



UCSD PRIME Pipeline Press

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DR. DALEY'S WELCOME

I have had the honor of serving you, our dedicated, hardworking students, for many years. It is therefore my pleasure to introduce you to our first issue of The PRIME Pipeline Press. This newsletter is part of our Program in Medical Education (PRIME) and is designed to serve two main purposes: 1) to create a stronger sense of community among you the students at all levels of the pipeline by showcasing your achievements, and 2) to involve you in the administration and decision making of the programs by providing you with behind-the-scenes information.



Sandra Daley, MD is the Assistant Dean of Diversity and Community Partnerships for the School of Medicine at the University of California, San Diego.

Today, many people in our nation, especially those from low-income backgrounds, have decreased access to quality health

care and receive less information on disease prevention and control. As a result, they are at a disadvantage and suffer from a variety of ailments that, in many cases, go untreated or unexamined.

This newsletter focuses on your pipeline, a tool used to help diversify the health workforce and address health disparities locally, regionally, and nationally. I hope that you all find this newsletter to be a useful tool for involving yourselves in the change that our programs aim to create. Please read through your newsletter to find out the latest on the accomplishments of your fellow students and on ways that you can get involved in the elimination of health disparities.

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An Introduction to Your Programs

Dr. Sandra Daley is the Principal Investigator on three grants at the UCSD School of Medicine (UCSD SOM) designed to help reduce health disparities locally, regionally, and nationally: The Hispanic Center of Excellence (HCOE), The Health Careers Opportunities Program (HCOP), and the San Diego Center of Excellence in Partnership for Community Outreach, Research on Health Disparities and Training (San Diego EXPORT Center). One of the most important goals of all of these projects is to train "a new generation of health care providers" prepared to address health disparities. Since this is the first issue of The PRIME Pipeline Press, we would like to introduce you to all of your programs:

(COPC): Grades 7-12 Function: To spark an interest in scientific research in young students from disadvantaged backgrounds through ad-

vanced instruction and involvement in scientific research.

UniversityLink: Community College Grades 13-14 Function: To improve the community college transfer rates for students from disadvantaged backgrounds interested in health sciences.

HCOE Research Training Lab: Grades 11-16 Function: To train students from disadvantaged backgrounds in basic and advanced biological laboratory techniques and place them with mentors in research environments.

Post-Baccalaureate Program Function: To assist highly motivated, disadvantaged post-baccalaureate students in preparing a competitive application to a health professions school.

Cognitive Strategies Function: To provide

quality instruction on test-taking and valuable medical school study skills for disadvantaged students at the UCSD SOM.

HCOE Scholars Program: Second Year Med School Function: To encourage medical students to pursue research careers in health disparities that affect at risk populations by providing the students with funding and valuable educational opportunities.

Allied Health Programs Function: To support graduate student research that addresses health disparities in disciplines outside of the medical school. This program is spotlighted in the current issue.

Please see the pipeline visual on the following page to see how these programs come together.

Your Pipeline

HCOE, HCOP, and the San Diego EXPORT Center collaboratively fund programs

at different levels of the educational pipeline to provide you with the tools you need to successfully address disparities affecting at-risk groups. You may transfer from one program to the next as you advance

