you well know, the value of what you have gained through participation is immeasurable and can only serve to enhance the already diverse and impressive skill sets you brought to the program.

We hope that your participation has not only served to broaden your understanding of Hispanic and other minority health issues but also created lasting professional relationships that will benefit Hispanic communities everywhere by fostering dialogue and communication amongst health professionals.

We hope that your fellowship will be an inspiration to your career development. Your success determines how and when we can see an end to Hispanic and other minority health disparities.

Sincerely,

Maureen Y. Lichtveld, MD, MPH
Professor and Chair
Freeport McMoRan Chair of Environmental Policy
Associate Director Population Sciences, Louisiana Cancer Research Consortium
Director GROWH Research Consortium
July 25th 2012

Dear 2012 Summer Trainees,

On behalf of HSPHS and the University of Miami, Miller School of Medicine it is a pleasure to write this congratulatory letter, on the successful completion of the training program.

Our school of medicine recognizes that training the health professional leaders of tomorrow begins by training the health professional leaders of today. HSHPS addresses this by supporting programs aimed at improving health inequities within the Hispanic community, by educating Spanish speaking and non-Spanish speaking medical and public health students on the social, cultural, and linguistic barriers health professionals face when communicating with Hispanic patients and vice versa. We believe that your “in the field” training in underserved areas of Latin America will help you gain a well-rounded knowledge of international public health, medicine, research, and practice, as well as professional skills.

HSHPS has a successful record of enhancing the training and education of medical and public health faculty and students through its faculty development seminars and unique international programs. Both of these activities have been vital in creating innovative ways of encouraging students to pursue the health professions and to remain committed and even more passionate to the cause.

We want to congratulate you on successful completion of this program – for having the initiative to make a difference as a future leader and advocate in public health. We want to challenge you to consider a career in academics, so you can mentor others and make a difference to many. And of course our charge to you, to maintain your passion and commitment towards eliminating Hispanic and other minority health disparities.

Sincerely,

Olveen Carrasquillo, M.D., MPH
Chief, Division of General Internal Medicine
PI, Community Engagement Component, CTSI
University of Miami, Miller School of Medicine

Department of Medicine / Division of General Internal Medicine
Clinical Research Building room 968 Locator code C223, Miami, FL 33101
Phone: 305-243-2718 Fax: 305-243-7096 (fax)
8/1/2012

Dear HSHPS trainee,

On behalf of our board members, it is with extreme pleasure and great pride that I congratulate you on having successfully completed our HSHPS training program. Hopefully your experiences during your placement have enhanced your research and professional development skills, increased your knowledge about the nuances of Hispanic and other minority health issues, and most importantly provided you the opportunity to network with other health professionals and to create lasting relationships and opportunities to forge ahead in your career.

Your service and leadership in future years will determine how we, as a nation, prepare to meet the challenges and unique needs of the underserved, many of those who are Hispanic and lack access in quality and culturally-competent health care. You can play an intimate as well as institutional role in reversing those health disparities that are amenable to change and that so much plague our growing population. You can become an agent of change for the future of health care for Hispanics.

In an Olympic year, it would not be trite to use the analogy of passing the torch. The Hispanics Serving Health Professions Schools has invested in your future and trained you to excel. You are now the elite. We hope that the quality of your program this past year, as well as the experiences you have obtained will motivate you to “pass the torch” to those behind and around you and promote not only our training programs, but the mission of our organization. We also expect that as you become a future academic leader, you will promote the importance of striving for high quality education, research and mentorship. We encourage you to further your education by pursuing advanced degrees and lifelong training, which are the pillars for sustainability in the achievement of excellence.

Congratulations! (Felicidades!)

Sincerely,

[Signature]

Ricardo Jose Gonzalez-Rothi, MD, FCCP
Professor and Chairman
Department of Clinical Sciences
Florida State University College of Medicine
Board member, Hispanic Serving Health Professions Schools, Inc.

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July 27, 2012

Hispanic-Serving Health Professions Schools
2611 Jefferson Davis Hwy
Suite 205
Arlington, VA 22202

Dear Student Trainee:

On behalf of the Geisel School of Medicine at Dartmouth and the Office for Diversity and Community Engagement, we want to acknowledge your accomplishments this summer! The Geisel School of Medicine is a national leader in academic medicine and we strive to improve health—locally, nationally, and globally. We do this by educating the leading physicians and scientists of tomorrow, generating new knowledge through research, and empowering all members of our community.

We want to take this opportunity to applaud your completion of the training programs offered by the Hispanic-Serving Health Professions Schools (HSHPS)/Office of Minority Health (OMH) partnership. The many training programs targeted to educate Spanish-speaking and non-Spanish speaking medical and public health students on the cultural and linguistic barriers that make health equity a continuous struggle amongst the Hispanic populations in the United States are aligned with our school’s mission to provide equal healthcare access to all.

The Geisel School of Medicine will continue to work with you, the student, and the HSHPS to promote training and educational experiences for the Hispanic community, with the ultimate goal of advancing our nation’s health. We are committed to future collaborations with HSHPS to increase the number of Hispanics who pursue careers in medicine, research or other health profession degrees.

As we strive together for higher ground, you have our full support. We enthusiastically look forward to a brighter future and a stronger and healthier Hispanic community!

Sincerely,

Shawn O’Leary
Director for Diversity and Community Engagement
Geisel School of Medicine

DARTMOUTH MEDICAL SCHOOL
Office of Multicultural Affairs
Hanover, New Hampshire 03755-3837
Telephone: (603) 650-1582
Fax: (603) 650-1169

Shawn O’Leary
Director of Multicultural Affairs
Dear HSHPS Trainee:

It is with great pleasure that congratulate you on successful completion of HSHPS traineeship. The work that you have done this summer is extremely important to the health of Latino populations and the world. I encourage you to pursue your dreams with persistence and passion. Quite frankly, the world needs you to help solve the complex health problems that we face! As you continue on your life journey, I hope that you will consider advance study in a MPH, PhD and/or M.D. program. Our founding Dean of the Drexel University School of Public Health, Dr. Jonathan Mann’s legacy was that he championed health being as a human right. Your work as a HSHPS trainee carries that legacy forward and is an inspiration to us all. We, at the Drexel University School of Public Health, look forward to crossing paths with you as we seek to improve the health and well-being of communities around the world. We wish you the best in your future endeavors!

Sincerely,

Warren Hilton
Assistant Dean
Drexel University School of Public Health
1505 Race St
Philadelphia, PA 19102
August 1, 2012

Dear HSHPS Trainee,

On behalf of the University of South Florida (USF) College of Public Health, we would like to congratulate you on your successful completion of the 2012 HSHPS training program. The USF College of Public Health is a proud member of HSHPS, and the host institution for the HSHPS Tropical Disease and Global Health Training Program in Quito, Ecuador. Whether you served as a trainee in our international program, a HSHPS disease-specific program, a HSHPS border health program or a HSHPS government program, we applaud your initiative and salute you for your accomplishments and your hard work during your trainee experience this year.

Your experience has given you first-hand knowledge about Hispanic health issues and we encourage you to share your story and experience with others at your university. We hope that you have gained relevant skills, broadened perspectives and academic enhancement to support you in future leadership, academic and career endeavors. Know that you are vital, you are the foundation of American health in this century. Your impact on policy, direct care and community based participation will sow the seeds that ameliorate the negative impact of current social, structural and environmental determinants of health. We hope that your HSHPS training program inspired you to continue the struggle and honor the legacy of ensuring the health of all populations within the United States.

We salute you and encourage you to remain steadfast health advocates, researchers and practitioners.

Sincerely,

Deanna Wathington, MD, MPH, FAAFP
Associate Dean for Academic and Student Affairs
University of South Florida College of Public Health
Member, Executive Committee and Board, Hispanic Health Serving Professions Schools, Inc.
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: Disaster Carbon Monoxide Poisoning Surveillance and Analysis of the Socioeconomic Characteristics and Environmental Vulnerabilities of Communities and HIV Prevention Capacity Building for National HIV/AIDS Prevention Programs in Support of Hispanic/Latino Activities

PROGRAM MENTORS:
Francisco A. (Paco) Tomei Torres, Ph.D.
Raquel I. Sabogal, MSPH
Arlyn Nathalia Gleaton is an MPH Candidate at Georgia State University (GSU), concentrating on Epidemiology and Prevention Science. Arlyn earned a Bachelor’s degree in Bacteriology in Bogotá-Colombia and moved to the U.S. in 2009. For the past two years, Arlyn has been actively involved in Community-Based Participatory Projects and laboratory Research. She served as a Graduate Research Assistant at the Center of Excellence and Health Disparities Research at GSU, where she championed an asthma management program for Hispanic and African American families from Atlanta, GA. The aim of this project was to understand the limitations and barriers of coordinated care for minority families in the Metro-Atlanta. In addition, Arlyn has also worked at the laboratory of the Institute of Public health in GSU collaborating with other researchers in the validation of a low-cost methodology for Escherichia coli testing in drinking water for resource limited settings. Most recently, Arlyn traveled to Belize with a multidisciplinary team of students and professionals to work with local community partners in the development of analytical reports using geospatial technologies. Through fieldwork and service learning, she cooperated in the design of maps and databases aimed to strengthen Belizean communities development in different areas such as the provision of social services for families with HIV/AIDS positive members and the promotion of environmentally sustainable initiatives.

AN EVALUATION OF THE SUSTAINABILITY OF WATER, SANITATION AND HYGIENE INTERVENTIONS IN SELECT COMMUNITIES IN CENTRAL AMERICA AFFECTED BY HURRICANE MITCH
MENTOR: RAQUEL SABOGAL, MPH

Since 2000 the Centers for Disease Control and Prevention (CDC) has been collaborating with The American Red Cross (ARC) to evaluate the effectiveness and long term sustainability of water, sanitation and hygiene (WASH) interventions. In October 1998 Central America was severely impacted by Hurricane Mitch, leaving more than 3 million people without water supply and access to basic sanitation (1). In an effort to provide clean water and reduce the risk of gastrointestinal disease post-disaster, ARC provided WASH interventions to more than 100 communities in Nicaragua, Honduras, Guatemala, and El Salvador. Sustainability assessments have been conducted in 2006, 2009 and most recently in 2012. The 2012 assessment dataset consists of 277 household surveys, 15 community surveys, 15 infrastructure evaluations, and 30 key-informant interviews completed in 15 communities from four countries. In addition, presence-absence results for the indicator organisms, total coliforms and E. coli are available for water samples drawn from 18 community water sources and 259 household water containers. A database is being developed for the community and infrastructure assessments, and qualitative data from the key-informant surveys will be coded and analyzed to better understand people’s perceptions and attitudes about WASH interventions. The results from this mixed-methods approach will be used to redirect ARC’s programming efforts worldwide and to promote structural, financial, cultural and behavioral changes that will contribute to guide community efforts in sustaining WASH programs and positive public health outcomes globally.

Ms. El Burai Félix holds a Master’s degree from the Graduate School of Public Health with concentration on Biostatistics from the University of Puerto Rico, Medical Sciences campus. Her thesis (community laboratory), “Prevalence study of respiratory and skin diseases in communities Juana Matos and Puente Blanco in the Municipality of Cataño, Puerto Rico” was a community request to investigate the health situation that concerned this population. It utilizes community participatory research to evaluate the prevalence of respiratory and skin diseases between two communities in P.R.

Sausan worked as a Hispanic-Serving Health Professions Schools Trainee at the Health Resources and Services Administration (HRSA) - Bureau of Primary Health Care. She wrote a policy paper titled, Air Bridge: Understanding the issue and providing recommendations, related to the mobility pattern of HIV/AIDS positive persons that constantly traverse the “air bridge” between Puerto Rico and New York. Ms. El Burai Félix has collaborated with La Red de Asma Infantil de P.R. as an asthma educator and assistant professor. In the process of completing her master degree, she was elected President of the Student Association of Epidemiology and Biostatistics (SAEB) where she promoted healthy life styles within the student community. Additionally, she worked with other two Federal agencies: Substance Abuse and Mental Health Services Administration (SAMHSA) and National Institutes of Health (NIH), National Institute on Drug Abuse (NIDA).

DOCUMENTATION OF CHANGES IN CONSUMPTION OF SELENIUM IN THE HUMAN DIET AND CORRESPONDING CHANGES IN BLOOD SERUM LEVELS USING NHANES DATA

MENTOR: FRANCISCO TOMEI-TORRES, PH.D.

