It’s the end of another academic year and we want to reflect on our activities within our community. Starting with our pipeline programs for children from 4th up to 20th grade, HS-MACA continues to promote the healthcare profession through our outreach activities. We have an excellent working relationship with the middle-school after-school program where we teach the students through hands-on activities like cow-eye dissection, sheep brain and heart dissections, and the development of polymers in simple chemical reactions. Our post-baccalaureate students volunteer at the Sienna Francis House and in events such as Juneteenth and Cinco de Mayo in North and South Omaha respectively. In 2016, we started a Nebraska Physical Activity Day as part of our current two million-dollar Racial and Ethnic Approaches to Community Healthy (REACH) award from the Centers for Disease Control and Prevention (CDC).

On a global level, we celebrated our thirteenth year of Glaucoma Prevention outreach care by traveling to Santiago in the Dominican Republic to provide much-needed prevention of blindness medical and surgical care to over 200 individuals during a four-day period.

We want to thank our students and our collaborators at home and abroad for the opportunity to work together for the common good.

On behalf of the staff of HS-MACA, I say farewell to our graduating post-baccalaureate alumni who have succeeded in the schools of medicine, dentistry, pharmacy, and health professions. Always remember, “Until the great mass of people shall be filled with the sense of responsibility for each other’s welfare, social justice can never be attained” - Helen Keller

Sade Kosoko-Lasaki, MD
Associate Vice Provost and Professor
HS-MACA Leadership Awards

Lich Pham, is the School of Medicine 2017 underrepresented student who best promoted the mission of HS-MACA.

Shradha Samuel, is the School of Medicine 2017 underrepresented student who best promoted the mission of HS-MACA.

Cecilia Miyares is the School of Dentistry 2017 underrepresented student who best promoted the mission of HS-MACA.

Dele Ajagbe is the School of Dentistry 2017 underrepresented student who best promoted the mission of HS-MACA.

Nana Cudjoe is the School of Medicine 2016 underrepresented student who best promoted the mentoring activities for the Post-Baccalaureate program of HS-MACA.

Student Leadership Award

Lyra Cavada, for leadership in the Multicultural Health Science Students Association (MHSSA).

Sameera Alocozy, for leadership in the Student National Medical Association.

Ricardo Dominguez is the School of Pharmacy and Health Professions 2017 underrepresented pharmacy student who best promoted the mission of HS-MACA through service and community outreach.

Tinotenda Sekeramayi, for leadership in the Minority Association for Pre-Health Students, MAPS.

Ciera Oshodi is the recipient of the Elder Family Scholarship.

Brittany Simon is the recipient of the Elder Family Scholarship.

Graduating Class of 2017 Health Sciences Diversity Students

School Of Dentistry May 2017 Graduates
*Oluwadamilol Ajagbe
*Jonathan Aragon
Bryson Chang
Sandria Delgado
Amy Griffith
Caitlyn Hall
Ashley Haugier
Jesse Johnson
Alexander Kim
Ntila Le
Cotton Martinez
Matthew Matta
*Chinakasobi Mbata
*Oceilla Miyares
*Nicoie Nelson
Alicia Nguyen
Chase Nieri
Reggie Orozco
Gabriel Trujillo
Brian Wong

School of Medicine May 2017 Graduates
Aurum Akhter
*Sameera Alocozy
Robert Antash
*Nana Cudjoe
Maha Hanout
Zoha Hanout
Rory Keys
Duc Le
Victoria Lim
Edward Maldonado
*Juliana Muchinyi
Gary Nissen
*Matthew Ogbeide
Alexander Pham
*Andy Pham
*Lich Pham
Teresa Raya
*Shradha Samuel
Laetitia Tranung
Lauren Turco
Ashley Weaverutunga
Joeylin Wu

School of Pharmacy, Nursing, and Health Professions May 2017 Graduates
Physical Therapy
Elizabeth Bennett
Jordan McLennan

Occupational Therapy
Diana Banker
Joe Paul Castillo
Clinton Collins
Emmanuel Iundu
Kelsey Lopez
Ellyve Miller
Hoang Lin Nguyen
Gabriela Osemwegie
*Gloria Reynaga
Stephen Sanchez
Elizabeth Torrez
Jousa Yang
Jessica Womack

Pharmacy
Evelyn Ajelabi
Chanelle Aymura
Rose Atabong
Bryan Bautista

*HS-MACA Post-Baccalaureate and Pre-Matriculation Alumni

HS-MACA 2017 Graduation Awardees
School of Medicine
HS-MACA Graduates 2017

Sameera Alocozy
Post-Baccalaureate Class 2012-2013
Albany Medical Center, Albany, NY Physical Med & Rehab

Virginia Barak
Endowed COPC Scholarship Recipient 2014
Univ Texas at Austin Dell Med School, Austin, TX Pediatrics

Nana Cudjoe
Post-Baccalaureate Class 2010-2011
SIU SOM & Affili Hosps, Springfield, IL Psychiatry Internal Medicine

Daniel Dyer
Endowed COPC Scholarship Recipient 2015
Maine Medical Center, Portland, ME

Michelle Marieni
Endowed COPC Scholarship Recipient 2014 and 2015
Univ of Massachusetts Med School, Worcester, MA Obstetrics & Gynecology

Juliana Muchiisy
Post-Baccalaureate Class 2010-2011
NYMC Metropolitan Hospital Ctr, New York, NY

Matthew Ogbeide
Endowed COPC Scholarship Recipient 2014 - 2015
Ohio State Univ Med Ctr, Columbus, OH Prelim-Surgery

Breelan Kear
Endowed COPC Scholarship Recipient 2014
UC Irvine Med Ctr, Orange, CA Emergency Medicine

Kayla Kendric
Endowed COPC Scholarship Recipient 2014
Loma Linda University, Loma Linda, CA Emergency Medicine

Matthew Kiblinger
Endowed COPC Scholarship Recipient 2014
Univ of Nebraska Med Ctr, Omaha, NE Emergency Medicine

Lich Pham
Post-Baccalaureate Class 2012-2013
Providence Sacred Heart Med Ctr, Spokane, WA

Shradha Samuel
Post-Baccalaureate Class 2012-2013
Univ of Nebraska Med Ctr, Omaha, NE General Surgery

Laetitia Truong
Endowed COPC Scholarship Recipient 2014
UC Irvine Med Ctr, Orange, CA Family Medicine

Nana Cudjoe
Post-Baccalaureate Class 2010-2011
SIU SOM & Affili Hosps, Springfield, IL Psychiatry Internal Medicine

Daniel Dyer
Endowed COPC Scholarship Recipient 2015
Maine Medical Center, Portland, ME

Michelle Marieni
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Endowed COPC Scholarship Recipient 2014
Loma Linda University, Loma Linda, CA Emergency Medicine

Matthew Kiblinger
Endowed COPC Scholarship Recipient 2014
Univ of Nebraska Med Ctr, Omaha, NE Emergency Medicine