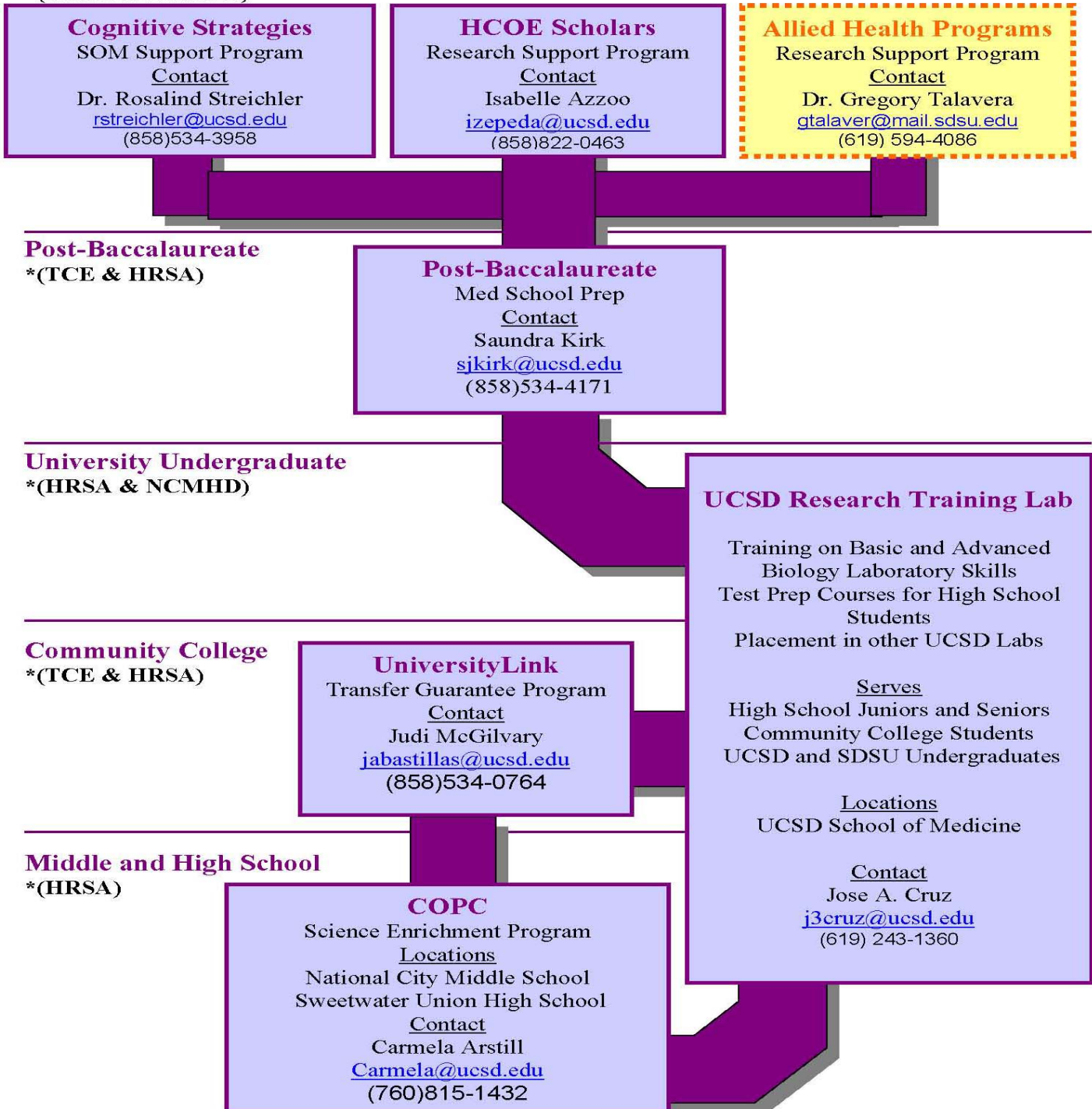
academically, thereby going through your "Pipeline" of academic enrichment programs.

Below is an illustration of this pipeline. In this issue we are high-

lighting our Allied Health Professions program. For more information on a particular program, please contact the coordinator for that program.

Health Sciences – Graduate and Medical School

*(HRSA & NCMHD)



* Programs in the pipeline are funded by grants from the following organizations: Health Resources and Services Administration (HRSA), The California Endowment (TCE), and The National Center for Minority Health and Health Disparities (NCMHD)

Take Action!!!

Would you like to make important decisions for your program or other programs in the pipeline? We are looking for motivated program alumni to sit on advisory boards for UniversityLink, COPC, and the Post-Bac Program. You can learn a lot about program management and make an impact in the lives of many. For more information, please contact **Jose Cruz** at

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Allied Health Programs

The San Diego EXPORT Center is divided into various "Cores" that tackle the problem of health disparities on different fronts. Two of its cores are dedicated to the development of cutting-edge health disparities research in the areas of HIV and Cardiovascular Disease (CVD).

The EXPORT Center has also committed funds to train allied health graduate students from disadvantaged backgrounds to develop projects under the supervision of the outstanding researchers in the

HIV and CVD cores. Once a student is identified by an affiliated faculty member, the EXPORT Center provides tuition and a stipend to support the student's research and professional development.

The EXPORT Center also funds the research training of Public Health students at SDSU under the guidance of Dr. Gregory Talavera, a physician who specializes in research on health disparities affecting Latino populations.

Student Spotlight - Oralia Loza

By Robert Neighbours

Oralia Loza did not learn what a PhD was until the end of high school and immediately decided that she was going to get one: "I have to do that. I have to become the closest you can become to being an expert in something."

As she advanced in her academic career, she realized that a PhD was not just a degree but a commitment which came with responsibility. She waited to find a subject area that she was not only intellectually interested in, but could serve as a vehicle to make a contribution to society before diving into the degree in Public Health, Epidemiology.

Oralia, who does not come from a college educated family, now feels fortunate and privileged to be halfway through her first year of the UCSD/SDSU Joint Doctoral Program of Public Health. Her drive for a degree goes far beyond personal success; she was attracted to this program in Public Health because she likes the idea of producing research that is directly applicable to everyday people.