Selenium (Se) is an essential nutrient for humans. Individuals acquire the nutrient in the regular diet eating white bread, chicken, eggs, pork/ham, beef, etc. In the U.S., beef is the most important source of selenium. Se from beef is readily assimilated by humans. Diet supplements can also be an important source of selenium, sometimes exceeding the selenium in the regular diet. The Recommended Dietary Allowance (RDA) for selenium is 55µg/d. In the U.S., the majority of individuals consume selenium in excess of the RDA. The literature shows that Se could be toxic when ingested in excess of nutritional needs. In particular, the excess ingestion of selenite or selenate –two inorganic forms of Se– can result in acute intoxication and death. Excess consumption of selenium, at concentrations known not to be acutely toxic, has been implicated in several chronic diseases such as diabetes. Given the potential association of selenium with certain chronic diseases, it is important to document the estimates of selenium consumption in the regular human diet and in diet supplements, and the resulting selenium blood serum levels. Data will be extracted from past National Health and Nutrition Examination Surveys (NHANES) and analyzed for changes in consumption of selenium in the human diet and corresponding changes in blood serum levels. The Centers for Disease Control and Prevention (CDC) designed the NHANES survey to promote the assessment of health nutritional status of adults and children in the U.S. This survey is used to determine the prevalence of major diseases and risk factors for diseases and collect data from diseases, medical conditions and health indicators. Policy recommendations concerning the control of selenium in the diet can result from these analyses.
DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS),
HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)
IN ROCKVILLE, MD

Part of the U.S. Department of Health and Human Services (HHS), the Health Resource and Services Administration (HRSA), is the Federal agency dedicated to improving health and achieving health equity through access to quality services, a skilled health workforce and innovative programs. HRSA is also the primary Federal agency for improving access to health care services for people who are uninsured, isolated or medically vulnerable. Comprised of six bureaus and nine offices, HRSA provides leadership and financial support to health care providers in every state and U.S. territory. HRSA grantees provide health care to uninsured people, people living with HIV/AIDS, and pregnant women, mothers and children. Additionally, they train health professionals and improve systems of care in rural communities. Past Projects include: Developing a Communication Strategy to Increase Awareness of the Countermeasures Injury Compensation Program among Latinos and Researching Promising Practices from 2007-2009 to Recruit Hispanics for the Maternal and Child Health (MCH) Training Programs; and

GOVERNMENT LIAISON:
Jacqueline (Jackie) Calix
June Horner

PROGRAM SUPPORT STAFF:
Amy Gallicchio
Wilma Rios
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PROGRAM MENTORS:
Jennifer Joseph, PhD, MSEd
Ethan Joselow, MPH
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Reem Ghandour, DrPh
Kathryn Umali
Leticia Manning
Christina Villalobos
Marquita Cullom-Stott
Alex Ross, Sc.D.
Anne Dievier
Alia El Burai Felix holds a Bachelor’s degree in Chemical Engineering and a Certificate in General Manufacture from the University of Puerto Rico, Mayaguez Campus in 2009; and possesses a Master’s degree in Environmental Health from the Graduate School of Public Health at the University of Puerto Rico, Medical Sciences Campus obtained at 2011. Her Public Health Field Laboratory project (“Analysis and Development of the Database of the study entitled Determination of the vulnerability to sea level rise, salinity and flood areas in the Río Piedras Watershed, San Juan, Puerto Rico”) main purpose was to measure the impact of sea level rise (SLR) and its effects on flooding and salinity in the different communities of Río Piedras River Basin. Also, the perceptions of residents about the effects of SLR, salinity and floods were to be determined over their health, property and quality of life.

Ms. El Burai worked as a consultant in microbiological analysis techniques at the Environmental Health Laboratory in the University of Puerto Rico, Medical Sciences Campus. As well, she had worked as an intern at the Puerto Rico Department of Natural and Environmental Resources and under the San Juan ULTRA sponsor, the U.S. Forest Service, during her Public Health Field Laboratory.

**BUREAU OF HEALTH PROFESSIONS INSTITUTIONAL DIVERSITY STATEMENT ANALYSIS**

MENTOR: JENNIFER FIEDELHOLTZ, MPP

Disparities in health and health care in the United States are well documented. Increasing the diversity of the health professions workforce is one key to reducing health disparities due to socioeconomic, geographic, race and ethnicity factors. Diversity can produce benefits for individuals and organizations when different perspectives are used to create synergy to move an organization forward. Numerous publications have revealed the relevance of a racially diversified workforce for improving underserved populations’ access to healthcare. Furthermore, it has been related to greater satisfaction with benefits received and enriched patient–provider communication (Mitchell and Lassiter, 2006). At present, health professionals and health care providers deal with the challenge of being responsible to provide adequate care for patients from a variety of cultures who have different languages, levels of acculturation, socioeconomic status, and distinctive manners of understanding illness and health care (Barrow, 2010). According to HRSA (n.d.), to facilitate grant support for health professions workforce development, the Bureau of Health Professions (BHP) initiated a pilot project in Fiscal Year 2011, requiring applicant organizations in the Bureau’s Primary Care Training and Enhancement (PCTE) program to provide an Institutional Diversity Statement as part of the application. These Institutional Diversity Statements described current and proposed efforts of applicants to enhance cultural sensitivity and promote the cultural competence of health professionals. The main goal of this qualitative analysis will be to analyze these Institutional Diversity Statements. This analysis will provide a basic description of the diversity statements and will also be used to make recommendations regarding to continued use of the diversity statements in BHP’s FY 2013 funding opportunity announcements.
Asha Cesar graduated from Northeastern University in May 2011 with a Bachelors of Arts in Organizational Communications and two minors in International Affairs and Health Science. She is currently pursuing her Masters of Public Health at The George Washington University School of Public Health and Health Services with a concentration in health policy.

Prior to joining HSHPS, Asha worked for and volunteered with a number of not-for-profit, private and federal organizations. Within the last year, she worked in the state affairs department for the National Association of Community Health Centers (NACHC), the healthy communities/chronic disease team for the National Association of County and City Health Officials (NACCHO) and the occupational health and safety department for the American Federation of Teachers.

Asha’s areas of interest revolve around minority health policy, community health centers, primary healthcare financing, Medicaid, access to care, comparative health systems and chronic disease prevention and management. Asha is originally from Long Island, New York where her parents and sister permanently reside.

FEDERALLY QUALIFIED HEALTH CENTER LOOK-ALIKE PROGRAM: ANALYZING TRENDS IN NEW ACCESS POINT GRANTEES FROM 2003-2012
MENTORS: JENNIFER JOSEPH, PHD, MSED; ETHAN JOSELOW, MPH; ESTHER PAUL, MBBS, MA, MPH

The Health Resources and Services Administration’s (HRSA) is committed to improving and expanding access to primary health care services through the creation and support of New Access Points (NAP). NAP provides the opportunity to establish health service delivery sites to improve the health of the Nation’s underserved communities and vulnerable populations by assuring access to comprehensive, culturally competent, quality primary health care services. Former President Bush’s Health Centers Initiative, which began in fiscal year (FY) 2002, increased health care access to roughly 1,200 of the Nation’s neediest communities through new and/or significantly expanded health center access points. Based on the successes of this first initiative, a second initiative began in FY 2007 through the Consolidated Health Center Program (CHCP). As a result, the NAP program has since expanded significantly to include federally-qualified health center (FQHC) look-alikes (LAL) and is a major action item out of President Obama’s 2010 Affordable Care Act. To date, roughly one quarter of FQHC LALs have received NAP designation. A retrospective qualitative analysis of both the history of the FQHC LAL program and NAP designations from 2003-2012 will be conducted to identify trends within the application process. A new health center or access point in a community is beneficial to reducing health disparities and increasing access to quality, affordable health care. This project will review the compliance of NAP designees over a nine year period, explore trends in reporting and provide recommendations for internal development.
Audilis Sánchez is an MHSA Candidate at the Graduate School of Public Health of the University of Puerto Rico (UPR); currently working in her Capstone project Analysis of the health services of the LGBT population in Puerto Rico. She earned a Bachelor’s degree in Natural Sciences with a Major in Biology in 2008 from the Rio Piedras Campus; where she assisted research in the first successful captivity breeding of Eleutherodactylus locustus, E. richmondi and E. wightmanae with Dr. Joglar-Jusino. In 2010 Sánchez completed an MPH presenting the thesis Description of the use of alternative/complementary medicine in the population of Bayamón, Puerto Rico. For 2011 she worked several projects for different health institutions in the metropolitan area of Puerto Rico, including preparing the strategic plan for the Consejo Estatal de Deficiencias en el Desarrollo. For the summer of the same year she participated in the HSHPS/HRSA Program and conducted a quantitative Analysis of the Ryan White HIV/AIDS Program Part D Grants, for the Division of Community Based Programs; project that was presented at the 32nd Annual Research and Education Forum, Social Determinants of Health: Everybody’s Challenge and published at the Puerto Rico Health Sciences Journal.

Audilis continues working projects for hospitals and teaches the graduate course of Participation of Public Health in Social Media at the UPR. She is also a member of AHHE, ACHE, the Student’s Council and the Informatics Committee; and just finished a Certificate in Nonprofit Management.

DIVISION OF GRANT MANAGEMENT AND OPERATIONS REPORT ON HEALTH CENTER GRANTEES COMPLIANCE
MENTOR: ERIKA TAYLOR, MS

The Health Center Program grantees are an important component of the health care safety net for vulnerable populations. Usually they are private, nonprofit community-based organizations or public health department clinics that provide comprehensive primary care services for the medically underserved, including enabling services. The Health Resources and Services Administration’s (HRSA’s) Health Center Program is based on Section 330 of the Public Health Service Act, which grantees must meet to continue receiving funding. These grants are an important part of successful operations and viability, where up to 20% of the grant funds made the centers’ revenues in 2010. The purpose of this project was to create a report of recipient compliance from a grants management perspective. This project focused on reviewing reporting requirements under the Division of Grants Management Operations (DGMO) within a 3-year period (2010-2012). HRSA’s response to recipient noncompliance as well as the timeliness of reviewing submitted reports will also be assessed. The health centers selected for this project are in areas with large minority populations, two of them specifically selected for their service to Hispanic population. The report compares recipient compliance and HRSA responses by state and characteristics of the recipient organization, exploring reasons for differences. HRSA will use the results of this report to improve documentation of recipient compliance with reporting requirements, as well as to provide recipients with timely technical assistance and quality support to properly manage their grant.
Briana Lott is an MPH Candidate at Drexel University School of Public Health, where she is concentrating in Environmental and Occupational Health. She earned her Bachelor’s in Biology from Pepperdine University. Her areas of interest include promoting quality and accessible healthcare service, improving the health status of underserved populations, and identifying environmental hazards that adversely affect one’s health. Most recently, Briana assisted with a project that researched and evaluated potential hazards in the home setting and its impact on children’s well-being. The Healthy Homes Demonstration Project examined household exposures that adversely affect the health of children in urban Philadelphia. This project looked at injury hazards in family day care centers, as well as the effect of environmental exposures on children’s asthma in low income housing.

She is currently interning at the Office of Research and Evaluation where she is assisting with the evaluation of bureau-wide programs, including Health Resources and Services Administrations’ Nursing Education Expansion (ANEE) initiative, whose purpose is to increase the number of primary care nurse practitioners and nurse midwives in order to meet the primary care needs of the millions of people who will have health care coverage under the Affordable Care Act.

**CONTEXTUALIZING THE EVALUATION OF A HRSA PROGRAM STIMULATED BY ACA’S GOALS OF HEALTH WORKFORCE EXPANSION AT THE HEALTH RESOURCES AND SERVICES ADMINISTRATION (HRSA)**

MENTOR: ANNE DIEVLER, PH.D

Quality research and data analysis is fundamental to health program improvement. This is especially true in the federal government where implemented policies and programs have the potential to impact millions of lives. At the Health Resources and Service Administration (HRSA), a primary function of the Office of Research and Evaluation (ORE), housed within the Office of Planning, Analysis and Evaluation (OPAE), is to perform internal evaluations for the Bureaus and Offices of the agency to assess programs for accountability, validity and effectiveness. Dedicated to quality and client service, ORE uses the most appropriate methods to collect and analyze data and to develop evaluation findings and recommendations for health program improvement. An important part of program evaluation is to contextualize the evaluation and inform the design framework through literary analysis. The main objective of this project was to support ORE’s evaluation of health workforce programs implemented by HRSA, specifically the Advanced Nursing Education Expansion (ANEE) program implemented by the Bureau of Health Professions.

A literature review was conducted to attain the following goals: 1) understand the current status of the Nurse Practitioner workforce; and 2) ascertain the effectiveness of stimulus programs in promoting this workforce.
Clara Inés Yuvienco was born in Cali, Colombia and in 2001 I became U.S. Citizen. She worked as an elementary school teacher for several years, received her bachelor degree in Biology-Chemistry, and came to the United States to pursue her graduate studies at New Mexico State University. In 2008 she received her Master’s in Public Health with minors in U.S. Mexico Border Health, Environmental/Occupational Health, and Gerontology.

As a Colombian-American, Clara has witnessed firsthand the impact of disease and disability in vulnerable populations as a consequence of health disparities. This has motivated her work as a health educator, health/medication technician, mentor for high school and minority college students, and an interpreter/translator for the Social Security Administration and the public school system. She has also worked for the US-Mexico Affairs Office of the National Park Service, the National Physical Science Consortium, and the Center for Latin American Studies at New Mexico State University.

I enjoy reading, listening to music, salsa dancing, cooking, yoga, traveling the world, and the company of her two loving children and husband.