Lich Pham
Post-Baccalaureate Class 2012-2013
Providence Sacred Heart Med Ctr, Spokane, WA

Shradha Samuel
Post-Baccalaureate Class 2012-2013
Univ of Nebraska Med Ctr, Omaha, NE General Surgery

Laetitia Truong
Endowed COPC Scholarship Recipient 2014
UC Irvine Med Ctr, Orange, CA Family Medicine
School of Dentistry
Post-Baccalaureate Alumni Graduates 2017

Oluwadamilola Ajagbe
Post-Baccalaureate
Class 2012-2013

Jonathan Aragon
Post-Baccalaureate
Class 2012-2013

Chinakasiobi Mbata
Post-Baccalaureate
Class 2011-2012

Cecilia Miyares
Post-Baccalaureate
Class 2012-2013

Nicole Nelson
Post-Baccalaureate
Class 2012-2013

School of Pharmacy and Health Professions
Pre-Matriculation Graduates 2017

Lyra Cavada
Pre-Matriculation
Class 2013
Pharmacy

Ricardo Dominguez
Pre-Matriculation
Class 2013
Pharmacy

Rosemary Juarez
Pre-Matriculation
Class 2012
Pharmacy

Sandy La
Pre-Matriculation
Class 2013
Pharmacy

Juan Mendez
Pre-Matriculation
Class 2011
Pharmacy

Gloria Reynaga
Pre-Matriculation
Class 2014
Occupational Therapy

Christian Smith
Pre-Matriculation
Class 2013
Pharmacy
Reflections on the Post-Baccalaureate Program

I was blessed with the amazing opportunity to partake in Creighton University’s Post-Baccalaureate Program. For me, this program was a second-chance opportunity to improve academically, to enhance my grade-point average and successfully prepare to pass my Dental Admission Exam, so that one day I could pursue my aspiration of becoming a dentist. This opportunity absolutely delivered all that it promised. I was afforded the unique opportunity to be the class leader for the Pre-dental students. This position allowed me to meet and engage with faculty and staff and to bond and form relationships with both pre-medical and pre-dental students. This is a “tough-love” program with set objectives and guidelines to help you achieve your goals. You are given all the resources you need, along with the constant support from the staff. You are pushed daily and challenged to work and be your best, which has greatly helped me grow as an individual. With dedication, teamwork, determination and the guidance of this program, I can say I have truly earned it and absolutely feel prepared to take on the challenges of dental school. If you approach this program with a similar mindset, you too can reap the harvest of fruitfulness this program has to offer. I have learned that it’s not the easy stuff in life that molds you, but it is that which brings challenge.

Creighton University’s Post Baccalaureate Program has given me the skills to succeed in medical school, be a positive influence to society, display professional skills in and out of the classroom, and develop my cultural competency. Throughout this year, I have been able to work together with a diverse group of people to achieve a common goal. The transition between undergrad and the program was not easy. I had to reflect on my learning habits from undergrad and learn how to adapt to the rigorous course load. With the help of the HS-MACA staff, my classmates, and the encouraging atmosphere provided by our teachers, I was able to adapt to the course load quickly. Through the program, we were also given the opportunity to shadow various doctors, learn about health care disparities, and volunteer throughout the Omaha area. Moving to the Omaha area was also a rewarding experience. Getting to eat at the various restaurants, visit the zoo, and the different museums during study breaks allowed me to enjoy living in a new city. All these experiences have given me the tools to be the well-rounded physician I aspire to become. To me the thing that sets this Post-baccalaureate program apart from others is the constant support that is given along the way. From the first day of orientation to now, the office has been there to provide a helping hand from recommendations on apartments around the city to advice regarding test preparation. This program has offered me an amazing experience to meet life long friends and future leaders in the health care profession.
Strategically Recruiting for Diversity

Generating awareness and finding diverse students interested in Creighton University and its health sciences programs is one of the top challenges as a recruiter. As more Blacks and Hispanics are enrolling into college, but lagging in earning degrees, it is important that my recruitment strategies are geared towards, but not limited to, bridging the achievement gap and cultivating qualified students that help combat the disproportionate rate in which minorities are accepted into colleges and universities to successfully earn a degree.

As I engage with students locally and across the country, I want to ensure that the recruitment of diverse talent is strategic. Recruiting is similar to a sales process. In order to effectively find diverse talent for our pipeline, I have learned to recruit where diversity thrives. Targeting schools with a diverse body of students has proven to be most successful. Other common sources for diverse recruiting have been to focus my efforts on Historically Black College and Universities (HBCUs) and Hispanic Serving Institutions (HSIs). Building strategic partnerships with schools that serve predominantly minority populations for diverse recruiting boosts recruiting return on investment.

There are also many national and regional associations and student groups organized around specific minority-interest groups. We partner with multicultural professional associations and student organizations such as Omaha Public Schools (OPS), National Association for Minority Medical Educators (NAMME), American Association of Medical Colleges (AAMC), and many pre-health clubs. These entities help to cast a broad net and find diverse candidates interested in Creighton’s health sciences degrees, programs, and initiatives and ensure that our pipelines are full of qualified applicants.

Another successful recruitment strategy is the use social media, which has not only helped to promote HS-MACA,m but has also allowed us to identify and target specific populations. Facebook is an effective channel to target our ideal diverse candidates. Facebook allows you to target specific demographics and create targeted advertising campaigns on Facebook to reach diverse student groups. I am looking forward to attending more virtual career fairs for targeted minority student groups. The efficiency of virtual events cuts travel costs and helps tap into a wider applicant pool.

One of the best recruiting sources is word-of-mouth. This particular strategy has helped us to attract students from our community to Creighton University. Diverse people know and talk to other diverse individuals. Students share their experiences with other students. Because of this, a diverse candidates’ perception of your school or program spreads throughout their communities. In addition, a genuine approach is the best practice for diversity recruitment in general. It’s not as simple as talking to students about what they can do for you. Students and the community alike need to know that your passion for diversity and inclusion are sincere. The best approach is about what your university can do for them. How can they succeed? What resources are available? How committed are you financially? It’s seeing each one of the potential students as individuals, supporting their success, and caring about the things that matter to them. If diversity is part of your university’s strategic plan, then make it a priority. Recruitment enables Creighton University to diversify its student body.

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Hope for the Future:
CPHHE Programming for Youth in our Community

CPHHE throughout its existence has been an integral staple in the Omaha community, providing various opportunities regarding education, research, and training and development. Our willingness to truly partner with various community organizations and leaders while, in turn, providing opportunities for anyone, including individuals outside of the Creighton community, to learn, share and partake in various activities produced by CPHHE has assisted in the solidification of becoming a community staple. One of CPHHE’s foundational principles is to assist the community in the prevention and reduction of chronic diseases. In order achieve the goal of prevention, best results are attained when we begin with youth for our programming. CPHHE has been able to establish various programs and activities where youth serve as our primary target population.