Currently, Oralia is working with Dr. Stephanie Strathdee, the Chair of the Division of International Health and Cross Cultural Medicine for the School of Medicine at the University of California, San Diego and Dr. Happy Araneta, a new faculty member at the UCSD School of Medicine. Their work focuses on reaching injection drug users in Ciudad Juarez and Tijuana, Mexico, specifically to prevent blood borne infections and decrease barriers to care for diseases like HIV, Syphilis and Hepatitis C, as well as to evaluate needle exchange programs. This research is funded in part by the EXPORT Center.

Health disparities and health inequalities are integral to Oralia's work. She was always aware of disparities in general but now more information exists about ethnic health disparities. Scientists are beginning to ask key questions such as: Why do Latinos suffer from higher mortality from cancers? Why are black people, who suffer the most common type of cardiac ischemia, less likely than white people to receive expensive or newer evidence-based treatments?

Oralia's abstract entitled "Ethnic differences in anthropometric physical characteristics and diabetes and their association with sub-clinical atherosclerosis (SA)" has been accepted as a poster presentation for the 2006 American Heart Association, 46th *Cardiovascular Disease Epidemiology and Prevention Conference*.

Oralia's path to the Joint Doctoral Program has not been direct or easy. However, throughout her life, Oralia says that she has always been encouraged by God, her family, everyone who loves her and her incredible mentors: "sometimes it's not in their class that you learn the most, sometimes it's working for them. I would end up working for them, because I thought that's the

best way to learn from them." She has always had one or two mentors who would check up on her or that she could go to when she was ready to take the next step or a new direction.

Oralia's participation in the California State University, East Bay (Hayward) Upward Bound program during high school was a turning point. Before participating in the program, she did not even consider going to college. "They took us to campuses...so you could visualize yourself in that space. Even something so basic like that really opens up your mind."

Having received important support from her own mentors, Oralia is now a mentor herself. Oralia, who identifies as Mexican American, is a recipient of the Hispanic Scholarship Fund where she mentors young students by providing a "living example" of someone who made it, while sharing the details of the academic world.



Poverty and Health Disparities: Our Call to Action Continues

By Jose Cruz

One of the most powerful predictors of poor health in this country, and around the world, is poverty. It is no secret that those who have less money tend to acquire fewer resources and of less quality. In a recently published article it is suggested that health disparities between the rich and the poor are in some ways widening significantly (Sing & Siahpush, 2006). This problem does not seem to have a solution in the near future if the health of poor children today does not improve. The current declining health of poor children and poor adults is not only due to less access to health care, but also to a number of negative factors in poor communities (Bauman, Silver & Stein, 2006). Our offices at the UCSD SOM remain committed to developing new mechanisms to effectively address this issue.

A good measure of health inequality with regards to poverty is the life expectancy rates of the rich and the poor. A recent study found that between 1980 and 2000 the life expectancy gap had significantly widened between the poorest and the wealthiest populations in the US. Not only are the poor poorer and the rich richer in terms of their material wealth, but there are more single parent households, a lower quality of education, and fewer health care personnel per capita in low-income neighborhoods than in earlier years. Government agen-

cies are also investing significantly less money in low-income neighborhoods as a whole, which undoubtedly contributes to this widening gap (Sing & Siahpush, 2006).

Unfortunately, some scholars predict that unless something is done immediately and on a larger scale, it is unlikely that there will be much change in the near future given the declining health of children in poor neighborhoods (Sing & Siahpush, 2006). A recent study identified single parent households, low parental education, and poverty as factors that are intimately related to declining health in children. The more of these factors a child experiences, the worse their health status, regardless of whether or not they are insured (Bauman, Silver & Stein, 2006). Unfortunately, poor children usually experience all of these factors at once. Another study found that the children of poor families, especially children of non-citizens and of rural families, are the least healthy and often have the most difficulty obtaining valuable services that could save their lives (Stevens, Seid, Mistry & Halfon, 2006). Both studies suggest that health insurance for poor children should not only focus on quantity, but more importantly on quality.

We must remember that access to quality health care is not the only problem affecting the health of the poor. People living in low-

income areas like Appalachia and our inner cities also have less access to healthy foods, safe places to exercise, cleaner overall environments that are free of toxic substances, well organized community clinics, and a quality education.

Therefore, the Call to Action in our office continues. Funding from The California Endowment, San Diego EXPORT, and Alumni Endowments will support The Program in Medical Education - Health Disparities (PRIME-HD). PRIME-HD will begin in 2007 as a five-year dual degree MD/Masters program that trains a "new generation of health care providers" to address the health issues of the poor and other groups at risk for poor health. PRIME-HD graduates will have the skills that they need to be clinicians, scholars and advocates ready to provide all people with the best health care and able to help society meet its toughest humanitarian challenges locally, nationally, and internationally.