REFERENCE GUIDE OF HEALTH PROFESSIONS SERVED BY THE NATIONAL HEALTH SERVICE CORPS (NHSC)
MENTOR: CARRIE HARTLEY

The Health Resources and Services Administration’s Bureau of Clinician Recruitment and Service (BCRS) coordinates the recruitment and retention of health professionals to work in underserved communities. The National Health Service Corps (NHSC) assists Health Professional Shortage Areas (HPSAs) in every U.S. state and territory to meet their need for primary care medical, dental, and mental and behavioral health clinicians. BCRS offers scholarship and loan repayment assistance programs to health professionals committed to working in HPSAs. Students pursuing a career in primary health care are eligible to receive funding for their education in exchange for practicing in urban, rural, and frontier communities in HPSAs with limited access to care upon graduation and licensure. The scholarship program is aimed to assist students from disadvantage backgrounds and to recruit individuals who reflect the communities they serve. The scholarship pays tuition, fees, other education costs, and provides a living stipend. After fulfilling their commitment to the Corps, more than 78 percent of clinicians continue to work in HPSAs to improve the health of the underserved. A Reference Guide is being developed to document the various training programs, residency, and licensure steps needed to become one of the health professionals supported by the National Health Service Corps (NHSC) Scholarship and Loan Repayment Programs. This information will serve as a resource for the Division of Regional Operations (DRO) for guiding scholars and matching them to service sites.
Gabriela Ramos Torres is an MPH Candidate at the Graduate School of Public Health, Medical Sciences Campus of the University of Puerto Rico. She earned her Bachelor’s degree in Natural Sciences with a Major in Human Biology from the Bayamón Campus of the University of Puerto Rico in 2012. For the past eighteen months, Ms. Ramos has been actively involved in HIV-related projects and research. She has worked in Dr. Valerie Wojna’s Neuro AIDS Laboratory at the University of Puerto Rico-Medical Sciences Campus since January 2011, where she has received training in various techniques such as: tissue culture; blood samples and cerebro spinal fluid samples processing, including plasma, serum and lymphocytes isolation; ELISA; Western blot; immunohistochemistry; and data entry using programs such as Excel and Freezer Works, among others. Miss. Ramos has also been involved in general laboratory maintenance practices such as: performance of inventories, material safety data sheets revisions, protocol’s updating and redaction, reactives purchasing and others.

In addition, Ms. Ramos worked as a Science Tutor for the Educational Service Program at the UPRB since January 2009 until December 2010. Additionally, Miss. Ramos likes to help the other, for this reason she has done some community work as an Assistant for the “Hogar Villa Paz” and the “Niño Ave María” and went to a mission travel to Tabasco Mexico.

**IMPACT OF THE MEDICAID 1115 WAIVER ON THE RYAN WHITE PROGRAM CLIENTS**

**MENTOR: WESLEY TAHSIR-RODRIGUEZ, MPH**

The project will evaluate the impact of the Medicaid 1115 Waiver, a Medicaid expansion program, among Ryan White patients in five states through the use of the Centers for Medicare & Medicaid Services (CMS) and Health Resources and Services Administration (HRSA) databases. The Medicaid 1115 Waiver authorizes the Secretary of the Department of Health and Human Services (HHS) to suspend laws and regulations that govern programs authorized in the state context of research and demonstration projects, promoting the objectives of the Medicaid program itself. In 2001, HHS announced Section 1115 as a special kind of waiver called the Health Insurance Flexibility and Accountability Initiative (HIFA) which spurred much controversy because this waiver promotes to extend health coverage to people who are uninsured without increasing federal Medicaid funding and cutting services or rising out of pocked costs who people who already had Medicaid. This waiver affect Ryan White patients. The Ryan White Program is the single largest federal program designed specifically for low-income people, many who are racial and ethnic minorities, with HIV in the United States. First enacted in 1990, it provides care and support services to individuals and families affected by the disease, functioning as the last resort payer. The Ryan White program funding can be provided to cities, states, direct providers and other organizations. The burden of HIV/AIDS in the United States persists despite extensive prevention and health resources aimed at reducing the incidence and prevalence. For this reason, the analyzes will highlight the importance of the Medicaid 1115 Waiver among the HIV/AIDS community.
José Rafael is from Ponce, Puerto Rico and have a Master in Public Health degree with a specialty in Maternal and Child Health from the University of Puerto Rico. José has a BS in General Science. This year, he was involved in several projects at the Behavioral Science Research Institute at the University of Puerto Rico. The projects include the Comparative Effectiveness Research for Eliminating Disparities (CERED), a collaboration between the UPR/Cambridge Health Alliance (CHA)/Harvard Research Center of Excellence that aims to evaluate the effectiveness of outreach and depression care outside community clinics. José also worked in the Center of Excellence Developmental Deficiencies Institute at the UPR as an Evaluation assistant and Training coordinator. He is a former HSHPS trainee at the CDC in 2011, where he works in the Division of STD Prevention. In 2010 he co-founded and was first president of the Association of Maternal and Child Health Students at the UPR. His passion of service has motivated him to be a volunteer of multiple organizations like Iniciativa Comunitaria, Sierra Club and the Boy Scouts where he is a Eagle scout. Among José interest topics include maternal and child health, adolescent health, mental health and social determinants of health of Latin population. In his free time, José enjoys reading, cooking, camping and travel around Puerto Rico appreciating his island beautiful natural resources.

HISPANIC CHILDREN WITH SPECIAL HEALTH CARE NEEDS: PREVALENCE AND IMPACT OF CHRONIC CONDITIONS
MENTORS: ASHLEY SCHEMPF, PHD AND REEM GHANDOUR DRPH

The Hispanic population is the fastest growing segment of the US population. Between 2000 and 2010, the Hispanic/Latino population in the US increased by 43.0%, from 12.5% to 16.3% of the total US population. (U.S. Census Bureau, 2011). Data from the latest nationally-representative survey indicates that 15.1% of US children have a Special Health Care Need (SHCN) (Data Resource Center for Child & Adolescent Health, 2012). Children with a Special Health Care Need (CSHCN) are those who require health and related services of a type or nature beyond that typically required of children for a chronic physical, emotional, behavioral, or developmental condition (McPherson et al 1998). Overall, Hispanic children are less likely to have a SHCN (11.2%) compared to non-Hispanic white children (16.3%). However, Hispanic children account for a growing portion of all CSHCN and Hispanic children from Spanish-speaking households are more likely to have certain conditions, including developmental delays (Blumberg et al, 2010). Some data suggest that Hispanic CSHCN and their families may be more likely than their non-Hispanic White counterparts to experience child- and family-level burdens, including activity limitations, missed school days, as well as financial and care-giving burdens. Although healthcare access issues of Hispanics are well described in the literature, there is less known about the family impact of SHCN, how that varies for the Hispanic population (e.g. primary language and nativity), and whether this burden may be explained by health care access issues. The purpose of this study is two-fold: 1) to describe differences in the prevalence and severity of chronic conditions among Hispanic children compared to non-Hispanic White children and among Hispanic children by primary household language and nativity; and 2) to describe differences in the nature and extent of child and family burden among CSHCN by Hispanic ethnicity. For this study we’ll use the 2009/10 National Survey of Children with Special Health Care Needs. The NS-CSHCN is a telephone survey conducted by the National Center of Health Statistics at the Centers for Disease Control under the direction and sponsorship of the federal Maternal and Child Health Bureau. Results of this study are expected to shed much needed light on the burden of SHCN for Hispanic children and also to suggest avenues toward disparity amelioration.
Loida Tamayo is an MPH Candidate at the Texas A&M Health Science Center School of Rural Public Health, concentrating in Health Policy and Management. She earned her Bachelor’s degrees in Biology and Philosophy in 2008 from the University of Texas-Pan American where she conducted biomedical research and led multiple student organizations such as the Bronc Soccer Club President, Student Leadership Program mentor, The Student Government Association Associate Justice, and the Distinguished Speakers Series Committee Member and presenter of Mikhail Gorbachev.

Currently she is a founding member of the Graduate Students of Public Health student organization of Texas A&M School of Public Health and acts as Vice-President. Through this role, she is developing a relationship between the students of public health and her community. Furthermore, she has been involved in developing a collaborative for the Lower Rio Grande Valley aimed at cancer prevention and treatment options in an effort to educate the Valley’s most vulnerable populations.

She is dedicated to serving her community to increase access to quality care and health education. Her most recent volunteer work is as a medical translator for the Knapp Clinic of Weslaco, Texas. There, she also served as a medical assistant to become better prepared for her acceptance into medical school for the year of 2013. She aims at becoming a family physician and provide medical and public health services for rural communities.

**DEVELOPING NETWORKS FOR RURAL COMMUNITIES CREATES ACCESS TO AN OTHERWISE UNATTAINABLE SERVICE OR GOOD**

**MENTORS: KATHRYN UMALI, LETICIA MANNING, AND CHRISTINA VILLALOBOS**

The Affordable Care Act focuses on better health for our communities, lower costs of healthcare, and increased quality of care. For these means, the creation of formal networks will increase access to healthcare by generating a greater system of professionals and their resources for rural communities. It also provides lower costs through, among other things, shared equipment and staff and provides more jobs and economy for a community. Networks give communities access to specialized healthcare and provide increased quality of care by expanding the net of associates that would otherwise be inaccessible or costly to acquire. Currently, there is no definition of formal networks, thus it is unclear what guidelines should be used for disbursing grant dollars and developing quality measures to track the importance of networks. For these reasons, it is imperative to create a definition and propose network models that can be developed in underserved communities. Our purpose is to pose the positive effects and advantages of creating networks in rural communities, whose populations are mainly Latinos, and propose that their implementation can assist in fulfilling the three main aims of the Affordable Care Act, above mentioned. The creation of networks will help to maximize limited resources and increase health services, and disease prevention for our rural residents.

Through the review of anecdotal and evidence-based qualitative research, we will develop an official definition of networks to clarify their purpose and utilize it to enhance grant guidance. We will examine sustainability practices through conducting interviews with past grantees that remain a successful network and will assess their responses to identify what makes them successful. We will also analyze their business structure and through this, we will propose successful models and promising practices to develop formal networks. We will disseminate and implement these models through grantee trainings and make detailed toolkits accessible to grantees.
Luis Eduardo Torrens is an MPH Candidate at the CUNY School of Public Health at Hunter College, concentrating on health policy and management. He earned his Bachelor’s degree in History from Syracuse University in 2009. For the past three years, Mr. Torrens has been actively involved in Latino health disparity issues around the country. In The Bronx, NY Luis has worked on obesity-related projects and research. He served as Project Coordinator for the Housing as an Obesity Mediating Environment (HOME) study, which was an ancillary study to the Study of Latinos (SOL). In that position he worked to understand how residential characteristics affected physical activity, and eating habits of Latinos in the Bronx. Additionally, he has been working on a project analyzing street vendors in the Bronx in an effort to better understand the foods that are accessible in the borough. In 2011, Luis was a HSHPS trainee and was placed in the FRONTline program in Tucson, AZ. Focusing on border health issues, Luis’ worked on understanding how immigration policies have affected the lives of migrants crossing the border and the Latino residents in border cities.

DEVELOPMENT AND UNDERSTANDING OF BEST PRACTICES REGARDING MIGRANTS HEALTH IN FEDERALLY QUALIFIED COMMUNITY HEALTH CENTERS
MENTOR: MARQUITA CULLOM-STOTT

Since the 1960s, rooted in the social justice environment of the time, and fueled by the need to improve the quality of basic health services, Community health centers were created by the Federal Government to improve the health of the nation by providing comprehensive, culturally competent, access to quality primary health care services in underserved communities. Through the concept of community-oriented primary care the health centers created a matrix where traditional medical care was offered but an understanding of the social-determinates of health were also evaluated to provide comprehensive care to all members of the community. As of 2010, there are 1,124 Federally Qualify Health Centers in the United States serving more than 19 million Americans. These 1,124 FQHCs serve populations with limited access to health care; some health centers are given funds to focus their care on special populations: migrant and seasonal farmworkers, homeless, native Hawaiians, and those living in public housing. In this review, government data and peer-reviewed literature will evaluate how the 156, Migrant Health, Federally Qualify Health Centers deliver health services to migrants and seasonal workers, and analysis trends and the impact of their work. Further analysis will be done by interviewing a high-performing, Migrant Health funded, Community Health Center in Brownsville, Texas to understand the best-practices for providing, not only access to care, but access to good quality care to migrant field workers. This information will be used to create a best practice report that will be shared with other Community Health Centers that serve migrant and seasonal workers to increase better quality of care, and strengthen peer-to-peer communication between the community health centers.
Raisa Garcia constantly strives to learn multiple disciplines of the health and social sciences. She is currently a PhD clinical psychology student at the California School of Professional Psychology (CSPP) at Alliant International University, San Francisco. There, she is part of the Behavioral Health and Disparities research cluster and the International and Multicultural Education, Research, Intervention, and Training (I-MERIT) Program. For her research project, she is conducting a qualitative study comparing the conceptualizations, experiences, and coping methods of adult men and women in psychologically abusive intimate partner relationships. She plans to ultimately expand the research on subtle forms of abuse and trauma disorders. In 2010, Raisa graduated as Summa Cum Laude with a BA from San Jose State University (SJSU) where she studied psychology, sociology, anthropology, and media. Additionally, she had the opportunity to pilot programs aiming to reduce the stigma of mental health problems and suicide on campus and the community. Outside of school and work, Raisa participates in a variety of activities including anti-bullying/violence efforts in high schools and implementing and presenting at SJSU’s South Bay Womyn’s Conference. For the upcoming 2012-2013 school year Raisa will also be acting as an American Public Health Association (APHA) Maternal and Child Health (MCH) Section Fellow. On her spare time Raisa likes to write both fiction and non-fiction pieces that reflect current societal concerns.