**BABES**
Beginning Awareness Basic Education Studies (BABES) is a primary prevention program designed to give children a lifetime of protection from substance abuse. BABES accomplishes this by assisting young people to develop positive-living skills and by providing them with accurate, non-judgmental information about the use and abuse of alcohol and other drugs. This important information is presented in a manner designed to gain the attention of children. This information enables them to develop a desire for healthful living and give them the ability to better understand how to protect themselves from alcohol and chemical dependency situations among their peers and within a family structure. Delightful animal puppets are humanized to be like men, women and children that we all know (including ourselves when we self-observe). The target audience for the program is grade-level K-3 (ages 5-8). This program is meant to be a part of either an after-school based program or community organization program. This program has currently been hosted at Miller Park Elementary, Hartman Elementary, Saratoga Elementary, the Butler Gast YMCA, and the Hope Center for Kids.

**The Drill**
To increase the opportunities of physical activity for youth, CPHHE, in collaboration with our CPHHE-REACH, created “The Drill,” an after-school exercise program where students are involved in physical drills similarly done by collegiate and professional athletes. These activities go across a large spectrum of drills that can translate to many sports. The Drill is currently being programmed at Norris Middle School.

**Lyrics, Life & Lessons**
Lyrics, Life & Lessons (LLL) is a program created and designed to use popular music, primarily hip-hop and rap with their themes in the lyrical content to authentically engage the participants in candid discussions. Samples of the various topics relating to public health issues in urban communities include violence, sexual health, fatherlessness, gang mentality/concepts, alcohol, tobacco, and other drugs (ATOD). Additional topics include healthy relationships, employment, neighborhood conditions, healthy self-image, stereotyping, social and gender norms. Discussions that arise from the topics will be matched with research regarding each subject matter with statistical information to increase the validity of the discussion, increase knowledge of health behaviors and statistics, and create an atmosphere that is open and safe for the participants. LLL has been programmed at Creighton University Upward Bound Program, the Urban League of Nebraska, and at Blackburn High School Alternative Program.

**CPHHE-REACH Photovoice**
Photovoice is an evidence-based program that teaches health disparities of various communities through having the program participants take photos of various issues, barriers, or successes of different health-related themes. The goal is to tell a particular story regarding health disparities. Thus far, we have had programming at Girls Inc. of Omaha and will continue programming at the North Omaha and South Omaha Boys and Girls Club.

**Summer Research Institute**
The HS-MACA/CPHHE Summer Research Institute at Creighton University introduces high-school students and college students to research and prepares them for careers in the health sciences through biomedical research and community-based research. Students are paired with either a university faculty member who involves the student in an ongoing research project or with a community organization where the student will design and conduct community-based participatory research along with the site manager. The program concludes with a colloquium (oral and poster presentations) of their experiments. The purpose of the HS-MACA/CPHHE Summer Research Institute is to promote diversity in research and to build knowledge on research regarding various health disparities. The program has been in existence for more than fifteen (15) years. Our students have since gone on to further their education, such as enrolling in Masters Programs and Medical Schools.

CPHHE looks to continue its outreach to the communities it serves through various outlets. To truly work on prevention and changing the environment around health and health policy, we must continue to educate and involve our youth because they are the future for our communities. These youth are vital in changing the landscape and mindset around health for our communities today.
Increasing Health Literacy in the Douglas County Hispanic Community Through the use of Community Health Advocates

High rates of uninsurance, low levels of health literacy, and limited access to culturally and linguistically competent care place Latinos at risk for adverse health outcomes and underscore the need to improve access to health services and chronic disease prevention, treatment, and management in this population [1]. In Douglas County, there are barriers that directly affect public health in the Hispanic/Latino community. Transportation, healthcare access, cultural competency, and socio-economic status are some of the most common. Limitations and barriers that the Hispanic/Latino population face in the U.S. Latinos now represent the largest racial/ethnic minority group in the United States. Overlooking these disparities has the potential to jeopardize the health status of the overall U.S. population [2]. The Center for Promoting Health and Health Equality (CPHHE), in collaboration with the Health Science Multicultural and Community Affairs (HS-MACA), has been addressing this problem through its Community Health Advocates (CHA) program. The CHA program began in 2015 and involves individuals from the Latino community who are leaders and have passion for helping individuals in their community.

Promotora emerged in the 1960s in Latin America along with popular education movements and social activism, and flourished during the 1970s based on methodologies of empowerment for social action from Brazilian educator Paulo Freire [2]. Lay-health promotor programs in Latin America and the U.S. have successfully enhanced disease prevention and management through selecting and training trusted community members to carry out peer-based interventions [1].

Who are the Community Health Advocates?

The Community Health Advocates are “lay-volunteers” that have a passion for helping others in their communities. They receive training that focuses on prevention, identification, and treatment of chronic diseases. CPHHE has successfully trained a total of 10 CHAs. In this article, I will focus on the CHA’s that provide service to the Spanish speaking community.

Being part of the Hispanic/Latino community allows CHAs to have a unique access to vulnerable and difficult-to-reach populations who are undocumented, have limited health literacy, low access to healthcare, and limited English proficiency. The CHAs help to provide health information in a cost-effective manner, and provide culturally- and linguistically-appropriate service [1].

There is a wide range among the CHAs in terms of educational level (from less than secondary to a bachelor degree). CPHHE/HS-MACA currently has four (4) Hispanic/Latino CHAs: Laura Hernandez, Leticia Flores, Ilse Ramirez, and Gabriela Ortiz. These individuals are currently employed at OneWorld Health Centers and Douglas County Health Department.

Gabriela Ortiz is a Community Health Worker (CHW) who works at the Douglas County Health Department (DCHD). Her role is to provide health resources to the Omaha community. As a bilingual CHW, Gabriela is fluent in Spanish and understands the Hispanic culture. Her primary focus is in the Hispanic community. As a member of a Christian church in South Omaha, Gabriela presents DCHD programs while helping church members to better understand health topics. She reaches the most vulnerable population by collaborating with other community agencies in South Omaha.

Laura Hernandez, Ilse Ramirez, and Leticia Flores are promotoras with OneWorld. They are the bridge between the OneWorld

Community Health Centers and the Hispanic community. Responsibilities include coordinating community group meetings and providing health information updates. They are also involved with childcare in South Omaha where they bring health education to children. Laura, Ilse, and Leticia actively participate in different events in South Omaha, some of which are held at Omaha Public Schools, and the Mexican Consulate.

The Community Health Advocate program has been recognized as an effective strategy to reach a large and increasingly diverse population and addresses racial/ethnic disparities in healthcare [1]. HS-MACA and the CPHHE are dedicated to provide training and development to increase a multicultural healthcare workforce and focus on reducing health disparities in underserved and diverse communities. Future plans are to extend the outreach in the Hispanic/Latino community in Douglas County through the inclusion of Latino churches and the constant participation in community events and health fairs such as Cinco de Mayo, Binational Health Week, and the Indigenous Health Fair.