References

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- Singh, G.K. & Siahpush, M. (2006). Widening socioeconomic inequalities in US life expectancy, 1980-2000. *International Journal of Epidemiology*, May 9, [Epublication].
- Stevens, G. D., Seid, M., Mistry, R. & Halfon, N., (2006). Disparities in primary care for vulnerable children: The influence of multiple risk factors. *HSR: Health Services Research*, 41, 507-530.

Take a Tip

Research shows that it only takes about 6 seconds or less for interviewers to decide what type of person you are, and if you'll fit with rest of the team. Use the following tips as guides



- **Make sure you're clean and well groomed (e.g. hair ,nails, hands, teeth, etc.) If you have long hair, pull it back and go easy on the make up and fragrances.**
- **Wear darker more conservative suits, nothing too trendy (men should have a matching tie, and skirts should be right above the knees).**
- **Shoes should also be conservative , dark, and clean with dark dress socks for men and skin tone stockings for women.**
- **And most importantly, exude enough confidence in your personality to make your appearance most genuine. A smile makes a great accessory!**

Source: <http://www.collegegrad.com/jobsearch/15-5.shtml>

Words of Inspiration

"Obstacles are those frightful things you see when you take your eyes off your goal." -Henry Ford





STUDENT SPOTLIGHT

Understanding Stress in Minorities: One Student's Dedication

By Tracy Nelson

Free time is not something KaMala Thomas has an abundance of. Thomas, a fourth-year doctoral student at University of California, San Diego (UCSD) studying clinical psychology, loves examining the relationship between racial minorities and health issues. She loves it so much, in fact, that she willingly dedicates the majority of her time, nearly 30 hours a week, to her research. She is also working toward a master's degree in public health at San Diego State University.

"Free time?" she responded with a laugh when asked what she does when she's not performing medical research at UCSD. After all, she said, "Your job is school."

Thomas works with Dr. Joel Dimsdale at the UCSD Medical Center in Hillcrest and is supported by the San Diego EXPORT Center, a National Center for Minority Health and Health Disparities program. After transferring from Cal State San Bernardino, where she completed her undergraduate in psychology and received her masters in experimental psychology, she joined his team to work on a study about job strain and how it is related to disease susceptibility, especially for racial minorities. She has been researching with him for three years now.

Dimsdale, professor of psychiatry at UCSD, is glad to have Thomas help with research.

"KaMala has been an immensely creative, hard-working graduate student," said Dimsdale, who began the study 20 years ago. "She has brought to the lab a subtle understanding of the complexities of the experience of racial minorities."



Thomas knows the prominence of hypertension disorder, one of many health disparities on which the study focuses, and the great number of people who suffer from it.

"It's amazing how many factors contribute to the high rates of heart disease in African Americans," she said, adding that the goal of her research is to understand the reason behind this fact. "I wanted to learn as much as I could about the body's stress response."

Her study, "Job Strain, Ethnicity and Sympathetic Nervous System Activity," builds upon Dims-

dale's research, "Stress, Sleep and Blood Pressure."

Thomas explained a condition called "blood pressure dipping," one of the aspects of hypertension on which her research focuses. Blood pressure typically drops at night by

pants, ages 25-55. Though 25 years old seems young to have high blood pressure, Thomas explained that chronic stress and lifestyle factors may increase their risk for developing high blood pressure in the future.

The interaction with the community is very important for Thomas because she uses the opportunity to educate them about blood pressure. The main issue for Thomas is to get the word out that UCSD is conducting these studies and that community involvement is welcomed and needed.

"I think people are very interested in what we do," said Thomas, adding that she has had nothing but positive responses to her research. "We do give them so much information on their health and understanding [about] what the risk factors are and how the body responds to stress."

Originally from Los Angeles, Thomas chose to come to San Diego because the medical program is "one of the better programs for what I want to do. They seem to be committed to cross-cultural issues."

For more information about participating in the ongoing hypertension study, contact Pattie Krohn at pkrohn@ucsd.edu or (619) 543-3468.

Tracy Nelson is an intern with the UCSD San Diego EXPORT Center and graduate of Point Loma Nazarene University. The San Diego EXPORT Center is a partnership of organizations focusing on community minority health and health disparities research.

10 percent, but African Americans' blood pressure remains elevated. Their bodies also have a longer recovery period from stress and this is what leads to more serious conditions like hypertension and sleep apnea.

Thomas is also studying how culture plays into whether a person has high blood pressure and whether there is added stress being a minority.

For her study, Thomas does clinical training, where she spends most of her time working with the 150 volunteer participants from around San Diego. She works with an even amount of male and female partici-

KEEP IN TOUCH

It is important that we maintain a network of dedicated people, like you, to share our ideas and help us all meet our goals. If you received this newsletter via email, please respond to the email with your current address. If you received this newsletter via regular mail please email **Jose Cruz** at jbcruz@ucsd.edu with any updated information. Please include your full name.



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