THE CASE FOR MENTAL HEALTH FIRST AID IN RURAL COMMUNITIES
MENTOR: ALEX ROSS, SC.D.

Afflicting one in four adults each year, mental health disorders are the leading contributor to a wide variety of disabilities and can cost up to $193.2 billion in lost earnings each year in the U.S. Considering the negative health and economic effects of mental health disorders, more preventative measures must be taken to identify these problems before they result in detrimental consequences. This is particularly important in rural areas where approximately 20% of the population requires behavioral health services. It is known that rural areas have many unique barriers to mental health services such as unreliable transportation, lack of knowledge or stigma surrounding mental health issues, low rates of insurance coverage, and overall shortages of behavioral health professionals placed in rural communities. Research has found that most members of rural communities often seek primary care providers for their mental health, and that help for such problems is at the discretion of those providers. National mental health parity legislation alone will not resolve the accessibility and availability of mental health services. One approach in beginning to integrate mental health care with primary care has been the use of guidelines, communication strategies, and information sharing, particularly with projects that address the stigma and lack of anonymity associated with accessing services. Based on a review of the literature, this paper will discuss how implementation and use of Mental Health First Aid (MHFA) training can serve as a first step for communities to begin to recognize and better understand mental health issues, and begin to make a call for change in their systems of care to integrate behavioral health into primary care. The philosophy behind MHFA involves the ideas that the awareness of and training among community members can lead to “savings” through early help-seeking, reduction in severity and long-term burden, and a measurable reduction in stigma. It is hoped that the use of MHFA will facilitate community discussion, environmental scanning, and action to address the needs of rural residents in terms of mental health services.
A branch of the Department of Health and Human Services (HHS), the National Institutes of Health (NIH) is the federal agency leading medical research in the US. The NIH is composed of 27 institutes and centers each charged with a specific research agenda. The agency’s mission is to seek fundamental knowledge about nature and behavior of living systems and the application of that knowledge to enhance health, lengthen life, and reduce the burdens of illness and disability. The agency is also the world’s largest source of scientific research funding, supporting research in universities and research institutions in every US state and internationally. Past projects include: A Review of Ethnic Difference in the Presentation and Treatment of Bipolar Disorder and Variation of Hemoglobin A1c According to Glycemic Status in Hispanics with and without Diabetes in the Hispanic Community Health Study – Study of Latinos

**GOVERNMENT LIAISON:**
Gerard Roman, MHR

**PROGRAM MENTORS:**
Larissa Avilés-Santa, MD, MPH, FACP, FACE
Ellen Leibenluft, M.D.
Melissa Brotman, Ph.D.
Hannah Bisgyer is a recent graduate from Colby College where she studied Psychology and Education. As an undergraduate, she researched the relationship between cognition and emotion in preschoolers, and later conducted research with young adults.

In addition, she has substantial clinical experience with children and adults. At BayRidge, an inpatient mental hospital, she interacted with individuals suffering from a wide array of mental illnesses including depression, bipolar disorder, anxiety, alcohol and drug dependence, and schizophrenia. In addition she has worked with children with physical and developmental disabilities. This past year she was awarded a fellowship at Mundo Verde PCS, a bilingual school in the DC area. Ms. Bisgyer’s passion for helping children drives her toward PhD in child clinical psychology.

A REVIEW OF ETHNIC DIFFERENCE IN THE PRESENTATION AND TREATMENT OF BIPOLAR DISORDER

MENTORS: MELISSA BROTMAN, PHD

The purpose of this paper is to review current literature related to the presentation and treatment of Bipolar Disorder across different ethnic groups. Regarding this issue, research shows differing results. Some studies suggest that African Americans experience more manic and positive symptoms than their Caucasian counterparts (Patel, N. et al., 2005). However, other literature proposes that there is little difference between the presentations of Bipolar Disorder across differing ethnic groups (Perron, B. et al., 2011). It is unclear if these differences are due to clinicians’ bias or are a result of inherent ethnic differences in the presentation of Bipolar Disorder. Researchers also found that, while medication adherence was similar across both ethnicities, African American participants were prescribed antipsychotics for longer periods of time than Caucasian participants (Patel, N., et al., 2005). This paper will explore how these ethnic differences impact public health policy.
Mario Arredondo, MD, is an MPH Candidate at Columbia University Mailman School of Public Health, focusing on coursework in epidemiology and biostatistics, within the general public health track. He earned his BS in Biology from Villanova University and his MD from Penn State Hershey College of Medicine. He obtained Board Certification in both Diagnostic Radiology and Nuclear Medicine, after completing a residency in radiology, followed by a fellowship in nuclear medicine. Since fellowship training and continuing up to the previous year, Dr. Arredondo has been involved in delivering care to patients via the interpretation of various diagnostic tests in radiology and nuclear medicine, within the context of several private practice settings. While in the private practice setting, he was responsible for collaborating with partners during the integration of Positron Emission Tomography-Computed Tomography as a new modality for the care of patients. With the transition to public health and the immersion into graduate studies therein, he has developed numerous potential research interests to pursue in the future. For now, he is interested in assisting in the ongoing work occurring at the NIH, on the Hispanic Community Health Study (HCHS)/Study of Latinos (SOL), a multicenter, community-based cohort study of Hispanic/Latino adults in the United States.

VARIATION OF HEMOGLOBIN A1C ACCORDING TO GLYCEMIC STATUS IN HISPANICS WITH AND WITHOUT DIABETES IN THE HISPANIC COMMUNITY HEALTH STUDY – STUDY OF LATINOS
MENTOR: LARISSA AVILES-SANTA, MD, PH.D.

Generally, to conduct data analysis for data deriving from the prospective cohort study, the Hispanic Community Health Study-Study of Latinos. Specifically, in those who do not report a known history of diabetes, to assess whether baseline hemoglobin A1C levels vary significantly when comparison is between Latino categorical backgrounds within the HCHS-SOL cohort itself. As well, to see if the overall Hispanic hemoglobin A1C level for the HCHS-SOL cohort varies significantly from the values reported by researchers who utilized the NHANES database. Additionally, if differences in A1C levels are noted, to evaluate the HCHS-SOL data to determine what and which possible covariates could be responsible for these differences (e.g. hemoglobin level, hematocrit, BMI, Fasting Insulin, and others). Hemoglobin A1C (%) reflects long-term plasma glucose binding to the hemoglobin molecule. The levels of A1C are thought to depend upon both plasma glucose levels and red blood cell turnover, and under stable biologic circumstances in the individual, A1C levels reflect the glycemic level for that individual for approximately the preceding 3 months. Thus, A1C levels are used both to assess the effectiveness of glycemic control in those with diabetes, and to help in the identification of diabetes diagnostically. Lastly, A1C levels may vary across different racial and ethnic groups, and a recent report suggested that Hispanics have a higher baseline A1C than non-Hispanic whites. Pertinent to the data analysis has been the need to factor in the complex survey design utilized in this study and its impact on sample weighting and variance estimation during the analysis. This has led to the need to apply prior SAS coding knowledge to the learning of SAS-Callable SUDAAN language, which will be needed for the analysis.
GOVERNMENT TRAINING PROGRAMS

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS), OFFICE OF MINORITY HEALTH (OMH) IN 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: The Affordable Care Act (ACA): What’s In It For Me? A Look at the ACA’s Impact on Minority Health and Access to Health & Behavioral Health Care Study: Targeting a Spanish-speaking Latina Perinatal Population at Local Community Health Centers in Richmond, VA.

GOVERNMENT LIAISON:
Christine Montgomery

PROGRAM SUPPORT STAFF:
Guadalupe Pacheco, MSW
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Michelle Loosli
CARLA ALVARADO

MPH, PhD STUDENT

Carla Alvarado is currently a second year public health doctoral student at Oregon State University, in the management and policy track. At OSU, Ms. Alvarado conducts research on European transition economies and their respective health system reforms. Prior to pursuing her doctoral degree, she worked for three years at the City of El Paso, Texas -Department of Public Health (EPDPH) in a variety of roles. Her main role was during the response phase of the 2009 H1N1 Pandemic, tending to Crisis and Emergency Risk Communication, mass vaccination clinic planning, the management of the vaccines, as well as in the administrative aspects of the grants received in response to the pandemic. After the pandemic response, Carla was the special projects coordinator responsible for organizing school influenza-like illness surveillance projects, a public health law seminar, health impact assessments pilot projects, grant-writing and management, developing training curricula for EPDPH staff, and engaging in Smart Growth initiatives undertaken by the City of El Paso. Ms. Alvarado earned a Masters in Public Health (MPH 2007) from University of Texas Health Science Center at Houston School of Public Health in the area of Management, Policy, and Community Health with a concentration in International and Global Health. Her Bachelor’s of Arts degree from the University of Texas -El Paso is in Political Science with a minor in Economics.

LIMITED ENGLISH PROFICIENCY, PUBLIC HEALTH PREPAREDNESS AND THE COMMUNITY HEALTH WORKER MODEL
MENTOR: GUADALUPE PACHECO, MSW

Studies have illustrated that vulnerable, or hard-to-reach, populations, i.e. groups that are not well integrated into the health care system because of ethnic, cultural, economic, geographic, or health characteristics, bear a disproportionate burden during and after disastrous (wildfires, hurricanes, etc) events. The factors that render these populations at-risk can be further compounded by the isolation that a limited English proficiency can create. A critical component of public health and emergency preparedness (PHP) that can be utilized as a tool to minimize the negative impact borne by said populations is crisis and emergency risk communication (CERC). Currently the Centers for Disease Control and Prevention (CDC) are in the initial stages of producing an inventory of LEP practices used across the nation in order to identify LEP best practices and develop mechanisms through their integration into PHP activities. Doing so will allow PHP professionals to provide culturally competent messages that will help efforts during all stages of the preparedness cycle; preparedness, response, recovery, and mitigation. Moreover, as the messages are produced for the LEP population, the delivery by accepted and trusted community members is essential. CHWs can be utilized to deliver said messages during the communication cycle to deliver culturally competent and relevant information to their respective communities. The following is a brief review of the existing literature that addresses PHP and LEP populations and a brief proposal of the areas in which CHWs can be integrated in PHP.
Lorinet is from Añasco, Puerto Rico. She is the first to graduate from college in her family and one of few from her community. She completed a Bachelor’s degree in Sciences and a Master’s degree in Public Health with a specialization in Maternal and Child Health at the University of Puerto Rico (UPR). She has been a student representative in several forums, like the Academic Senate of the Graduate School of Public Health- UPR and this year president of the Maternal and Child Health Student Association. She is a very committed person to her community serving as a volunteer in many organizations like Iniciativa Comunitaria, Developmental Deficiencies Council of Puerto Rico and the Boy Scouts.

Lorinet is a former HSHPS trainee at VA Tampa in 2011. During the spring of 2012, she was a Monitoring and Evaluation intern for Central America Region at the CDC’s Center for Global Health-HIV/AIDS. She worked at the UPR Center of Excellence Developmental Deficiencies Institute as a Evaluation Assistant and Training Coordinator. In the UPR School of Public Health she worked with many researchers of the Human Development Department in projects related to Maternal and Child Health. Some of her research includes: “Theoretical Approaches for Anti-Tobacco Health Campaigns Based in the World Health Organization [WHO] Global School-based Student Health Survey in 2007”, “Evaluation of Sexual Transmitted Health Education Intervention: A Community Based Organization (CBO) Initiative to Improve Adolescents Health”, “Hispanic Faith Leaders’ Knowledge towards HIV/AIDS Epidemic: A Cross-sectional Study” among others. Among her research topics of interest are: maternal and child health, STD prevention, religion and health, health disparities among minorities and international health.

### DISPARITIES ON INFANT MORTALITY AMONG HISPANICS LIVING IN USA

MENTOR: MICHELLE LOOSLIE, MS

Infant mortality rate (IMR) is one of the most important indicators of the health of a country and is the most broadly used measure of health in a population. Regardless of improvements seen in the U.S. infant mortality rate during the last century, disparities in infant mortality still remain with considerable gaps by race and Hispanic origin. Although Hispanics comprise the biggest minority population in the U.S., among their origin groups significant differences exists in infant health. The least favorable infant health outcome was reported among Puerto Rican infants. The leading causes of infant death also differ considerable from race and Hispanic origin. Congenital malformations in 2008 were the leading cause of infant mortality between all the groups except for Puerto Ricans where low birthweight was the leading cause. The rate of infant mortality from low birthweight in 2008 for Puerto Ricans was more than twice the rate than for non-Hispanic white women and 16 percent higher than for Mexican. Preterm-related infant deaths varied significantly from Hispanic origin groups, while for Central and South American women preterm-related infant death was lower than for non-Hispanic white women; for Puerto Rican women it was 91 percent higher than the non-Hispanic white women. This study’s aim is to describe the trends during the last decade of Infant Mortality Rate among Hispanic populations living in the US, and the major determinants of these rates such as low birthweight (LBW) and preterm delivery (PTD), as well to discuss some intervention strategies to address this public health issue.
Zoila Carolina Sanchez is a recent MPH graduate from the University of Arizona (UA) Mel and Enid Zuckerman College of Public Health (MEZCOPH) where she concentrated in Health Behavior and Health Promotion. She earned her Bachelor of Arts degree in Psychology and Women’s Studies from Stony Brook University in 2008.