References


Congratulations Dr. Stone!

First recipient of the Frank Peak Memorial Minority Health Individual Award
Should Kids Sit Still in Classrooms?

Young kids, older students, and even adults are expected to sit in classrooms for long periods of time without getting up and moving around. I remember struggling with sitting still in elementary, high school, and in church while growing up in the U.S. education system. As the Director of the REACH program at Creighton University, our major focus is on promoting physical activity among the Omaha population as a means to decrease the risk of developing chronic diseases.

Recent scientific evidence reveals that physical movement, especially among kids, has an additional positive impact on learning and academic achievement. There are several examples to illustrate this fact, as cited in a March 27th, New York Times article by Donna De La Cruz.

Brian Gaters, the superintendent of schools in Emerson New Jersey, comments that, “we need to recognize that children are movement-based. In schools, we sometimes are pushing against human nature in asking them to sit still and be quiet all the time. What we have found is that the active time used to energize your brain makes all those still moments better, or more productive.”

Cruz also reports that a 2013 study from the Institute of Medicine concluded that children who are more active “show greater attention, have faster cognitive processing speed, and perform better on standardized academic tests than children who are less active.” A study released in January 2017 by Lund University in Sweden shows that students, especially boys, who had daily physical education, did better in school.

Scott McQuigg, Chief Executive Officer and co-founder of GoNoodle, a classroom movement program used in more than 60,000 elementary schools in the United States credits Michelle Obama’s “Let’s Move” initiative with helping to bring movement and the health of children into the public consciousness. His program uses entertaining videos in the classroom periodically during the day to stimulate movement including dance moves, as a “Brain Break.” Mr. McQuigg goes on to say that, “this is a digital generation that expects to be entertained, and we think that we can do more good around getting them to move if they are entertained.”

There should be little dispute that our American culture is obsessed and consumed with entertainment as we watched reality TV and witnessed the most recent presidential election and now, daily U.S. government operations. As one who has provided leadership and served as an educator in four universities, entertainment is a major factor for success with kids.

It is with great pride that the REACH program is promoting the concept of children’s movement in the Omaha Public School System. We have implemented a policy into six (6) of the after-school programs that ensure a minimum of 30 minutes a day is devoted to physical exercise. It is our hope that additional schools will adopt this policy and change the environment regarding chronic disease reduction and academic achievement. Based on science and my personal opinion, “NO” is the answer to the question, “should kids sit still in classrooms?”

“Get Active, Healthy, and Happy”

Diversity Dialogue (D²)

Human Trafficking - The Impact on Our Community

Map indicates Omaha areas specifically mentioned in online commercial sex ads.

Seventy (70) people came together at Creighton University on April 20th for one purpose; to learn about “Human Trafficking – The Impact on Our Community.” No news anchor or newspaper article reports someone missing as “a possible victim of human trafficking.” If we heard those words, we would sit up and take notice of this shadowy criminal element in our midst.

A distinguished panel of five presented such a clear and understandable picture of Human Trafficking in our community and at large that all left wiser and armed to combat this threat to our peaceful community. Human trafficking is defined as any person who solicits another person to perform any sexual act in exchange for money or any other thing of value (a meal, manicure, etc.) These acts may be labor or sexual and include both male and female victims. Sgt. Alan Reyes of the Omaha Police Special Operations/Vice Unit provided a perspective of law and the tools available to, “convince human trafficking survivors to cooperate with Law Enforcement, testify against their Pimp, and utilize both government and private resources…” Meghan Malik, Trafficking Project Manager of Women’s Fund spoke from a policy-action angle geared to help victims and survivors, stop traffickers, and eliminate the market. Erin Alano, Special Projects Coordinator of Nebraska Alliance of Child Advocacy Centers spoke of how the family/community breakdown negatively affects our children. She provided a picture of a circle of support around a victim made up of counseling, legal, education, medical, compassion, safe environment, and social services.

Statistics report 900 children a month in Omaha are without a safe place to sleep or adequate food and support as discussed by Emily Greenberg, Case Management Trafficking Specialist of Youth Emergency Services (Y.E.S.). Statistics show that 23% of homeless youth ages 16-21 experience trafficking. Risk factors include lack of a caring adult, history of childhood sexual abuse, and lack of education or skills to earn money, “Couch surfing”, or sleeping on someone’s couch to get off the scary streets often turns into an exchange for sex or sometimes evolves into human trafficking. Our final panelist was Jessyca Vardercocx, Program Director for Trafficking at the Women’s Center for Advancement (WCA). A disproportionate number, over 50% of underage sex-trafficking victims, are African-American children. Examples of discerning trafficking victims include someone not able to produce identification (i.e., school I.D. card, driver’s license, credit card, passport) or make even simple decisions alone. Both the OPD Vice Unit and WCA representatives offered hotlines to report suspected trafficking. Copies of these handouts are available through HS-MACA.

Elaine Ickes, BGS Administrative Professional III
Physical Activity in the Faith-based African-American Community in Omaha

CPHHE-REACH, in collaboration with twelve (12) African-American, faith-based organizations, is working to increase the number of individuals with improved access to physical activity. The churches are primarily located in the northeast sector of the city of Omaha where resources for physical activity may be limited. Many churches have historically played a vital role in the lives of African-Americans. Churches can be impactful by meeting the needs of congregants while not just focusing on the spiritual, but rather the holistic person. For these reasons, churches are the best option in the REACH partnership.

The churches have written policies, put systems in place, and made environmental improvements for increased access to physical activity. The twelve (12) churches that we partner with include: Mount Moriah Baptist, Zion Baptist, Pilgrim Baptist, Redeemed Christian Church of God, Antioch Baptist, Clair Memorial United Methodist, Bethesda Temple Seventh-Day Adventists (SDA), Morning Star Baptist, Pleasant Green Baptist, Salem Baptist, Mt. Nebo Baptist, and The Worship Center. These churches host weekly physical activity events and promote church members and community engagement. Morning Star Baptist, Mount Moriah Baptist, Bethesda Temple SDA, and Salem Baptist host activities such as stretching before or during congregational meetings and bible-study sessions. Bethesda Temple SDA facilitates individual exercise classes on its church premises and at a nearby location to provide more physical activity variety while promoting community engagement. Mt. Nebo Baptist hosts weekly low-impact, aerobic-exercise classes. Zion Baptist and Mount Moriah Baptist have stairs that attendees must use to go from one level to another, so walking clubs have been formed to utilize stair-promt signage. Clair United Methodist, Bethesda Temple SDA, and Redeemed Christian Church of God attendees engage in physical activity during the worship service while incorporating health-related messages in their bulletin and announcements. Pilgrim Baptist has seasonal outside gardens and conducts gardening classes. Pleasant Green Baptist and Salem Baptist have drill teams which perform in various parades and social events in the Omaha community during warmer months. Pleasant Green has a cancer survivor’s line-dance group. Antioch also has started its own line-dance group as well as a step class to educate those interested in learning stepping, a type of dance. The Worship Center has incorporated prayer walks and various fitness programs (with a spiritual emphasis) in their weekly services. Redeemed Christian has included dance routine during praise and worship sessions and conducts prayer-walking vigils on the weekends. Eleven (11) of the twelve (12) churches have bike racks that have been installed through the REACH funding and the church health ambassadors are creating ways to encourage their use.