Upon graduating, Ms. Sanchez worked as a Health and Wellness Coordinator for Urban Health Plan where she led chronic disease prevention programs for a predominately Hispanic/Latino population in the south Bronx disproportionately affected by preventable chronic illnesses. As a graduate student, Ms. Sanchez grew passionate about U.S.-MX. Border health issues and co-founded a graduate student organization, L.U.C.H.A (Learning, Understanding and Cultivating Health Advocacy) to promote student awareness and involvement for improving health issues in border communities. At the UA, Ms. Sanchez currently works as a Research Specialist for the Communities Putting Prevention to Work in Pima County, a national obesity reduction initiative led by the Centers for Disease Control and Prevention (CDC).

Ms. Sanchez is dedicated to continuing to service the unique health needs of Hispanic/Latino communities. In the near future she aspires to further her education with a graduate degree in Law, where she can combine this expertise with Public Health. Her long-term goal is to engage in policy development that will prioritize Hispanic/Latino health concerns.

THE UTILIZATION OF A COMMUNITY HEALTH WORKER- HEALTH CARE PROVIDER MODEL IN MEDICAL SCHOOLS TO ACHIEVE GOALS OF THE AFFORDABLE CARE ACT
MENTOR: ROCHELLE ROLLINS, PH.D. AND JEANETTE CONTRERAS, MPP

When compared to the health status of the general population, Latinos face greater health disparities and are at a higher risk for preventable chronic illnesses, many of which are influenced by factors such as cultural values, beliefs, language barriers, and lack of access to comprehensive and preventive services. The Promotores de Salud or Community Health Worker (CHW) model takes a comprehensive approach to serving the community by ensuring the provision of culturally competent and proficient treatment for diverse populations. Incorporating a provider-promotora model into the medical school curriculum can provide prospective health care providers with training and experience for working with Latino populations and enhance their cultural competency. A systematic search of peer-review and grey literature was conducted to examine the effectiveness of promotores- based programs in disease prevention for Latinos; and the need for promotores to be an integral health care team member in the clinical setting. Based on the review, the promotores model proved effective at health promotion and disease prevention for Latino communities. Literature on models of care such as the Accountable Care Organizations (ACO) Model make the case for linking health care providers and community based services to meet the needs of patients. The clinical integration of promotores in the clinical setting can improve delivery of comprehensive and culturally competent services for Latinos, that can ultimately lead to better health outcomes for the population while meeting the goals of the Affordable Care Act and the national strategic plans of the U.S. Department of Health and Human Services to end racial and ethnic health disparities. Ultimately, a provider-promotora model can encourage providers and promotores to work collaboratively to meets the needs of the populations served and emphasize patient centered care practices that will improve their performance as providers.
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 trainees with senior VA program staff and health professionals. ODI’s mission is to build a diverse workforce and cultivate an inclusive workplace to deliver the best services to our Nation’s Veterans, their families, and beneficiaries. Their vision is for the VA to be a leader in creating and sustaining a high-performing workforce by leveraging diversity and empowering employees to achieve superior results in service to our Nation and its Veterans. Past projects include: Evidence-Based Practice in Nursing in the Department of Veterans Affairs and Goalpost: A System for Managing the Follow-Up Process for Patient Safety Issues.

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Amanda Iris Torres García is has a Master’s degree in Public Health at the Graduate School of Public Health in the Medical Sciences Campus of the University of Puerto Rico. She also holds a Bachelors degree in Sociology from the Department of Social Sciences in University of Puerto Rico at Cayey, PR.

Amanda was born in Fort Hood, Texas on July 2, 1987. Since she was 2 years old she was raised and lives in Caguas, PR. Her mother is Carmen Garcia, who is an administrative assistant, and her father is Rafael Torres. Her whole family is Puerto Rican, but part of them lives in the United States. While not having to study, in the free time she likes music and film. She is also very passionate about the theatre, in which she has been part of a university theater company while finishing the BA, and also gives acting workshops to children and adolescents.

In the future, Amanda would like to finish a Doctorate degree in the Graduate School of Public Health at the Medical Sciences Campus of the UPR, and continue to research within Public Health topics regarding social determinants in health for the purpose of improving the well-being of the Puerto Rican people.

EVALUATION OF THE LEVEL OF READABILITY IN STANDARD OPERATING PROCEDURES (SOPS) USED IN STERILE PROCESSING SERVICES (SPS) AT THE VETERANS AFFAIRS CARIBBEAN HEALTHCARE SYSTEM (VACHS).

MENTORS: JAIME FIGUEROA GONZÁLEZ, ESQ., GERMÁN MOJICA CRUZ, BBA, CRCST, CRMST, AND VICTOR EMANUEL REYES ORTIZ, MS, PHDC, CLE

The literacy levels of an individual affect its competencies at work. Referring specifically to the healthcare workforce, documents with difficult readability levels could potentially result in an adverse event to a patient receiving care. Health Promotion in hospital settings is a multifactorial issue that depends not only on the clinical staff but in the supporting technical personnel that serve such areas as the operating room, specialty clinics, sterilization and decontamination, among others. Furthermore, it is a fact that Hispanics not only encompass a growing population in the United States, they also represent an emergent workforce with specific social determinants. The World Health Organization (WHO) postulates that documents written with inadequate literacy and legibility levels are directly related to adverse health consequences that could cost millions of dollars to the health care system. The objective of our project is to determine the readability of the standards operating procedures (SOPs) that guide the reprocessing of reusable medical equipment (RME) at the Veterans Affairs Caribbean Healthcare System in San Juan, Puerto Rico. The WHO guidelines are used to assure the standardization and validity/reliability of the results. For this purpose, the following research study consists in evaluating the SOPs with the FLESCH Reading Ease, FLESCH-KINCAID Grade Level and SMOG formula to calculate readability levels and conduct a series of statistical analysis to find associations between specific variables, such as, specialty area, academic degree required to work at SPS, year were SOP was written, etc. In addition, software recommended by the WHO for the FLESCH formula is used to calculate an index of readability. Recommendations to hospital managers, if required, will be made based in results for adapting literacy levels to the WHO guidelines.
CHELSEA 
FROST 
MS, MD CANDIDATE

Chelsea Frost recently earned her MS degree at USF Morsani College of Medicine in Medical Sciences and will be starting medical school at USF Morsani in August 2012. In May 2011, she earned her Bachelor’s degree in Biomedical Science with minors in Biomedical Physics and Public Health from University of South Florida.

She was an HSHPS intern last summer at the Tampa VA Hospital conducting research with Dr. David Vesely in regards to cancer research using cardiac peptides, evaluating the effects of the peptides on three different pathways that cancers use to proliferate, and continued this research throughout the school year. Through this research, she was a part of multiple publications and conference presentations. This summer she will be working in Dr. Vesely’s laboratory again to expand the search for a cure to cancer.

In addition to schooling this past year, she has also participated in multiple research symposiums with poster or oral presentations for both her medical research with Dr. Vesely and her psychological research in terms of epicene references in collegiate writings, and has been awarded for her research presentations. She has also remained active in USF’s club swim team, and was recently awarded a scholarship from the Women in Leadership and Philanthropy and Florida Medical Clinic. In addition, she has been mentoring an elementary-aged boy by acting as a big sister through the Big Brothers Big Sisters organization.

INHIBITION OF BRAIN-DERIVED NEUROTROPHIC FACTOR BY CARDIAC PEPTIDES
MENTOR: DAVID L. VESELY, MD, PH.D.

Brain-derived neurotrophic factor (BDNF) is a prosurvival factor that is necessary for survival of striatal neurons in the brain, especially the hippocampus, cortex, and basal forebrain synapses. It supports survival and differentiation of certain cholinergic neurons and also some dopaminergic neurons. BDNF is found in a wide range of tissues including retina, kidneys, prostate, and in saliva. BDNF binds with TrkB and LNGFR/p75, and has also been hypothesized to have a prosurvival role in cancer. Four cardiac hormones (i.e. vessel dilator, long-acting natriuretic peptide (LANP), kaliuretic peptide (KP), and atrial natriuretic peptide (ANP)) which eliminate up to 86 percent of human small-cell lung cancers growing in mice were investigated for their effects on BDNF. The ability of these four cardiac hormones to directly decrease BDNF levels was measured and evaluated in three human cancer cell lines. Vessel dilator, LANP, KP, and ANP, over a concentration range of 100 pM to 10 µM, are hypothesized to decrease the BDNF levels in renal carcinoma, pancreatic adenocarcinoma, and colorectal carcinoma. Inhibition of BDNF can lead to the potential discovery of long-term treatments of cancer.
Francisco J Martinez Medina is currently serving as the Administrative Assistant in the San Antonio Hospital in Mayaguez, PR. His role there is to manage part of the billing department, negotiating rates on services with the insurance companies among other things. Francisco have develop the project “Keep Smiling”, this project impacts the morale of the patients using the impression of the employees. Another project was the “Reusing and clearing space”. This project had in perspective the space consumption of the used paper in the institution and how we could develop that space. He was recognized by the Governing Board, they awarded him with a special grant so he could do his master.

Additionally, he earned a bachelor’s degree in Social Science with a concentration in Psychology at the University of Ana G. Mendez in May 2011. During his time there, he created and became the president of the Student Association of Psychology. Presently, he is seeking his master’s degree in Health Service Administration at the University of Puerto Rico, Medical Science Campus.

Franco, as his family use to call him, is the first son of two. Her little sister is his inspiration. He is compromise to create a health system efficient enough so nobody would pass for the experience of feeling their needs are not being attended the way it should.

PREPARING THE WORKFORCE FOR THE DEPARTMENT OF VETERANS AFFAIRS FOR A CULTURAL-ORGANIZATIONAL CHANGE
MENTORS: MATT DEATON, PH.D

United States is seeing a raise in Hispanic people according to the last census. Hispanic will constitute the 30% of the population in 2050. So, we have to prepare to the cultural change that is going to impact all the aspects in the nation. Is better start preparing for that now and begin transforming how the nation will react to the changing. This cultural change will affect every private and government agency in every way. It will impact the way we give services (health, sales, etc.), the communication, the language, everything. That’s why we need to prepare our workforce to deal and adapt with the change. Cultural change is the dynamic process whereby the living cultures of the world are changing and adapting to external or internal forces. Other term we have here is the organizational behavior that is a field of study that investigates the impact that individuals, groups and structures have on behavior within an organization. When you unite these two concepts, you have to prepare your workforce to confront and adapt this process. Using the social media as a tool to start introducing the information the workforce need to start the cultural change to maximize the productivity in the service agencies give to the new society forming. Creating a web page that has topics related to organizational behavior. We approach those topics in an administration-management way that relates with productivity. If we want more productivity from the workforce, we need to prepare them with the sufficient knowledge about how to work with this change in organizational behavior because of the cultural change that is going to happen. Using surveys to see how they are evolving in the process, giving them self evaluator tools so they can know in which areas they need to work more and promoting them to continue their self-enrichment about how to deal with other cultures. The main purpose of the web page is to introduce how these topics are going to be seeing in the future and help the workforce in the organizational-culture change that is happening in all agencies including VA.
Ms. Galvan recently graduated from Loma Linda University with a master’s of public health with an emphasis in health policy. She also holds a bachelor’s degree in economics from California State University, Fullerton. Some of the research Ms. Galvan performed during her graduate studies dealt with minority health, women’s health, health disparities and the build environment.

Ms. Galvan was appointed as a graduate resident with the United States Department of Veterans Affairs (VA) Medical Center in Long Beach, which allowed her to gain experience in health administration in a federal medical facility. She analyzed home-based care programs, patient communication strategies, and health promotion activities.

Born in Mexicali, Mexico, Ms. Galvan, volunteers in the southern California community through various organizations including Univision, Bank of America, St. Joseph Hospital of Orange, Junior Achievement Worldwide, and Susan G. Komen for the Cure. Ms. Galvan enjoys the arts, volunteering, and leisure travel.

Ms. Galvan is part of the VA Innovation Intern Program (IIP) allowing her to meet leaders across the agency. She is passionate about learning and adopting new methods of care to better serve the nation’s Veterans. She is currently working on innovative projects in the Office of Reproductive Health within the Women Veterans Health Strategic Health Care Group.

**INTEGRAL HEALTH FOR WOMEN VETERANS PROGRAM: AN ALTERNATIVE**

**MENTOR(S): LAURIE C. ZEPHYRIN MD, MPH, MBA, FACOG**

The Integral Health for Women Veterans Program (IHWVP) seeks to incorporate the concept of holistic health into the existing health care services for women veterans and it revolves around the four dimensions of holistic health: mental, physical, spiritual, and social. The introduction of a gender-specific program to focus on maintaining the wellness of women veterans will enhance the current model of health care in the United States Department of Veterans Affairs (VA). Optimal well-being, or the state at which one can be satisfied with oneself, will be the focus of the program that encompasses four dimensions of wellness: mental, physical, spiritual, and social. The program will serve women veterans with 2 years of active service deployment in Operation Enduring Freedom (OEF), Operation Iraqi Freedom (OIF), and Operation New Dawn (OND) and who are currently enrolled in Women Veterans Health Care. The program provides women veterans with a basic understanding of the aspects that make a person whole and complete. The first goal of the program is to promote the concept of holistic health as an option for health care among women veterans. The second goal is to integrate the concept of holistic health into the health care model offered by the Veterans Health Administration (VHA) in the VA Long Beach Healthcare System for five years. In order to make the IHWVP sustainable, communication and collaboration amongst the IHWVP-team (IHWVP–T) is necessary. Fiscal support for the IHWVP will be based on the program results, therefore continuous efforts to meet the goals and objectives of the program will be made by the IHWVP–T and the program manager.
Michelle Moreno Roman is a Candidate for the Master’s Degree in Health Care Administration from the University of Puerto Rico Medical Sciences Campus. In 2007, she completed her Bachelor’s of Art in Natural Science with a Minor in Biology. In the past two years, Michelle has interned with the Hispanic Association of Colleges and Universities (HACU) and the Department of Health and Human Services (HHS)/Centers for Medicare and Medicaid Services (CMS). Additionally, she was selected for the second time as an Hispanic-Serving Health Professions Schools (HSHPS) trainee to participate in the HSHPS/Department of Veterans Affairs (VA) Training Program in the VA Hospital located in San Juan, Puerto. Her current project expands the current education initiative that allows VA employees to seek further education. Before she began her health career path, Michelle enrolled in the ARMY Active Duty in 1999 and served as a Water Purification Technician. In 2001, she received an honorable medical discharge.

ASSOCIATED CHIEF OF STAFF FOR EDUCATION – SUPPORT CLERK
MENTOR: WILFREDO MARTINEZ, MS, RT, RDMS, RVT

As a part of the Department of Veterans Affairs (VA) Caribbean Healthcare System, the hospital provides a range of educational services to VA employees and external partners using an intranet system. The intranet system provides links to: a Virtual Calendar; Medical Media Production Services; Room Booking Calendar; Education Center; and other services. Additionally, the intranet system is also used by the Arecibo Community Based Outpatient Clinic (CBOC), Guayama Out Patient Clinic (OPC), Mayaguez OPC, Ponce OPC, St. Thomas and St. Croix. The summer projects consist of: coordinating the New Employee Orientation (NEO); arranging training sessions for: Hospital General Safety, Improving Organizational Performance, Customer Service, Infection Control and Equal Employee Opportunity (EEO)/Sexual Harassment, Share Point Calendar reservations; and updating contact information for health profession schools affiliates of VA hospital.
Neil Manimala is an MD candidate at the University of South Florida Morsani College of Medicine (USF MCOM). He earned his B.S. in Biomedical Sciences from USF in 2010; over the summer, he earned his Masters Degree in Medical Sciences at USF MCOM. He will be starting his first year of medical school in the fall. Mr. Manimala’s research interests include cancer therapeutics, apoptosis, and tumor microenvironment signaling, with additional work in other areas as well. He has almost half a decade of combined research experience at Tampa’s Moffitt Cancer Center, USF MCOM, the Tampa VA, and the Johns Hopkins School of Medicine.

Mr. Manimala has been committed to working with underprivileged youth in his community of Tampa, FL, and has been involved with organizations like Big Brothers Big Sisters and local volunteer efforts for years. He is also active in supplemental instruction initiatives for the new USF College of Pharmacy and believes that it is imperative that those with time give back to the communities that helped make them who they are. Mr. Manimala’s long-term career interests include translational research. Though his clinical interests are currently varied, he is committed to bringing positive investigational findings from bench to bedside for not only the underserved but also all other populations.

After 16 years of living in Florida, Mr. Manimala still enjoys the sun and water despite the occasional storm. He spends his free time running, reading, and enjoying the company of loved ones, which includes his dachshund named Charlie.

**THE ROLE OF CARDIAC PEPTIDES AGAINST FOS/JUN-MEDIATED PROLIFERATION IN CANCER**

MENTOR: DAVID L. VESELY, MD, PH.D.

Proteins c-Fos and c-Jun dimerize to form the pro-proliferative AP-1 transcription factor in neoplastic nuclei. Previous experiments have shown cardiac peptides vessel dilator (VDL), kaliuretic peptide (KP), atrial natriuretic peptide (ANP), and long-acting natriuretic peptide (LANP) to have pronounced anticancer effects, eliminating up to 86 percent of small cell lung cancer (SCLC) in vitro. The peptides are derived from the same 126-amino acid prohormone and have potent effects in various areas of the body endogenously. It is hypothesized that these peptides’ anticancer effects are mediated in part by their inhibition of Fos/Jun activation to AP-1. This mechanism will be assessed in vitro in SCLC, hepatocellular carcinoma, renal adenocarcinoma, and colorectal cancer through ELISA and immunofluorescence, with peptide treatments ranging from 100 pM to 10 µM, a physiologically significant range. Experiments will assess AP-1 transcriptional activity by determining the degree of Fos/Jun complex binding to its specific oligonucleotide in ELISA. Levels of phosphorylated c-Jun and phosphorylated c-Fos will also be determined by ELISA in these cell lines. Punctate staining will allow visualization of Fos/Jun transcriptional events occurring in nuclei in response to peptide treatment with VDL, KP, ANP, and LANP. The clinical promise of cardiac peptide treatment has been established in the literature, and the peptides’ expected decrease in AP-1 activity may be an important step in responding to the proliferation hallmark of cancer. Inhibition of AP-1 activity can be an effective mechanism to enhance existing anticancer therapies such that the long-term goal of abrogation of proliferation in malignancy can be achieved.
Ms. Stephanie Coello will earn her Bachelor of Science in Nursing (BSN)’s degree and Registered Nurse license from West Coast University in Ontario, CA in 2015. For the past three years Ms. Coello has been actively involved in promoting health and fitness to adults and children of her community. She has been an active Zumba Instructor for three years and through dance and fitness helps promote a healthy lifestyle. Ms. Coello has been focusing in receiving her Bachelor’s degree in Nursing and completed a summer program and became a Certified Nurse Assistant in 2011. She did her clinical hours at Woods Health Center in La Verne, CA and completed 180 hours of patient care. During her clinical hours she followed a Certified Nurse Assistant and assisted in getting the residents up in the morning, taking them to their afternoon daily activities, and making sure they received their proper nutrients. By doing clinical hours she is gaining the knowledge and understanding of what her career will be like as a Registered Nurse. Her biggest goal is to make a difference in an underserved community and advocate on behalf of patients.

WORKING WITH VETERANS: A NURSING STUDENT’S PERSPECTIVE
MENTOR: SHARON VALENTE, PMHCNS-BC, ANP PH.D.

I have been placed at the Department of Veterans Affairs (VA) in the Greater Los Angeles, Nursing Education and Research Department to increase my research skills and gain experience working with veteran patients. Part of my tasks include supporting and shadowing a Registered Nurse in the Medical Surgical Department; assisting patients with hygiene needs in accordance with their physician’s care plan; and taking patients’ vital signs. Working alongside nurses with different education levels and experiences has allowed me to rethink my own aspirations and reinforce my commitment and passion to caring for patients, especially veterans.
FOCUSING RESEARCH ON THE BORDER AREA (FRONTERA) IN TUCSON, AZ

The FRONTERA: Focusing Research on the Border Area Training Program is based at one of the HSHPS member institutions—the University of Arizona, College of Medicine. In association with the University of Arizona’s College of Public Health, Mexican American and Raza Studies, and Arizona Health Sciences Library, the FRONTERA program will offer the trainee an opportunity to engage in community-based research projects and attend bi-national meetings. To enhance understanding of the border and its people, trainees participate in service-learning and border immersion activities in the Ambos Nogales region. Trainees and staff meet bi-weekly to share a Cafecito and reflect on pre-assigned readings, videotapes and presentations on border health disparities and border culture. The FRONTERA program will provide a foundation and understanding of the health disparities affecting Hispanics in the U.S. Trainees will take advantage of role model mentoring with UA researchers and hands-on research training. Past projects include: Family Separation and Child Welfare Protocols in Mixed Immigration Status and Exploring Health Policy Agenda-Setting on the Arizona-Sonora Border.

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KATHERINE DEA WEEKS

Katherine Dea Weeks is a Master of Public Health Candidate at New York University (NYU), concentrating on community and international health. She graduated from Florida State University (FSU) in 2006 with a Bachelor’s degree in International Affairs. From her extensive travels through Central and South America, Katherine concluded that she wanted to dedicate her career to keep improving health within Latin American communities. Katherine served in the Peace Corps in El Salvador as an agricultural volunteer from 2006 through 2008. During her service, she also focused on health promotion and environmental education. From 2009 to 2011 Katherine worked in Philadelphia as a navigator of Pennsylvania state health insurance and organized for the passage of the Affordable Care Act. Her main interest is chronic disease prevention education. After graduation Katherine intends to continue to work within the Latin American community either as a public health education or program evaluator in a clinic or small nonprofit setting.

SIDEWALK ACCESSIBILITY FOR WHEELCHAIR USERS IN NOGALES, SONORA

MENTORS: TRACY CARROLL, PT, MPH

In Nogales, Sonora, Mexico an estimated 2,500 people are wheelchair bound.1 The rough terrain of the urban environment prohibits many wheelchair users from working, shopping or even leaving their homes. Sillas de Ruedas Todo Terreno or the All Terrain Wheelchair Shop, is a sustainable business in Nogales that has the potential to equip the local disabled and under-resourced community with low-cost, all-terrain wheelchairs. This small company is lacking the funding required to develop and promote its services. While it is obvious through observation that there is a need in the community for all-terrain wheelchairs, no data is available to demonstrate that need to funding institutions. To explore and quantify the difficulties of sidewalk accessibility for wheelchair mobility within the neighborhoods and commercial districts of Nogales, Sonora, conventional wheelchair users were surveyed using a 36 item interviewer administered questionnaire. Information collected from the questionnaires was used in conjunction with the Normas Mexicanas, a set of sidewalk regulations for the State of Sonora, Mexico, and the Americans with Disabilities Act to measure for wheelchair accessibility within four different residential areas and the downtown commercial district of Nogales. Finally, two conventional wheelchair users test rode the all-terrain wheelchair and were interviewed for their testimony in regards to the differences between the two chair models. All data collected from the three phases of the project will be used to support future efforts to obtain funds through grants and funding institutions.

Marilyn Herrera is currently applying for a Master’s degree as a Physicians Assistant. She earned her Bachelor’s of Science degree at Northern Arizona University in 2011 in Sociology with her Pre-Medicine requisites and a minor in Chemistry, in three years. She was able to attend college by exceeding on a state instrumental test in three different sections, and received full tuition for any in state university. For the past year Ms. Herrera took a microbiology course, a requirement for some of the PA schools, as well as volunteered at St. Joseph’s Hospital in Phoenix, AZ. She also did medical volunteering in a town nearby Antigua, Guatemala in Central America where she worked in different areas of the hospital while learning how Social Medicine in Guatemala worked in a rural town. She was able to do a home stay with a Salvadorian family in Antigua, and experienced the Guatemalan culture. Additionally, she received her certification as a medical interpreter for the Maricopa County in Arizona and hopefully, her national certification, thereafter. She hopes to become a Physicians Assistant so that she can serve an under served community. Coming from Arizona she has learned the struggles that the Hispanic people have had to endure and hopes to make an impact on that one day, however for now she attends marches and meeting for various Hispanic rights organizations.

PERCEPTIONS OF SOUTHERN ARIZONA WOMEN REGARDING SUPPRESSION OF MENSES
MENTOR: CELIA VALENZUELA, MD

Monthly bleeding may pose health risks to some women including those who bleed excessively or too frequently, those with significant pain with their period, those with a condition known as endometriosis, and those who experience severe physical or emotional disturbances associated with menses. Several options exist which safely stop women from having their period, whether they choose to do this for personal reasons or medical treatment of a problem. Many women, however, would prefer to have their period every month. The purpose of this study is to review data supporting the safety of menstrual suppression with different forms of birth control or hormonal treatment. We will also review existing literature regarding perceptions that women may have regarding suppression of menses. We expect to find that there is good data to support medical suppression of menses. We further expect to find that additional research is needed to better understand the reasons why some women would choose not to take something that would safely stop their monthly period. Understanding of these perceptions will help clinicians providing care to those women who would benefit from stopping their period yet are reluctant to do so. This literature review will support the need to conduct a more thorough survey to assess the reasons why women would not be interested in stopping monthly bleeding, a project which is currently pending IRB approval. This future study will focus on women receiving care at one of several clinics within The University of Arizona Health Network, and will target women of various cultural backgrounds.
BORDER ENVIRONMENTAL HEALTH: AUTISM IN THE SOUTH OF TEXAS IN HARLINGEN, TX

The Border Environmental Health: Autism in South Texas Training Program is based at one of the HSHPS member institutions—The University of Texas Health Science Center at San Antonio’s extended campus in Harlingen, TX. The goal of the program is to train graduate health profession students to identify environmental and public health challenges along the United States-Mexico border. The traineeship had two components: a series of elective and a community health research advocacy project. The series of electives were hosted by STEER and provided the trainees with an increased understanding of contemporary public health, international health and environmental health concerns, as well as cultural influences along the border. The community health research advocacy project allowed trainees to assist the Hispanic Autism Research Center (HARC) team to explore the role of gene-environment interactions and sociocultural factors in Autism Spectrum Disorders (ASDs) in the South Texas region where the Hispanic population exceeds 80%.