Churches of today encompass small-group ministries and formulate outreach services for their congregations and surrounding communities. It is important that churches continue to lead in helping to address the paucity of physical activity within the African-American community of Omaha, Nebraska. This will ultimately help to reduce chronic disease health disparities in our communities.

What is a Hackathon and How does it Benefit the Community?

Technology has become the driving force behind innovations that are changing the world as we know it. Technology has improved the way we interact with the world from communications, finances, security, and even our health. It is important that we not only use technology to assist with activities within our present lives, but also use technology improve our future.

Chronic diseases and conditions—such as heart disease, stroke, cancer, type-2 diabetes, and obesity are among the most common, costly, and preventable health problems affecting the Western world. Many of these illnesses are a result of unhealthy health risk behaviors accumulated over time. Health risk behaviors are factors that assist in the development of disease, however unhealthy behaviors can be changed. Four health risk behaviors—lack of exercise or physical activity, poor nutrition, tobacco use, and drinking too much alcohol—cause much of the illness, suffering, and early death related to chronic diseases and conditions. In the United States, chronic diseases and the health risk behaviors that cause them account for most healthcare costs and the rising economic cost that burdens many professional workplaces. It is expected that by the year 2030, half of all Americans will be affected by at least one or more chronic conditions. This burden can be avoided if the proper precautions can be made.

One of Health Sciences Multicultural and Community Affairs’ (HS-MACA) main goals is to address health disparities through teaching, research, and community advocacy. To increase community focus, collaboration, and to create effective efforts toward chronic-disease prevention, HS-MACA will be hosting its first annual Racial and Ethnic Approaches to Community Health (REACH) Hackathon on October 27-28, 2017. Hacking is creative problem solving, which, in some occasions, does not have to be solely about technology. A hackathon is any event of any duration where people come together to solve problems and collaborate to create usable software solutions. The REACH Hackathon is developed to provide an opportunity for young professionals in the fields of software development, business, and public health to collaborate and create tangible technological solutions for chronic illness prevention by means of increasing individual physical activity. We aim to empower students in various professions to apply their gifts and capabilities toward addressing real-world, health-disparities challenges.

Currently, HS-MACA has collaborated with professionals from Creighton University, the University of Nebraska at Omaha, and Eastern Washington University School of Public Health Spokane to host the event. However, we are looking for public health, business, and computer-science experts within the Omaha community to participate. If you are a high school, college, or graduate student who has an innovative chronic-disease prevention solution and/or has the skills and abilities to create a solution using technology, we encourage you to register and participate. Together, we can begin to identify solutions in which technology can be used to solve the current health issues involving chronic disease.

Get your team together and register!
Registration and proposal submission deadline is August, when HS-MACA will select participants to take part in the REACH Hackathon.

- For more information and to register: [healthsciences.creighton.edu/hackathon](http://healthsciences.creighton.edu/hackathon)
HS-MACA Focuses on Health Professions

The Pipeline Program at HS-MACA works with middle- and high-school students as a means of bridging persistent and systemic opportunity gaps that so often face low-income students of color, some of whom would be the first generation in their family to attend college. This is the kind of direct action service that HS-MACA undertakes as it collaborates with the community to improve their academic outcomes and career prospects. Specifically, HS-MACA strives to foster student growth through STEM-centered (science, technology, engineering and mathematics) experiential learning that seeks to encourage these young people to consider careers in health science-related professions to address the dearth of diversity and promote greater inclusion within these disciplines.

In addressing and working to dismantle the systemic inequalities that beset our students, it is of principal significance to impart and practice the value of service. It is a prerequisite of those working in direct-action roles and pedagogical contexts to embrace their vocation as an act of service for the benefit of others: students and other vulnerable and underserved populations. In addition, it is also necessary for such a praxis to engage those being “served” to develop and reflect on their own attitudes toward service. Service is never a one-way street, never a unilateral activity, if it hopes to succeed in its endeavours. We cannot casually work with others from a position of superiority, especially those targeted by society as undesirable or those who otherwise face institutional racism, sexism, classism, Islamophobia, etc. Obviously, the relationship of student-teacher, mentee-mentor, and patient-care provider is one marked by a distribution of power in favor of the authority figure in any given situation. When one is in this position of power, whether as a volunteer or professionally, it is prudent to remain aware and open to the ways in which we act upon those we serve and in how this activity isn’t simply one of proscribing to another how they should act or go about finding solutions.

The students I am afforded the opportunity to work with are as much a service to me as I am to them. They possess a creativity in problem solving that never fails to surprise and enthuse me, coming up with solutions I couldn’t imagine when faced with the problems produced by class assignments. Examples range from surrounding an egg in its entirety with inflated balloons to safeguard its survival as it is dropped from a floor above or theorizing on the chemical interactions involved in giving caffeine to water bugs. Student energy and creativity is infectious, and after particularly good classes, I feel as enriched as the students with whom I’m working. Such promising results, not to mention the critical developmental and academic growth of the students, would not be possible without adopting a reciprocal attitude of engagement among community peers. I may possess more expertise than my middle school students in particular subjects, but discounting their contributions by internalizing the idea of “it’s time to help these kids who can’t help themselves” would be disrespectful and patronizing to their unique identities and abilities, not to mention bad pedagogical practice. Rather than working with these young people as the superior, service-giver, I want to work in concert with my students, awakening them to their own potential as a guide. Occasionally I must set ground rules and moderate behavior, but my primary objective is open to the classroom to be a more democratic space where all ideas and forms of problem solving and participation is celebrated, not just those solutions endorsed by the teacher. This is how service actually works, not from a position of unidirectional superiority of one person giving something (time, money, expertise) to another, but as a reciprocal relationship of paying forward the opportunities to another person that one has been fortunate enough to have been granted and being enriched in turn by this exchange.

Besides creating an atmosphere of reciprocal service, HS-MACA also encourages the development of a service orientation in young people. We routinely invite current professional students, many well on their way towards degrees in medicine and dentistry, to participate in class lessons, sharing their training and expertise with the younger students to further motivate them to pursue their own dreams. These are powerful messages when a young person sees that someone who has been through similar experiences has accomplished their goals in life, the prospect of attaining something similar becomes that much more feasible. Students see how much these adults care about being and creating change. They see the professional students are willing to volunteer their time, while so busy with the demands of school and the middle school students infer from this the value of service. So long as that service is manifested with humility in action and respect for the common humanity of those being served, there is much that can be accomplished and much for which HS-MACA should be proud.

HS-MACA Focuses on Health Professions

Bryan Benson, BA Pipeline Program Assistant

Addressing Health Disparities Seminar

April is National Minority Health Month. On April 29, 2017, Health Sciences Multicultural and Community Affairs department’s Center for Promoting Health and Health Equities (CPHHE) hosted the 10th Annual Addressing Health Disparities Seminar with a Focus on Effects of Policies, Systems, and Environment in Preventing and Improving Chronic Diseases. Guest speakers, academic and community attendees were Dr. John Stone, Professor in Center for Health Policy and Ethics and Co-Executive Director CPHHE; and Dr. Sade Kosoko-Lasaki, Associate Vice Provost of Health Sciences and Co-Executive Director CPHHE.

This partnership has continued since 2006 with the health sciences schools, Topics like HIV/AIDS, Cancer, Diabetes, Mental Health, Infant Mortality, Violence Prevention, Heart Disease, Asthma, Chronic Disease Prevention and Management, and Social Determinates of Violence: Public Health Solutions have been addressed. This year, the topic is Effects of Policies, Systems, and Environment (PSE) in Preventing and Improving Chronic Diseases, and brings with it an outstanding group of experts to discuss community partnership roles in chronic disease prevention and management.

In honor of outstanding achievement in the field of reducing disparities through a lifetime of service, the inaugural Dr. Frank T. Peak Health Disparities Essay Writing Competition was held with winners receiving 1st -3rd place trophies in addition, the 1st place winner, Morgan Murphy, composed the winning essay, “Smudged Glasses; Considering Healthcare in the Context of Bias,” made a short presentation of the essay, and received an award presented by Mrs. Lyris Peak and Drs. Sade Kosoko-Lasaki and John Stone.

Mrs. Doris Lasaki provided an overview of CPHHE success in community academic partnerships followed by Dr. Ali Kahn of who presented on Changing Policy, System, Environment (PSE): National Best Practices. Our next speaker, Dr. Richard Brown, Executive Director of CPHHE-Racial and Ethnic Approaches to Community Health (REACH), a Centers for Disease Control and Prevention (CDC) multi-million-dollar awarded program, enlightened the audience about PSE within the REACH program.

The first of three panel discussions was moderated by Stephen Jackson of the Douglas County Health Department and centered on the development of policies: Local and National Focus. Panelists were Willie Barney, President and Facilitator of Empowerment Network; Dr. Debra Esser, Chief Medical Officer of Blue Cross Blue Shield of Nebraska; Dr. Sherri Nared, STD/HIV Prevention Specialist of the Douglas County Health Department; and Brenda Council, JD, Women’s Fund Adolescent Health Project Manager.

The second was moderated by Mrs. Doris Lasaki, CEO of Doris Lasaki Consulting who guided the discussion of PSE Changes in the REACH Program. Four of the five panelists are REACH Health Ambassadors: Evelyn Gould representing Zion Baptist Church, Eric Burgin representing Crown Tower, Jeffrey Williams of the Nebraska Urban League, and Rev. Portia Cavitt of Clair Memorial United Methodist Church. The final panelist, Dr. Jeffrey Smith, serves as the REACH Program Evaluation.

During lunch, Dr. John Stone spoke on the topic of practical ethics for health policy. Our keynote address was presented by Dr. Denise Koo, Community Health and Health Systems Consultant and former Advisor to the Associate Director for Policy at the CDC. Her well-received presentation covered multi-sector collaboration for healthy communities, environmental scans of selected social determinants, and success stories of how we can improve the health of our community. Her overview of strategies and challenges in different aspects of healthy community disparities was insightful.

Ken Morabito, CEO of Charles Drew Health Center and chair-elect of CPHHE, moderated our third and final panel discussion focused on PSE and Sustainability in Nebraska: Medicaid Approach. Four article representations on this panel were Kathleen Mellow, CEO of Unified HealthCare Community Plan; Ryan Sadler, CEO and Plan President of Nebraska Total Care; Melanie Surber, Director Field Health Services of WellCare of Nebraska; and Lisa White, Medical Director of Nebraska Medicaid Program. Their wealth of knowledge educated the audience and contributed to lively discussion.

Three break-out groups formed and discussions solved for solutions on 1) lead contamination in Omaha, facilitated by Tom Warren of the Urban League of Nebraska, 2) sexually-transmitted diseases, facilitated by Steve Jackson of Douglas County Health Department, and 3) tobacco use in Omaha, facilitated by Dr. Martha Nunn. Each facilitator/recorder team shared with the seminar participants about the active participation in these discussions.

Posters of some community agencies’ activities were posted for viewing and manned by their representative to answer questions and expound on their presence in the community.

Seven (7) continuing education credits and/or certificates of completion were offered free of charge to registered attendees in Category 1 (physicians), ANCC (nursing), and ACFE (pharmacy and pharmacy technicians).
Preventing Glaucoma Blindness Mission to the Dominican Republic

March 2017

Introduction

Glaucoma is known as the sneak thief of sight. It is a group of insidious asymptomatic diseases that affects the optic nerve in millions around the world. March 2017 marked Health Sciences – Multicultural and Community Affairs’ (HSMACA) 12th annual preventative ophthalmology trip to the Dominican Republic. The annual mission is under the leadership of Dr. Sade Kosoko-Lasaki, glaucoma specialist, professor of surgery and preventive medicine at Creighton University in Omaha, Nebraska. The goal is to combat blindness from glaucoma and Vitamin A deficiency. For over a decade, Dr. Kosoko-Lasaki and support staff have provided over four thousand eye examinations in the Dominican Republic. We have performed over a hundred and ten (110) surgeries at Creighton’s Institute for Latin American Concern (ILAC) in Santiago and Dr. Guzman’s clinic in downtown Santiago. Special thanks goes to Dr. Sebastian Guzman and his team for managing most of our patients.

The trip’s purpose is glaucoma management, basic ocular health education, and mega dose Vitamin A distribution. Glaucoma is the leading cause of blindness in Black and Hispanic populations. The World Health Organization deems the Dominican Republic at risk for Vitamin A deficiency. In recent years, we have added basic handwashing, proper eye-drop administration, and Zika virus-prevention measures to the education seminar.

In addition to ocular health examinations, we provided basic spherical trial frame refractions on many patients. Single-vision glasses for distance and reading are dispensed based on the retinoscopy and subjective refraction. These glasses are donated from various organizations and individuals who are recycling their old glasses. Treating individuals in a developing country who have refractive error and complicated ocular disease is a difficult task, but it is best done as a complete exam. Identifying and providing those who need glasses has added a much-needed benefit to our process.