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Carlos Ramos Encarnación, is a devoted public health graduate student with experience in Hispanic health disparities and is interested in developing professional skills within the public health environment. In summer 2011, he finished an undergraduate degree in biology at the University of Puerto Rico, Rio Piedras Campus with strong commitments to begin a career in medicine. Recently, he started a master’s degree in public health at the San Juan Bautista School of Medicine (SJBSM). In fall 2012, he was accepted in a master’s degree program in public health. In addition to his studies, he teaches science classes at the De Diego Private School in Puerto Rico and was elected president after founding the Public Health Student Society at SJBSM. Through the Hispanic Serving Health Profession School (HSHPS) traineeship in Harlingen, Texas he works with Hispanic communities to determine effective and culturally appropriate interventions to identify major factors associated with environmental and public health issues. Furthermore, the traineeship experience has increased his knowledge about, epidemiology, statistics and public health advocates for the Hispanic Community.

SEARCHING FOR STATISTICAL TRENDS IN ENVIRONMENTAL AND GENETIC FACTORS AMONG MEXICAN-AMERICAN CHILDREN WITH AUTISM IN SOUTH TEXAS
MENTORS: BEATRIZ TAPIA MD, MPH; NOE GARZA DDS, MPH; CLAUDIA MILLER MD, MS; AND RAYMOND PALMER PH.D.

Autism Spectrum Disorder (ASD) is a neurodevelopmental disorder characterized by poor social interaction, language problems, and extreme difficulty in learning processes. ASD has become epidemic in US with a prevalence of 1 in 88 children according to the Center for Disease Control and Prevention (CDC) data of 2012. The etiology of ASD is uncertain but genetic and human exposures to environmental factors have been associated with ASD in previous investigations. The literature shows higher prevalence in ASD among Non-Hispanics White compared with Hispanic people, attributing the fact that Texas counties have low prevalence in ASD and higher percentages of Hispanics. The main objective of this study is to collect data and investigate whether there is a statistically significant exposure difference among children with ASD compared with children without ASD in South Texas. A case-control study of twenty Mexican-American participants between 2-9 years old were recruited. The group entails 10 cases with confirmed ASD and 10 controls of typically developing children, with their biological mother. For the purpose of this research project, a master questionnaire with 13 parts related to environmental factors, maternal behavior, family traits and other factors will be evaluated with SPSS. Biological samples will be also collected. A preliminary analysis of the collected information will be done to identify potential variable trends and correlations between South Texas and the general population in the U.S. Given the discrepancy of ASD prevalence among Hispanics and Non-Hispanic White in ASD, the results of this study will not only give information about the differences between children with ASD vs. children without ASD but also the trends can be used to find different factors among them that are causing disparities. The results of this study will provide further clues about which environmental and/or genetic factors should be investigated further.
Monica Rousseau is an MPH Candidate at the University of South Florida, College of Public Health. She is in an accelerated, 5-year MPH program with a concentration in public health education. For the last two years, Ms. Rousseau has been actively involved in sexual-health related work and activism. She held an executive position as a peer health educator for the USF department Wellness Education, and served as the vice president for the student organization REACH (Responsible Education and Action for Campus Health). Additionally, Ms. Rousseau served as a campus organizer for the national organization Advocates for Youth, which aims to solve sexual health disparities by implementing evidence-based practices and advocating for relative legislation.

Ms. Rousseau has also served as the treasurer for her school’s chapter of Eta Sigma Gamma, the national public health education honorary society, and has participated in school committees such as the Student Wellness Advisory Committee and the USF Partial Smoking Ban Task Force. During her program she published two research papers, advocated in Washington D.C. twice, and presented at an international conference in Cologne, Germany. Ms. Rousseau is originally from Cocoa Beach, Florida. Her main public health interests include advocacy, health disparities among Hispanic-Americans, and sexual health.

**DECREASING DISPARITIES REGARDING AUTISM SPECTRUM DISORDERS (ASD) AMONG HISPANIC AMERICANS: CAN A PROMOTORA MODEL INCREASE AUTISM AWARENESS IN SOUTH TEXAS?**

MENTORS: BEATRIZ TAPIA MD, MPH; NOE GARZA DDS, MPH; RAYMOND PALMER PHD

Autism Spectrum Disorders (ASD) is a neurodevelopmental condition that currently affects one in 88 children, making it a rising public health concern. The prevalence of ASD is higher in boys than girls (5/1) but can affect children of all economic statuses and ethnicities. However, among Hispanics there are significant disparities, such as being less likely to receive an ASD diagnosis, experiencing twice as many provider visits before receiving a diagnosis, and obtaining diagnosis about one-year later than Non-Hispanic Whites. The Hispanic Paradox may play a role in these statistics but literature also highlights disparities in medical resources and knowledge. On average, Hispanic children have two to three times less access to healthcare services than Non-Hispanics. According to current data, South Texas has historically been known to have limited resources for healthcare services and management. Furthermore, recent findings show a strong need among Hispanic parents of children with ASD to better understand available services and treatment options. To increase awareness among Hispanic parents in South Texas, we plan to collaborate with promotoras. Recognized by HHS, promotoras are effective community health workers, who raise awareness of health issues and serve as bridges between communities and healthcare services. Through focus groups with promotoras, we will be able to develop ASD awareness posters and brochures that are tailored to the community’s needs and culture. This program will also introduce an ASD promotoras train-the-trainer initiative to South Texas by building on the longstanding collaborations between the UT Health Science Center at San Antonio and regional promotoras. Past successful initiatives in asthma and environmental health have proven to transcend culture and language barriers in South Texas. We anticipate that increased awareness through these initiatives could help Hispanic parents navigate and utilize appropriate services for their children, thereby increasing rates of timely diagnosis and subsequent age-dependent therapy.
DISEASE SPECIFIC TRAINING PROGRAMS

HIV/AIDS ALONG THE U.S.-MEXICO BORDER IN SAN DIEGO, CA & TIJUANA, MEXICO

The HIV/AIDS and Associated Comorbidities in the U.S.-Mexico Border Training Program is based at one of the HSHPS member institutions: University of California, San Diego, Division of International Health and Cross-Cultural Medicine. The goal of our program is to train the next generation of Hispanic public health and biomedical researchers with expertise in HIV, tuberculosis and related comorbidities (e.g. mental health, substance abuse and infectious disease consequences), and migration in the context of the U.S.-Mexico border region. Our program will pair the trainees with a UCSD mentor with whom they will plan their research training objectives. Field activities will include weekly field visits to Tijuana, Mexico to the new Bi-national Health Frontiers in Tijuana Student-Run Free-Clinic jointly managed by faculty and medical students from the UCSD School of Medicine and the Universidad Autonoma de Baja California School of Medicine (UABC) in Tijuana. Additionally trainees will participate in scientific weekly meetings at the UCSD Division of Global Public Health, writing workshops & preparing scientific presentations, writing and preparing manuscripts for scientific journals, keynote lectures from leaders in the field, and research ethics seminars. The program will make important contributions to train health professionals who can address HIV & and related health issues in a bi-national context.

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Bernice Lopez is a doctoral student at the College of Arts and Sciences at the University of South Florida, concentrating in Biomedical Anthropology. She earned her MPH from the University of South Florida’s College of Public Health and her Bachelors of Arts in Anthropology from the University of Florida. Her primary research areas are in HIV/AIDS, with a particular focus on access to care for marginalized populations. Her research is currently published in the journal AIDS and Behavior and Technology and Innovation. Through her traineeship, Lopez has been evaluating the sociodemographic profile and barriers to care in a population of patients seeking care in a free bi-national student-run clinic in Tijuana, Mexico. Through this research, Lopez and colleagues have identified that this marginalized population—consisting of injection drug users (IDUs), sex workers, and deportees—faces continued stigma and stereotypes, one of which is that of being tattooed. Lopez is hoping to delve into the affects and implications of being tattooed on the livelihood of IDUs in Tijuana and will be submitting a Diversity in Health Related Research grant through the National Institute on Drug Abuse (NIDA) this upcoming fall to further fund this research endeavor.

“MARCADO”: A PILOT STUDY ANALYZING THE IMPLICATIONS OF SCARIFICATION ON THE LIVELIHOOD OF A VULNERABLE POPULATION IN NORTHERN MEXICO
MENTORS: JOSE-LUIS BURGOS, MD, MPH, AND VICTORIA OJEDA, PHD, MPH

The practice of scarification, better known as “tattooing”, has increased in a number of diverse people. However, popular perceptions remain discordant with the individual meanings behind tattoos. Consequently, negative stereotypes are reinforced and tattooed individuals remain seen as social deviants. Negative stereotypes have been shown to have adverse impacts on daily life and contribute to stigmatization in areas such as employment, access to care, and mental well-being (Bekhor et al, 1994; Stirn et al, 2006). Limited research has documented the impacts of these stereotypes on cultural subgroups, especially at-risk cultural groups including deportees and injection drug users (IDUs). This pilot study employs a mixed-methods approach. The study site is a free clinic in a Northern Mexico border community which serves disadvantaged and indigent patients. Study participants are patients seeking care, 40% of whom are deportees from the U.S. Data collection is ongoing. We employ quantitative questionnaires to assess the extent to which patients report tattoos, their locations, and other characteristics. We employ qualitative methods to understand the significance of body art to study participants as well as to develop a typology of these images. Upon completion, data analysis will involve a combination of descriptive statistics and thematic coding to compare and contrast main themes found (Miles & Huberman, 1994). Results from this pilot study will yield a greater understanding of the role of tattoos in a highly vulnerable patient population and whether they contribute to health and socioeconomic disparities particularly HIV risk behaviors.
The Tropical Disease & Global Health Training Program is based at one of the HSHPS member institutions—University of South Florida’s School of Public Health & Bio-Medicine Center in Quito, Ecuador. This program focuses serving the Hispanic community in the areas of Tropical and Infectious Diseases, nutrition, high altitude problems, travel medicine, and global health. The trainees had the unique opportunity to investigate the maladies that affect four completely different ecological areas in the context of three different cultures and completed training in the coastal subtropics to observe clinical cases of tropical and infectious diseases in the Saint Domingo of the Tsachilas Hospital and BioMedicine Center satellite clinic. There, the trainees observed the healing process of shamans recognized for their ancestral knowledge of herbal cure. The trainee will also experience the Amazonian rainforest, while being placed at the Arajuno clinic the trainees were provided services to local ethnic communities. The trainees also traveled to the Andean zone, and train at the Zumbahua Hospital where they observed the clinical and epidemiological profile of diseases of the Andes and interact with local indigenous communities.

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Bridget Leivan is an MPH candidate from Huntington Beach, California. She is pursuing her Master's in Public Health at the University of South Florida with a concentration in Global Communicable Disease, as well as a Certificate in Epidemiology. She earned her Bachelor’s of Science in Biology at Westmont College in 2009. Ms. Leivan is actively involved at her university as a graduate assistant, for which she has assisted in the formation and execution of several classes relating to infectious disease. She also works as a research assistant on a project that is assessing the vector competency of several species and genotypes of mosquitoes in southern Florida as it relates to their ability to transmit dengue virus. This project aims to greater understand the risk of endemic dengue circulation in light of the recent outbreak of 2009-2010 in the Florida Keys. Ms. Leivan will receive her degree upon returning from her traineeship. She is hoping to find a job related to health issues among Hispanic communities, particularly within the sector of health education and tropical diseases.

TOPICAL TREATMENT OF SEVERE CUTANEOUS LEISHMANIASIS CASE IN SUBTROPICAL ECUADOR
MENTORS: MANUEL CALVOPIÑA, MD AND RICARDO IZURIETA, PHD, MD, MPH

Cutaneous leishmaniasis (CL) is a vector-borne protozoal disease that affects hundreds of people in the subtropical and tropical regions of Ecuador. Leishmania spp is transmitted by the bite of a sandfly. This dermatological infection is most often self-healing, except the diffuse cutaneous and recidivans clinical manifestations. Physicians in Ecuador recommend administering prolonged intramuscular antimonial pentavalent (glucantime) for all cutaneous and mucocutaneous presentations. Side effects are common and can be severe, presenting with myalgia, artralgia, fever, asthenia, anorexia. Due to this, at times treatment is discontinued by the physician and compliance of patients is poor. A case was observed in an 18-year old female from Puerto Quito-Province of Pichincha, Ecuador, in which a severe lesion was present on the right ear. The patient was prescribed ciprofloxacin and clindamycin however, the lesion showed no improvement. Skin smear stained with Diff-quik showed Leishmania parasites. The lesion first manifested in December 2011, and was attended to in May 2012 (Figure 1 a). Due to the preferences of the patient we prepared and recommended topical treatment with a lotion of glucantime mixed half and half with mercury-chrome. After applying this lotion to the lesion 4 to 6 times a day for 6 weeks, the lesion healed (Figure 1 b). Our goal is to report this unusual case of CL and its atypical yet effective treatment. By gathering the information for such a case and presenting it in a clinical image, it will serve for physicians to be aware of this cutaneous variant and of alternative methods of treatment of leishmaniasis. This will augment the body of knowledge in this field.
Leonardo Martinez is a recent Master of Public Health alumnus from Tulane School of Public Health and Tropical Medicine, with a concentration in Global Community Health and Behavioral Sciences and was recently accepted in Tulane School of Public Health and Tropical Medicine’s Ph.D. program. He is especially interested in immigrant health, including the health disparities immigrants’ face in many areas of health care.

For the past two years Leo has worked for various research projects in different areas of New Orleans, Louisiana. He was a part of a research team studying the sexual activity and habits as well as substance abuse practices of migrant Latino workers in the New Orleans area. As part of a NIOSH funded study, he is also investigating respiratory problems among Latino migrant workers present in New Orleans and the role of the promotora in facilitating proper interventions assisting this at-need population.

During the summer of 2011 Leo led two research projects in Lima, Peru. The first project explored the usefulness of corraling of chickens in the reduction of Campylobacter jejuni in an urban setting. The second study focused on tuberculosis, measuring the tuberculin sensitivity of different age groups attempting to parallel results to past research conducted in 1992.

**IMPLEMENTATION OF DIRECTLY OBSERVED TREATMENT SHORT-COURSE (DOTS) TREATMENT WITH TUBERCULOSIS PATIENTS IN ECUADOR**

MENTORS: MANUEL CALVOPINA, MD AND RICARDO IZURIETA, PhD, MD, MPH

Globally, Directly Observed Treatment Short-course (DOTS) has been an effective means of tuberculosis treatment. Ecuador has made dramatic improvements in DOTS implementation and treatment in the past decade. In 2001, DOTS did not exist as a national policy in Ecuador. However, as quickly as by 2003 DOTS covered 100% of tuberculosis patients. We observed a clinical case of pulmonary tuberculosis in a 17 year old male at Valentina Health Center in Quito, Ecuador. Each day patients with tuberculosis need to travel to the health clinic in order to receive their medicine, with observation of medical professionals, as outline in DOTS policy (figure 1). The patient arrived to the clinic at 9:10am. A clinical history of the patient showed three positive sputum smears, the preferred method of diagnosis in DOTS treatment. Also noted in the patient history was a positive culture and a chest x-ray indicating tuberculosis. Notably, the patient also weighed 109 pounds, below the 10th percentile for his age, suggesting nutritional deficiency. All recent primary contacts from the household were sputum negative, which indicates transmission from outside the household. Our goal is to view and report this case of tuberculosis in the overall context of the DOTS program in order to learn and teach methods of successful tuberculosis treatment. By gathering the information for this case and presenting it in a clinical image, it will serve to inform future public health practitioners in the field of tuberculosis of DOTS coverage in Ecuador and augment the body of knowledge in this field.
SOCIAL MEDICINE IN MANAGUA, NICARAGUA

The Social Medicine in Nicaragua Training Program is based at one of the HSHPS member institutions—University of Miami, Miller School of Medicine. This program focuses a rotational experience with an urban focus while working with the Nicaraguan NGO Atención Primaria en Salud (APS). APS is composed of over 300 community health workers, the Division of General Medicine and the Jay Weiss Center at the University of Miami, Miller School of Medicine, the Nicaraguan Ministry of Health, and many additional partner organizations. The goal of the program was to expose trainees to a setting that encouraged advocacy for the economically poor and the amelioration of health disparities in the Hispanic communities around the world. This was achieved by providing a robust global health immersion experience, exposing participants to various clinical settings in a resource-limited public health system, and demonstrating APS’s efforts as an NGO to strengthen the capacity of the Ministry of Health in delivering community-oriented primary healthcare. Past projects includes: A rapid evaluation the pharmaceutical market and pulperias in District 6.1 Managua, Nicaragua: a focus on anti-diabetic and anti-hypertensive medicine and An evaluation of the diagnostic and treatment process of a diabetic patient within the public health system of District 6.1 Managua, Nicaragua.

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Erica Felker-Kantor is a graduate student at Johns Hopkins Bloomberg School of Public Health. Erica also holds a Master’s degree in Latin American and Caribbean Studies and Development from the University of Florida where she was awarded the Academic and Summer Foreign Language Area Studies fellowship in Haitian Creole. Her interests include medical anthropology, maternal and child health, racial and ethnic differences in access to healthcare, and indigenous rights. Erica has lived and worked in a number of Latin American countries including Ecuador, Bolivia, Nicaragua, Haiti, the Dominican Republic, Costa Rica, El Salvador, Cuba, and Honduras. She speaks fluent Spanish and Haitian Creole and also speaks some Quechua, an indigenous language in the Andean region. After completing the social medicine fellowship in Nicaragua, Erica will be traveling to Haiti to work on a malnutrition project. In late September, Erica will start a one-year fellowship at the CDC in the Immigration, Refugee, and Migrant Health branch in the Division of Global Migration and Quarantine. Erica’s recent publications include: “Food Insecurity and Race in Brazil” in the Journal of Latin American and Caribbean Ethnic Studies and “Female Headed-Households and Food Insecurity in Brazil” in The Journal of Food Insecurity.

A RAPID EVALUATION THE PHARMACEUTICAL MARKET AND ‘PULPERIAS’ IN DISTRICT 6.1 MANAGUA, NICARAGUA: A FOCUS ON ANTI-DIABETIC AND ANTI-HYPERTENSIVE MEDICINE

MENTORS: CHRIS DODD, MD; LIC. FABIOLA THOMAS, DIRECTOR OF APS

Studies about the importance of adherence to treatment for chronic disease patients indicate that missing doses can result in health complications. In most developing countries, medication is the most costly expense. The shortage of medicine in the public health system and the cost of medicine in the private system can result in uncontrolled diabetic cases and a higher risk of patient mortality and morbidity. The objectives of this mixed-methods study include: 1) understand the availability, movement, and prices of medicines in private pharmacies and ‘pulperias’, especially anti-diabetic and anti-hypertensive medication; 2) obtain information about the availability of diagnostic instruments and technology (i.e. blood pressure cuff, glucometer, etc.). The majority of ‘pulperias’ in district 6.1 do not sell anti-diabetic or antihypertensive medication or diagnostic instruments. In May and June of 2012, district 6.1 confronted a large shortage of medication in many health posts and health centers. Although a crisis of this magnitude is not common, the shortage of medication in the public health system is a constant struggle. Patients with economic resources can purchase medication from private pharmacies during times of shortages. Patients with minimal economic resources wait until the health posts and health centers are supplied with medication. Due to supply difficulties and medication shortages that exist in the public health system, organizations such as APS have an opportunity to help strengthen the system by using the experiences and skills of community health workers. With adequate training and health competencies, community health workers can facilitate treatment adherence for diabetic patients, provide community health education about diabetic and hypertensive symptoms, treatment, and control, and monitor blood pressure and sugar levels for chronic patients in their respective communities.
Jessica Herrera is an MD Candidate at University of Washington School of Medicine. She earned her Bachelor’s degree in Biology from Brenau University in 2005 and her Master of Public Health in global health from Emory University Rollins School of Public in 2010. She served as Latina Outreach Coordinator for the Atlanta Feminist Women’s Health Center, which sought to mobilize Latina women around reproductive health issues through leadership development, health education, and outreach activities. Additionally, she has worked as a research assistant at the Center’s for Disease Control and Prevention, health policy fellow in the U.S. Senate, and volunteered with various organizations, such as the National Council of La Raza and Advocates for Youth. Currently, Ms. Herrera is working on a publication based on data collected in Uganda looking at medical and nursing school education changes in the advent of PEPFAR. After completion of her MD, Ms. Herrera would like to combine her passion for medicine and public health through working with underserved communities in the U.S. and abroad on minimizing the burden of chronic and infectious diseases and improving women’s health.

AN EVALUATION OF THE DIAGNOSTIC AND TREATMENT PROCESS OF A DIABETIC PATIENT WITHIN THE PUBLIC HEALTH SYSTEM OF DISTRICT 6.1 MANAGUA, NICARAGUA
MENTORS: CHRIS DODD, MD; LIC. FABIOLA THOMAS, DIRECTORA DE APS

In recent years, Nicaragua, the second poorest country in Central America, has experienced a large increase in non-communicable disease cases. In 2012, the health center in district 6.1 of Managua, Silvia Ferrufino, registered 1,695 diabetic patients and 1,899 hypertensive patients in their chronic disease program. Although the Nicaraguan public health system offers free medical services and medication to the Nicaraguan population, there are many challenges that prevent patients from receiving adequate attention. The goals of this qualitative study include: 1) understand the process of care from diagnosis to treatment of a diabetic patient within the public health care system; 2) understand the barriers to accessing public health care; 3) understand how the experiences and skills of the community health workers can be used to fill the gaps in the public health system in regards to the health care attention of patients with chronic disease. Nine in-depth-interviews were conducted with health professionals, two focus groups were conducted with community health workers, and three participant observations were conducted in two health posts and one health center. The findings indicate that a diabetic patient goes through four main steps in order to receive medical care: 1) symptomology or diabetic complications; 2) diagnosis; 3) initial management; and 4) continued disease management. The barriers to obtain medical attention in district 6.1 Managua, include medicine and diagnostic instrument shortages, human resource shortages, lack of patient and physician education, individual an cultural behavior, and politics. Increasing the use of community health workers in the public health system can diminish unnecessary steps by 1) identifying patients with diabetic symptomology or with risk factors and facilitate patient entry into the public health system, and 2) help with the management of diabetic patients.

This number does not include undiagnosed patients.
Antonio Barreras, SAMHSA 2011
It is with a heavy heart that we say good bye to the sudden passing away of Antonio this past July 28, 2012. He was a very bright and loved individual who was recently converted into a full time employee at the Department of Health and Human Services (HHS), Substance Abuse and Mental Health Services Administration (SAMHSA).

Sean Bruna-Lewis, Ph.D Candidate, MA - CDC 2007
A special thanks to Sean for presenting to our 2012 class three times this summer on: Field Site 101: Best Practices for Starting at a New Research Site; Overview of Qualitative Methods; and Presenting Findings in Multiple Formats for Various Audiences. He is currently finishing his dissertation titled “Sowing the Seeds for the Future to Honor Tigua History and Tradition”, Diabetes Prevention Practices at Ysleta del Sur Pueblo at the University of New Mexico.

Sarah Ndiangui, MPH - SAMHSA 2011
Sarah was recently converted to a full time employee at the HHS/Substance Abuse and Mental Health Services Administration (SAMHSA). We wish you the best of luck with your future endeavors.

Fatima Munoz, MD, MPH - HIV/AIDS 2007
Dr. Munoz was recently selected to present at the 2012 American Public Health Association (APHA) national conference on “Provider perceptions of how HIV-related stigma might impact testing, treatment and adherence among HIV-positive Latino patients in the U.S.-Mexico border region.” Additionally, she continues to work closely with HSHPS trainees placed at the University of California, San Diego (UCSD) by serving as a mentor.

Zoila Sanchez, MPH - FRONTLine 2011 & HHS/OMH 2012
Zoila was recently selected to be the new project officer for the National Hispanic Medical Association (NHMA) based in Washington DC.

Erica Felker, MA, MSPH - Nicaragua 2012
Erica was selected to participate in the CDC ORISE Fellowship this coming year. But first, she will be traveling to Nicaragua to work on a health evaluation plan.

Jose Burgos, MD, MPH - HIV/AIDS 2007
Dr. Burgos continues to work closely with HSHPS trainees as the new Principle Investigator (PI) for the HSHPS/HIV AIDS and Other Co-Morbidities Along the U.S. Mexico Border based at UCSD, School of Medicine, Division of Global Public Health sub-grant award.

Fernando Rengifo-Caicedo, PhD Student, MPH, FAAA, CPS/A, EH&S - NIOSH 2008
Fernando was selected to participate in a highly competitive summer course awarded and hosted by the London School Of Hygiene and Tropical Medicine at the University of London in the United Kingdoms (U.K.). He was the only Hispanic chosen to participate in this prestigious activity. Additionally, he is currently applying to a Dr. P.H. from the London School Of Hygiene and Tropical Medicine at the University of London in the U.K.

Janelle Southlea, B.A. Candidate - SAMHSA 2011 & VA 2012
Janelle was recently converted to a full time employee at the Department of Veterans Affairs in Washington DC. We wish you the best of luck with your future endeavors.