Our mission began on Sunday, March 12th, 2017; a group of twenty-three (23) cooperadores (the primary healthcare workers of the village) attended an educational seminar on ocular health. Dr. Kosoko-Lasaki, Dr. Huascar Rodriguez and Brett Briggs provided instruction on glaucoma, basic external flashlight exam, the importance of hand washing, eye drop administration, conjunctivitis, alleviating Vitamin-A deficiency, and Zika virus mitigation. Dr. Kosoko-Lasaki emphasized the risk factors for glaucoma and the difference between chronic and acute diseases. Most eye infections may be prevented by correct hand washing and using sterile technique when administering eye drops. The cooperadores take this education and literature to share with their community. The biggest benefit is prevention and knowing when to refer.

The next four days involved eye exams, surgery, and Vitamin A outreach to many individuals in need. The team provided eye exams to individuals at ILAC. New and existing glaucoma patients were provided glaucoma medications or referred for surgery. If other ocular complications were found, such as cataracts or pterygium, patients were referred to Dr. Guzman for treatment and follow-up. On Wednesday, we visited a schoolhouse near El Pino for Vitamin A megadose (500,000 IU for children) and glasses distribution. The team also administered an anti-helmintic medication, albendazole, to the children and the adults.

Results

We impacted two-hundred-twelve (212) individuals during our five day mission trip. A total of one-hundred-eight (108) complete ophthalmic exams were performed. These exams included registration, ocular history, risk assessment, visual acuity tests, slit-lamp biomicroscopy, posterior pole evaluation with a 780 lens and Goldmann tonometry. Retinoscopy, automated perimetry, dilation, direct fundoscopy, and indirect ophthalmoscopy were done as needed. Patients that were on maximum medications and had high IOP were referred for surgery.

Conclusion

The children, adults, and health-care personnel in the Dominican Republic all greatly benefited from the collaborative efforts of the mission. New and existing glaucoma patients were served and the local team will continue follow-up to manage their disease. This project is effective, sustainable and works in conjunction with other healthcare teams which visit ILAC. The cooperadores have learned valuable health information that should reduce the incidence of eye infections and incidence of blindness. Using this methodology, ILAC is able to reach the poor and marginalized residents in the remote, underserved areas of the Dominican Republic better than any other organization.

Acknowledgements

Much appreciated support was provided by:
- Carmen Burgos for providing quality medical translation (Santiago, DR)
- Julio Brose for being our excellent driver (Santiago, DR)
- Dr. Rita Rosario for assisting with medication and translation in the clinic (Santiago, DR)
- Dr. Gisselle Medina for patient coordination and itinerary management (Santiago, DR)
- Dr. Jokotye Babalola Family Foundation (JOBAPP) for providing many single vision glasses for distance and reading.

We were greatly encouraged to see a large number of people previously diagnosed in our past mission trips return for follow up on their conditions. Fifty-three patients examined had new or existing glaucoma. Three (3) trabeculectomies with Mitomycin C were performed by Dr. Kosoko-Lasaki.

Effective management of glaucoma requires patient compliance and an understanding of their chronic disease. Regular follow-up care is essential to preserving vision. Often patients may develop an allergy to a medication and sometimes the medication loses its effectiveness at controlling intraocular pressure. These patients are on these medications for life and it is essential that the patient is monitored for these complications. Dr. Guzman takes the majority of these glaucoma patients into his practice for a very low cost follow-up care. Many were also referred to Dr. Guzman for other ocular diseases, including cataract, pterygium, retinal disease. Dr. Guzman and the ILAC clinic will be handling the follow-up visits, post-op care, and further follow-up for these patients.

Contact Information

Brett Briggs – 2nd Year Student at Indiana University School of Optometry

Dr. Huascar Rodriguez – Visiting Volunteer Doctor at Institute for Latin American Concern dhhuascarrodriguez@gmail.com

Dr. Sade Kosoko-Lasaki – Professor of Surgery and VP Health Sciences at Creighton University skosokol@creighton.edu

Vitamin A is a fat-soluble compound vital to the immune system, epithelial health and visual function. Travel to the campo of El Pino took about three hours one-way. Once there, fifty-one (51) children, ages 6 months to ten years, were screened and received 100,000 IU of Vitamin A. Conjunctival Xerosis, a complication of Vitamin A deficiency, was found in five (5) children. All the children were administered megadose Vitamin A for subclinical signs or xerophthalmia. These children will benefit from the megadose for two to three years. Future diet changes and education will supplement the megadose, preventing vision loss and malnutrition deficiency. Additionally, eighty-one (81) children and adults were administered albendazole provided by ILAC. More information about Vitamin A deficiency can be found at againstblind.

Visual Acuity is established using an occluder to check each eye individually, and a 20-foot Snellen or illiterate-E eye chart was utilized. Once the patient’s vision is assessed with and without pinhole, refractive lenses are used in a trial-and-error fashion or retinoscopy to improve each eye. Spherical Lens powers ranged from -5.00D to +3.00D. All of the administered glasses improved the vision in one or both eyes. Sixty-seventh (67) patients were given single vision eyeglasses for refractive error, including presbyopia. Special thanks goes to the Dr. Jokotye Babalola Family Foundation (JOBAPP) for providing many single vision glasses for distance and reading.

Dr. Sebastian Guzman and staff (Santiago, DR) for gracious support, allowing us to access all OR, surgical supplies and handling of follow-up care for countless patients.

ILAC Mission Staff for providing the facilities, including room and board. (Santiago, DR)

Brett Briggs, BDS, COA 2nd Year Student at Indiana University School of Optometry
Addressing Health Disparities in Community Oriented Primary Care (COPC)

From October 2004 to September 2007, Creighton University, through its department of Health Sciences’ Multicultural and Community Affairs (HS-MACA), received an endowment grant of $1,875,000 from the National Institutes of Health (NIH) to increase Creighton’s capacity to train students in public health research. With this funding, HS-MACA established a COPC Public Health Research Program to increase student involvement in public health research and to strengthen mentoring and tutoring services. COPC is currently in its eleventh year of operation. COPC is made up of four components: Common Ground, Health Disparities Research, Medical Student Scholarships, and Medical Student Tutoring.

Common Ground

The Common Ground forum provides opportunities for Health Science students to collaborate and learn more about quality improvement in healthcare. Introducing forms of communicating and collaborating will demand further training and education of the health professionals, both in undergraduate education and in different forms of lifelong professional training. Students view research and community matters on health disparities from a public health perspective, ultimately creating a more effective healthcare workforce that will reduce the disparities in the nation. Some of these topics described in an academic year by various health care professionals include:

- Omaha Health Kids Alliance
- Identifying Risk Factors for Child Abuse and Neglect Fatalities Project
- Sober Indian/Dangerous Indian
- #BlackLivesMatter: My Perspective
- Stephens Center
- Faith-Based Health Ambassadors Addressing Health Disparities
- Police-Community Relations - Violence in Omaha
- Role of Community Health Centers in Addressing Health Disparities
- Revenue Cycle Management for Health Care Providers
- Center for Interprofessional Practice, Education and Research (CIPER)
- Multicultural Health Science Student Association (MHSSA) HIV Aids Awareness Week
- The Influence of Food Acculturation on Refugee Parent Choices of First Foods for Their Infants
- Health Disparities Faced by Women Who Have Sex with Women
- Institute for Latin American Concern (ILAC)
- Cultural and Ethnic Approach to Health: Case Studies
- Spirituality and Health
- Understanding How Health Disparities Can Change Patient Care

Health Disparities Research: Two (2) components

(1.) Each summer, three first-year medical students participate in an eight-week COPC health disparity research project. Each student is paired with a faculty researcher with expertise in public health and are required to present their research at Common Ground during to the 2016 – 2017 academic year. Below is a list of summer if 2016 the medical students with their respective research topics (for the summer of 2016) and faculty mentors:

- Jennifer Klimek, BS Manager of Programs and Research

Medical Student Scholarships

The COPC Scholarship is awarded to increase medical-school enrollment of health-disparity students interested in participating in health-disparity research. In 2016, six (6) M2 and one M3 students received a total of $9,000 in scholarships. Students were chosen based on academic standing, community involvement, and experience in health-disparity research. These students are required to participate in COPC Longitudinal Health Disparities Research during the fourth year of medical school.

Medical School Tutoring

COPC continues to support mentoring and tutoring within the medical school. Programs offered included: Training Tutors (Train–the-Trainer method), One-on-One tutoring, and Supplemental Instruction (SI). In the 2015 – 2016 academic year, twenty-three (23) students were trained as tutors and they provided 144 hours of tutoring to other medical students. A total of twenty-three (23) Supplemental Instruction sessions were held in Anatomy, Neuroscience and MCB. Ninety-two (92) percent of the M3 students attended at least one Supplemental Instruction session.

Overall, COPC has had a successful 2016-2017 academic year. We look forward to future collaboration with other programs in the community and with Creighton faculty as mentors.
Spotlight on Post Bac Alum
“Together We Make a Family”

Dr. Roberto Cervantes, MD
Psychiatry Resident
Creighton School of Medicine 2013
HS-MACA Post Baccalaureate Class 2006 - 2007

Post-Baccalaureate program alums are known to be forces to reckon with. They are dedicated, driven, talented, and very ambitious people. It should come as no surprise that community service is high on their priority list. Meet Post-Bac alum Dr. Roberto Cervantes, born and raised in Arizona. His first career path was in engineering as an internet-product developer. He found his true calling in medicine and changed career paths. Dr. Cervantes graduated from Creighton University School of Medicine in 2013 and is currently a Psychiatry Resident.

Dr. Cervantes is a “non-traditional” student, having had a career, wife and three children prior to Medical school. He still manages to give back to his community while going through his residency. A volunteer for many different organizations such as Boys Scouts of America as a Den Leader, YMCA baseball coach, Magis Clinic and Sienna Francis House, he is also a mentor for the BHECN program and a trumpet player at St. James Catholic church where he and his family attend.

Cesar Chavez once said, “We cannot seek achievement for ourselves and forget about progress and prosperity for our community... Our ambitions must be broad enough to include the aspirations and needs of others, for their sakes and for our own.” Dr. Cervantes fits the character of such a servant leader. He has been published on several topics regarding health disparities and has made resulting presentations. Dr. Cervantes wears many “hats”: husband, father, doctor, and servant in his community. In his down time, one may find Dr. Cervantes building a garden for his wife, band-sawing a block of wood for his son’s Pinewood Derby entry, spraying de-tangler into his daughter’s hair after a long week of swimming, and restoring old vehicles with his oldest son. We are so proud of our HS-MACA Alum! (Article by Larissa Sanon, BS)
Nutritional Health Disparities Leading to Chronic Disease in Native-American Populations: A Product of Historical, Environmental and Educational Influence

Virginia Barak, M4 Creighton University School of Medicine
IDC 482: Minority Health Disparities: Issues and Strategies

ABSTRACT

American Indians and Alaska Natives traditionally had very healthy diets composed of game, nuts and fruit as hunter-gatherers, and later supplemented with crops from their advanced farming practices. The historical trauma of their relocation to and restriction on reservations caused an upheaval in their ability to participate in healthy dietary practices, which has lead to severe nutritional health disparities among American Indians and Alaska Natives. Lacking proper nutrition, American Indian and Alaska Natives have become more likely to suffer from chronic health conditions such as obesity, diabetes and end-stage renal disease than any other racial or ethnic group. Poor nutrition is part of the constellation including lack of physical activity and poor access to healthcare that contribute to the elevated risk of chronic disease in this population. Native Americans living on reservations and in urban settings are prone to fall subject to these difficulties as a consequence of historical influences, difficult access to proper nutrition within their environment, limited healthcare and education.

American Indians and Alaska Natives were subjected to limitations on farming, fishing and hunting, leading to widespread malnutrition. Food insecurity, or the uncertain availability of adequate foods, both in quantity and quality, was heightened by seclusion on reservations. Alcohol use and abuse persistently contributes to poor nutrition as the empty calories in alcohol replace nutritious foods. Additionally, American Indians and Alaska Natives have been found to demonstrate poorer health literacy than other races, and are less prone to follow dietary and physical activity recommendations, likely as a consequence of their decreased health literacy. Traditional interventions attempted by the U.S. government, such as food distribution programs, have thus far failed to correct the disparity. Therefore, a new approach to interventions aimed at improving their nutrition, and thereby decreasing chronic disease in the American-Indian population, must be taken.

The theme of the interventions highlighted in this article is that members of the American Indian and Alaska Native communities should be included in any interventions that are aimed at decreasing health disparities within this population. These tribal representatives understand what will work for their community, in a cultural and historical context, better than any outsider. They have seen first-hand what barriers have prevented previous interventions from being successful, and they are able to help create culturally-appropriate interventions with a better chance of success. Using the knowledge and input of community members allows the community to function as a resource for its own improvement, and is essential for the success of any future projects to resolve Native American nutritional disparities and reduce the prevalence of chronic disease.
Schedule of Events:

Friday, September 15th
Noon – 1:30 p.m.
Common Ground and Luncheon

Saturday, September 16th
8:00 – 10:00 a.m.
Alumni Breakfast and Walk

Saturday, September 16th
6:30 – 10:30 p.m.
Dinner Celebration

Open to post-bac and pre-matric alumni, faculty and friends. Celebrate the success and history of the Post-Baccalaureate and Pre-Matriculation programs. All are invited to enjoy food, music, and fun.

Please accept this invitation and RSVP your attendance. If you have any questions, contact Larissa Sanon at (402) 280-3964 or e-mail: larissasanon@creighton.edu.